**CBU Study Abroad Petition**

Proposed Study Abroad Semester (select semester and enter year): □ Fall \_\_\_\_\_\_ □ Spring \_\_\_\_\_\_ □ Summer \_\_\_\_\_\_

Proposed Travel Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study Program Semester Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CBU ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor/Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student classification while abroad: □ Sophomore □ Junior □ Senior

**Study Abroad Program Information**

* Location (City, Country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cost of Program (Estimate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Payment Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I submitted my Study Abroad Program application on\*: \_\_\_\_\_\_

Please select the program with which you wish to study abroad:

□ ISA  
□ Veritas  
□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

□ AIFS   
□ CEA   
□ CIS   
□ CCCU (Best Semester) \***You must apply to a Study Abroad Program before proceeding.**

**Advising and Supporting Documentation**

* Schedule 2 Appointments: One with an Academic Advisor and one with the Department Dean/Chair from your major to discuss your desire to study abroad. Engineering and Nursing majors must meet with their department advisor.
* Academic Advisor Meeting: Take the following documents to your academic advising meeting –

1. A list of 7 courses that includes the course number/name and the course description for each course you would like to take abroad and 3 back-up options
2. Information about the study abroad program – print off information from program website and the email you received when applying for the program

* Major Department Dean/Chair Meeting: Take the following documents to your department meeting:

1. Course List and Program Information (see instructions in academic advisor section)
2. Degree Plan: Will be completed during your advising meeting and should include your study abroad experience

**Academic Advising Signature**

The student met with an Academic Advisor to develop a degree plan (attached) that includes study abroad to take place in \_\_\_\_\_\_\_\_ (semester/year; please include the summer term). This plan includes \_\_\_\_\_ units of credit and is provided as a guide to the suggested semester for study abroad. The study abroad program may require a greater or lesser number of units which might affect the viability of the attached degree plan. Academic variances were discussed as needed. Course equivalencies are determined by the Office of the University Registrar.

**Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Dean/Chair Signature**

The student met with the Department Dean or Chair to discuss the possibility of Study Abroad and possible courses for the off-campus study experience. Academic variances were discussed as needed. Course equivalencies are determined by the Office of the University Registrar.

**Dean/Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Dean/Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: Financial Agreement**

* I am aware that I am not eligible for any CBU scholarships or institutional aid during my study abroad semester.
* I understand that the cost for this study abroad experience must be paid in full to CBU by the CBU Semester Payment due date for the semester I will be abroad or 2 weeks before my date of departure, whichever comes first.

By signing this document, I agree that I understand these statements and agree to submit my application under these conditions.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***INSTRUCTIONS FOR SUBMITTING THIS FORM:*** *When you have obtained all of the signatures in the sections above, submit this form and ALL supporting documentation to the Director of Academic Engagement in the Office of the Provost. This form may not be submitted more than six months before the start date for your study abroad program.*

**FOR OFFICE USE ONLY**

Cleared for participation by:Student Services - Date \_\_\_\_\_\_\_\_\_\_ Student Accounts - Date \_\_\_\_\_\_\_\_\_\_

Registrar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Units Approved for Registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Financial Aid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Aid Award $\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Student Accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method(s) of Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Academic Engagement \_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Petition Submitted by Student: \_\_\_\_\_\_\_\_ Date Petition Routed to AP: \_\_\_\_\_\_\_\_

Accounts Payable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_