Montana Tech
THE UNIVERSITY OF MONTANA
Graduate School

1300 West Park
Butte MT 59701
Telephone: 406-496-4304
1-800-445-8324 menu choice #6
Fax: 406-496-4710
e-mail: cdunstan@mtech.edu

APPLICATION FOR THESIS ABROAD PROGRAM

Read the accompanying Application Instructions before completing. This is an application for a program abroad, not admission to a Montana Tech degree-seeking program.
PLEASE PRINT CLEARLY OR TYPE

HOST UNIVERSITY INFORMATION

Host University: _____
City/Country: _____
Term(s) and Dates of Attendance: _____
Host University Mentor: _____ Phone: _____
Department: _____ E-Mail: _____

PERSONAL INFORMATION:

Full Legal Name: _____
Last First Middle
Preferred First Name: _____ Student ID Number: _____
Preferred E-Mail: _____ Passport Number: _____

Current Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Valid Until: _____
It is your responsibility to keep our office informed of any change of address up until time of departure.

Permanent Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Contact Person (for emergencies and release of information during your absence)
Name: _____ Relationship: _____
Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

INSURANCE INFORMATION (if using private insurance, submit copy to Graduate School)

Do you have Montana Tech insurance? ☐ Yes ☐ No If Yes, you are automatically covered abroad.
If No, does your current insurance cover you abroad? ☐ Yes ☐ No
If No, insurance coverage is available for students studying abroad at a minimal charge. See International Studies Office for more information.

ACADEMIC INFORMATION

Major: _____ Minor: _____ Cumulative GPA: _____
Anticipated term of graduation: _____

Description of proposed Research Project (150 words – attach if necessary)

_____
_____
_____
_____
_____

Do you plan to enroll for any classes at the host institution? ☐ No ☐ Yes
If Yes, list course number and title: _____
Are you seeking Montana Tech academic credit for these courses? ☐ No ☐ Yes

MONTANA TECH APPROVAL SIGNATURES:

Department Sponsoring Student: _____
Department Head: _____ Date: _____
Thesis Advisor: _____ Date: _____
Graduate School Administrator: _____ Date: _____
Assoc. Vice Chancellor, Research, _____ Date: _____
Graduate Studies & International programs