



South American(Paraguay) Travel Seminar Application

Applicant Personal Information

Full name: _____
Last name First name Middle Name

MyWSU

Release Information

The collection, retention, and dissemination of your records and personal information is subject to the federal regulations under the Family Education Rights and Privacy Act of 1974. It is therefore necessary to obtain your permission to release information collected on the application, in your letters of recommendation, and in your transcripts.

I hereby release information contained in my applications for admission and for study abroad, letters of recommendation, and transcripts to the Office of International Education for review and approval of my study abroad application. I also grant permission for access to medical, disciplinary, and counseling files that have bearing on my application

Release For Off Campus Study

Wichita State University does not make any warranties or guarantees of any kind, expressed or implied, regarding any off-campus program in which a student may participate. The University assumes no responsibility and disclaims any liability, damages, or injury suffered by any student by reason of the negligent or wrongful acts or failure to act of any person or institution with whom the University may make arrangements for any off-campus study program.

Indebtedness

Failure to make full payment of all required fees or to resolve other debts to Wichita State University may result in the cancellation of pre-registration for the following semester, denial of registration until payment is received, and/or disenrollment at WSU. In addition, a student must fulfill all financial obligations to WSU before receiving grade reports, transcripts, or a diploma from Wichita State University.

Signature

IMPORTANT: I have read the above paragraphs and acknowledge that I understand them completely and accurately. By signing below I acknowledge my agreement to be bound by their terms as a condition of my participation in any off-campus programs sanctioned by Wichita State University. In addition, I verify that the above information is true and complete.

Printed Name: _____
First name Last Name

Applicants Signature Date

Please Return Your Application To:
Garvey International Center at Hillside & 17th Street on WSU Campus
Or
Email a scanned copy to Studyabroad@wichita.edu