



Center for European Studies

Grant Application Form

Undergraduate Summer Travel

Please Print Clearly or Type

Name _____ Date _____

Department _____ College _____

E-mail Address _____

Full Mailing Address _____

Summer Study Abroad Program Participating in _____

Are you currently pursuing any of the following?

- | | | |
|--|-----|----|
| • IDS Major – Concentration in Modern European Studies | YES | NO |
| • European Union Studies Program Certificate (EUSP-C) | YES | NO |
| • European Union Studies Program Minor (EUSP-M) | YES | NO |
| • East-Central European Studies Certificate (ECES-C) | YES | NO |
| • East-Central European Studies Minor (ECES-M) | YES | NO |

If you answered “NO” to all of the options above, please let us know if you are interested in pursuing any of them in the future?

YES NO

If “YES,” which one? (Please specify): _____

Please list courses to be taken abroad (including credit hours):
