



East Georgia State College Study Abroad Program Questionnaire

Name:

Email:

Tel. #:

Address:

1. In which Study Abroad Program (s) or location (s) are you interested? List any countries in which you wish to study abroad:
2. What courses would you like to take while studying abroad?
3. How many course hours do you wish to take during the study abroad program?
4. In what length of study abroad program are you interested? List the amount of days/months you wish to be abroad.
5. What is your budget for your desired study abroad program? List how much money you would be able to afford to pay for your program.
6. What semester and year would you like to study abroad?

Please return completed Questionnaire to the Student Life Desk