

Application:

(\*) Indicates the question is required.

**1. Field(s) of interest or major(s) (\*)**

**2. Grade Point Average (\*)**

(numeric data only: 0-4 and decimal point)

**3. Prerequisites (\*)**

List the prerequisite course(s) for participation in the off campus academic program for which you are applying and when you have taken or will take these courses. If there are no required prerequisite courses, please write N/A for not applicable.

Please provide Course and Number, Year and Term, Grade (if taken). Your response may be up to 4,000 typed characters in length.

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**4. Purpose for applying (\*)**

Why did you decide to apply for this particular program? What academic, cultural or personal goals do you hope to realize from this off campus study experience?

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**5. Personal Profile (\*)**

How do you think a friend or family member would describe you? Consider how you interact with a group, likes, dislikes as well as your strengths and weaknesses.

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**6. Extra-Curricular, Co-Curricular Activities and Interests (\*)**

Beyond your classes, what activities and interests are important to you? Pick one and describe how you might enhance or incorporate it during your off-campus program.

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**7. Citizenship (country) (\*)**

**8. Cell Phone Number (\*)**

Please enter a working cell phone number

**9. Passport Number (must be a valid passport) (\*)**

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**10. Passport Expiration Date (\*)**

Enter as month/day/year (xx/xx/xxxx)

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**11. Upload your Transcript (pdf version) (\*)**

Please go into BannerStudent and upload your transcript (pdf version) to this application. (use yellow folder below to upload the document)

TRANSCRIPT REQUESTS:  
Information, including FAQs, regarding requesting transcripts may be found at the following link:  
<http://www.dartmouth.edu/~reg/transcript/>

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## 12. More information

This space is available for you to add additional information or comments. You may upload documents here as well, if necessary by using the yellow folder icon below.

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## 13. Recommendations (\*)

For those applications requiring recommendations, please indicate the following:

I waive (do not waive) any right I have to read or obtain copies of the recommendation which I am requesting. Failure to complete the waiver will result in the applicant not being able to read or to obtain the recommendation.

Please select one



Cancel