

GHANA Service Learning APPLICATION

Instructions: Please complete all information on this application and return to envelope in Sargent Room 418 or email amonahan@bu.edu

APPLICANT INFORMATION				
Last Name	First		M.I.	Date
Street Address Apartment/Unit			Jnit #	
City	State		ZIP	
Phone	E-mail Address			
Major		Year: Freshman	Sophomore	Junior Senior

ACADEMIC ADVISOR		
Please list your Academic Advisor		
Name	Email	

PREVIOUS VOLUNTEER/INTERNATIONAL EXPERIENCE
Please briefly describe previous volunteer experience, international experience and your interest in this program.
SIGNATURE
I certify that my answers are true and complete to the best of my knowledge. (You may type your name in and email from your email address, counts as signature)
Student Date