

# CONCORDIA UNIVERSITY STUDY ABROAD APPLICATION

## Office of the Registrar

- EXCHANGE PROGRAM  
 THIRD PARTY STUDY ABROAD PROGRAM  
 FACULTY LED PROGRAM

Name: \_\_\_\_\_ Banner ID#: E \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Major: \_\_\_\_\_

Academic Term/Year:      FALL      SPRING      YEAR: \_\_\_\_\_

### Part I. Program (For Exchange & Third Party Study Abroad Programs Only)

Institution Of Study: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Exchange Country: (Ghana, France, Korea) \_\_\_\_\_

STUDENT EMERGENCY CONTACT INFORMATION: (contact in case of an emergency; i.e. parent, family member, friend)

**Please fill out back of form completely. We need at least three contacts.**

### Part II. Course of Study

Course Number	Course Description	Units	Equivalent CUI Course Number	Applies to Program/Major/Minor

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wellness Center: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Education: Debbie Brumfield; CCI: Carrie Donohoe)

### Part III. Financial Aid/Student Account Agreement

Students participating in an Exchange Program may use all of their Concordia University financial aid (except work study), to fund the exchange program. Proof of registration is required prior to the disbursement of any funds.

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bursar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Part IV. International Department Approval

Global Programs: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Part V. Student Agreement

I agree to the guidelines for the Study Abroad Program and to its requirements and limitations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*For Use by the Office of the Registrar*

- Proof of Registration     Copy of Schedule     Enrolled Concurrently

