Extended Study Abroad

Michigan Jewish Institute (MJI) permits students to study abroad for up to two years of the college degree program. Please complete this form, indicating your plans to continue your MJI Study Abroad experience for an additional year and updating your student records.

You must complete and return this form to Michigan Jewish Institute for continued administration of your program registration, student accounts and financial aid.

PERSONAL INFORMATION

☐ Male ☐ Female

Name _____ Soc. Sec. # _____
LAST FIRST M. I.

Address _____
NUMBER STREET CITY STATE POSTAL CODE COUNTRY

Mailing Address if different: _____
NUMBER STREET CITY STATE POSTAL CODE COUNTRY

Phone (1) _____ (2) _____ (3) _____@_____
(Include Country Code if Applicable) ☐ CELLULAR ☐ BUSINESS E- MAIL ADDRESS

II. EDUCATIONAL PLANS

☐ I am interested in continuing undergraduate degree studies with Michigan Jewish Institute.

☐ I plan to continue my Study Abroad experience next year at

Name of Seminary / Yeshiva / College / University: _____
Name of School and Name of the Program You Plan To Attend

Address _____
NUMBER STREET CITY STATE POSTAL CODE COUNTRY

Phone _____ Fax _____ Email _____
(Include Country Code if Applicable) (Include Country Code if Applicable)

Dean _____ Contact _____
Name of Academic Dean, school Headmaster or Principal Name of Contact Person and their Title

☐ I have other plans for next year (please explain):

_____

REQUIRED SIGNATURE(S)

I authorize Michigan Jewish Institute to credit my account from the proceeds of my financial aid awards (if any) toward all charges due. I also authorize Michigan Jewish Institute to hold any excess funds in my account to pay for future tuition and expenses. I understand that I must maintain satisfactory academic progress in my course of study as prescribed by the school in order to receive financial assistance.

I certify that all information on this application is complete and accurate to the best of my knowledge.

_____ _____
SIGNATURE OF STUDENT DATE

_____ _____
ADDITIONAL SIGNATURE: PARENT OR GUARDIAN (REQUIRED IF STUDENT IS UNDER 18 YEARS OLD) DATE