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## STUDY ABROAD OFFICE Initial Visit Form

*This information is used to help identify the best program(s) for you.*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Major(s)/Minors: \_\_\_\_\_ GPA: \_\_\_\_\_

Have you been to a get-started session? Yes \_\_\_\_\_ No \_\_\_\_\_ Student ID: \_\_\_\_\_

**I want to go abroad during (fill in):**

Fall 20 \_\_\_\_\_  
Spring 20 \_\_\_\_\_  
Summer 20 \_\_\_\_\_  
Academic year 20\_\_\_\_\_ - 20\_\_\_\_\_  
Lehigh Summer Program \_\_\_\_\_  
Lehigh Winter Program \_\_\_\_\_

**Current class year (circle one):**

FR SO JR SR

**My Academic goals for study abroad are....**

1.)

2.)

3.)

**My personal goals for study abroad are....**

1.)

2.)

3.)

**Some things I am looking for in a university/program overseas are....**

**Some things I do not want in a university/program overseas are....**

**Some things I am concerned about being overseas are....**

**(e.g. health and safety risks, LGBTQ issues, language barrier, culture shock, etc.)**

**Language(s) studied and number of years:**

**Language acquisition abroad is a primary focus/goal for me?** Yes \_\_\_\_\_ Not sure \_\_\_\_\_ No \_\_\_\_\_

**Do you receive financial aid?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Scholarships/Finances are a priority for me?** Yes \_\_\_\_\_ No \_\_\_\_\_