

UHD Travel Award Scholarship Application

First & Last Name: _____

UHD Student ID: _____

UHD Email: _____

Phone #: _____

Course Approval: Complete Incomplete

Citizenship: United States Other: _____

Classification: Freshman Sophomore Junior
 Senior Post-Bacc Graduate Student

Emergency Contact: _____

Emergency Contact #: _____

Major: _____ GPA: _____

Passport #: _____ Expiration: _____

Number of College Credit Hours Completed	
Number of credit hours completed at UHD before the beginning of the term in which you will study abroad.*	
Are you in good academic, financial and disciplinary standing at UHD?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you meet all prerequisites for the courses for which you are registering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many credit hours are you currently enrolled in at UHD?*	

Do you agree to the following:

1. I authorize the UHD Study Abroad Committee to review my academic record as submitted to the University of Houston Downtown.

2. I understand that any funding awarded can only be used to support my participation in an academic program that results in the awarding of academic credit.

3. I agree to return or repay awarded funds within 30 days if I fail to complete the study abroad program or if the study abroad program is canceled.

4. I certify that this information is complete and accurate to the best of my knowledge. I understand that intentionally falsified information will lead to my being disqualified from consideration for the award. Should falsified information be discovered after I receive an award, I will be required to repay the award.

I agree I do not agree

Please type your name and date to confirm your answer to the previous question:

Name: _____ Date: _____

Name of study abroad provider or foreign university.*	
Program location*	
Number of credits for which you will be enrolled*	
Program dates*	Start: _____ End: _____
I understand that I am required to have medical insurance while abroad. I have verified that my policy is valid while abroad OR my study abroad provider includes insurance coverage in the program fee.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I am required to have medical insurance while studying abroad. I have checked with my insurance company and my policy is valid while abroad OR my program provider includes insurance in the program fee.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach the following:

- A brief essay describing how this program relates to your academic and career goals. (200-250 words)
- A copy of your passport
- Proof of acceptance or application to a study abroad program.