



GLOBAL HEALTH & WELLNESS/ISLAND OF GRENADA APPLICATION FORM

3410 Taft Blvd., Bea Wood 106, Wichita Falls, TX 76308
Phone: 940-397-4038 / Fax: 940-397-4840

Print/Type:

Name _____
Last First Middle

Passport # _____ Student I.D. # _____

Date of Birth _____ Male Female

Current Mailing Address _____

Permanent Mailing Address _____

Phone (_____) _____ Email _____

Ethnic Group: Black/Non-Hispanic White/Non-Hispanic Hispanic
 American Indian/Alaskan American Alaskan/Pacific Islander Race/Ethnicity Unknown

In case of emergency, notify _____ Phone _____

Address/Email _____ Relationship _____

College/university currently enrolled at _____

Major _____ Total hours completed _____

Have you requested that transcripts be sent to MSU? No Yes (*only if not currently enrolled at MSU*)

- Undergraduate non-Midwestern State University students should have **ALL** their university's registrars send official transcripts to: Dr. Michael Mills, Director, International Education, Midwestern State University, 3410 Taft Blvd., Wichita Falls, TX 76308-2099

Course in which you will be enrolled: HSHS 1013

Check the following categories that apply to you:

- If you will be taking any prescription medication during the program, or if you are under physician's regular care, **check this box and notify the program director of the circumstances in writing.**
- If possible, I wish to room near the following program participant:

Name _____

If required, international students must acquire a proper travel VISA before travel.

Please return completed application form with \$250 deposit payable to:

MSU Office of International Education
Bea Wood #106, 3410 Taft Blvd.
Wichita Falls, TX 76308-2099

***** Note: Deposits are not refundable unless you are refused acceptance in the Program or your course is cancelled.**
****** Qualified applicants are accepted on a first come, first serve basis.**

I hereby affirm that to the best of my knowledge all information furnished on this form is complete and accurate. I understand that withholding information requested and/or giving false information may make me ineligible for admission and enrollment. I agree that a record of my academic performance may be furnished by all institutions of higher learning that I have attended.

I certify that I am not on academic or scholastic suspension or probation that I have a minimum 2.0 cumulative grade point average and I am unconditionally eligible to reenroll as a regular student at my previous institution.

I also give permission for Midwestern State University to release an official copy of my MSU Study Abroad credit to my host institution:

Applicant's Signature

The Director of MSU International Education has the right to terminate any student's participation either before or during the program should the student be deemed a danger or a threat to the integrity of the program. I understand the director may refer my application to the MSU Counseling Center or university officials in Student Affairs before I am accepted to this program.

Date _____ Applicant's signature _____

METHOD OF PAYMENT:

- 1) Cash
- 2) Money Order/Cashiers Check
- 3) On Line: Credit Cards Only
VISA, MasterCard, American Express, Discover

Follow Link: <http://www.mwsu.edu/academics/studyabroad/payment>

*Credit Cards Not Accepted @ MSU Business Office window.