

Bridgewater State College
Office of International Programs
Maxwell Library, Room 100B
Bridgewater, MA 02325
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STUDY TOUR REGISTRATION FORM FOR ACADEMIC CREDIT

____ - ____ - ____
Social Security Number

Today's Date: ____ / ____ / ____

COUNTRY AND DATES OF STUDY TOUR

NAME – Last First Middle Initial

ADDRESS – Street #, P.O. Box Apt #

CITY STATE ZIP

Home Phone: (_____) _____

Local or Businesses Phone: (_____) _____

Email addresses: _____

Date of Birth: ____/____/____

I am applying for: ____ 3 undergraduate credits
 ____ 3 graduate credits (I do have an undergraduate degree)
 ____ Non-credit undergraduate (I do not have an undergraduate degree)
 ____ Non-credit graduate (I do have an undergraduate degree)

I certify that all of the answers given on this form are correct to the best of my knowledge.

Signature: _____