



OFFICE OF INTERNATIONAL EDUCATION  
803.535.5047 / pdesouza@clafin.edu

## APPLICATION FOR STUDY ABROAD

### Personal Information

\_\_\_\_\_

| Last Name | First Name | Middle Name |
|-----------|------------|-------------|
|-----------|------------|-------------|

Gender:  M  F      CU Student ID # \_\_\_\_\_       Sophomore     Junior     Senior

Date of Birth: \_\_\_\_\_ (mm) / \_\_\_\_\_(dd) / \_\_\_\_\_(yyyy)

Country of Birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Place of birth (city, state): \_\_\_\_\_

Passport #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Country of Issue: \_\_\_\_\_

### University Information

School:  Business  Education  Humanities & Social Sciences  Natural Sciences & Mathematics

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Expected semester and Year of Graduation: \_\_\_\_\_

### Contact Information

Home Address:

\_\_\_\_\_

| Street | City | State | Zip Code |
|--------|------|-------|----------|
|--------|------|-------|----------|

Permanent home phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Personal Campus Mailing Address: Address below is  on campus  off campus.

\_\_\_\_\_

| Street | City | State | Zip Code |
|--------|------|-------|----------|
|--------|------|-------|----------|

Personal campus phone: (\_\_\_\_\_) \_\_\_\_\_

Summer Address:

\_\_\_\_\_

| Street | City | State | Zip Code |
|--------|------|-------|----------|
|--------|------|-------|----------|

Would you like to live on campus upon your return?  Yes  No

If yes, residence hall name \_\_\_\_\_  Not applicable



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**Parent/Legal Guardian Contact Information**

|  |  |
|--|--|
| Father's Name _____                      | Mother's Name _____                      |
| Street address _____                     | Street address _____                     |
| City or town _____                       | City or town _____                       |
| State / Zip Code _____                   | State / Zip Code _____                   |
| Home phone number (____) _____           | Home phone number (____) _____           |
| Work phone number (____) _____           | Work phone number (____) _____           |
| E-mail _____                             | E-mail _____                             |
| <input type="checkbox"/> Do not contact. | <input type="checkbox"/> Do not contact. |

Person to be notified in case of emergency?  Father  Mother  Other\*

Person to receive billing statements?  Father  Mother  Other\*

*\*If you have checked "Other" for either of the previous questions, please complete the following to be used for emergency billing:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Name of country and university to be visited** \_\_\_\_\_

City, state, country: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Study abroad period:  Fall  Spring  Full Year  Summer

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_



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## APPLICATION FOR STUDY ABROAD

### Financial Aid Clearance Certification and Other Required Signatures

Students who study abroad must comply with the same financial aid procedures that they follow when studying on campus at Clafin University. Final approval by Clafin University to study abroad is not granted without completion of these requirements. A stamped, approved course schedule and a copy of the Financial Aid Award Letter must be attached to this document. Students are responsible to cover any difference between the total amount of financial aid and the total amount needed to study abroad (transportation, health insurance, books, etc.)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, International Studies

\_\_\_\_\_  
Date

\_\_\_\_\_ (Name of student completing this application) has financial aid and/or scholarship funding, and Clafin University will pay \$\_\_\_\_\_ towards the final bill for the proposed study abroad experience.

\_\_\_\_\_  
Financial Aid Administrator

\_\_\_\_\_  
Date

The information in this application is complete and correct to the best of my knowledge. The application process may include supplementary materials, which I agree to complete promptly.

If accepted into the Study Abroad Program, I will participate in all required orientation meetings, and complete all evaluations. I give permission to the Office of International Studies (OIS) to send my parent(s) or guardian(s) any information deemed appropriate by the OIS.

I also authorize the Registrar to release my transcript to the OIS as part of this application, and the OIS to forward transcripts and other information, as appropriate, to the overseas studies program(s) to which I am applying. I understand that any action on this application is contingent on review of all of my Clafin University grades, and my complete academic and disciplinary records through the time of departure for the program.

I further understand that a change in my academic status or an academic (including Honor Code) or disciplinary violation or sanction prior to my departure overseas may result in the withdrawal of support for my nomination. I understand that weekly contact by email with the director of international studies is expected.

\_\_\_\_\_  
Academic Advisor or Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Fiscal Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Residential Life

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Alice Carson Tisdale Honors College (**only** if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of the Provost

\_\_\_\_\_  
Date





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**APPLICATION FOR STUDY ABROAD**

**Required Documents Summary**

Students wishing to study abroad must submit the following required documents to the Office of International Studies, with all appropriate signatures in the official application folder provided by the Office of International Studies prior to travel.

Please note that Clafin University is committed to compliance with all guidelines, policies, and procedures relevant to submission of applications and required documents for study abroad experiences to our partner institutions

**Required documents include:**

- Registration worksheet (with required approval signatures)
- Financial Aid Clearance Certification (with required approval signatures)
- Disciplinary Clearance Form (with required approval signature)
- Supplementary Insurance Documentation (EIIA covers anyone from CU that travels abroad)
- Stamped, approved course schedule for the semester in which travel occurs
- Copy of the Financial Aid Award Letter
- Clafin University Application for Study Abroad (this entire document)

**Approval entire document**

\_\_\_\_\_  
Director, International Studies

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date