

# Clark Atlanta University Office of International Programs

## **APPLICATION**

#### APPLICATION CHECKLIST

Completed Application
Personal Statement/Essay
Copy of Passport (biographical page)
Reference Letters or Forms from Academic
Advisor and another CAU Faculty Member
Unofficial Copy of CAU transcripts at date of
application (Banner Web Copy allowed)
Copy of Study Abroad Financial Aid Worksheet
Study Abroad Approval Form
Director of Student Conduct Form
Waiver, Release & Indemnification Agreement

#### APPLICATION DEADLINES

ACADEMIC YEAR	APRIL 15
FALL SEMESTER	April 15
SPRING SEMESTER	November 15
SUMMER SEMESTER	March 15

Application Deadlines maybe extended for certain countries. Check with the Office of International Programs and Third Party Provider updated deadlines.

#### STUDY ABOARD REQUIREMENTS

GPA: All full-time undergraduate students with a minimum cumulative grade-point-average (GPA) of 2.5, and have completed a minimum of twenty-four (24) credits semester, are eligible to apply for study abroad for fall and spring semesters, as well as the summer sessions. All full-time graduate students with minimum cumulative GPA of 3.0 and have completed a minimum of six (6) credits are eligible to apply for study abroad.

**Personal Statement:** 500 page typed statement describing academic achievements, personal and professional goals and how the study abroad experience will impact these goals.

Letter of Reference: Letters or completed forms of reference from the academic advisor and another CAU faculty member The references should be submitted with application form.

Study Abroad Approval Form: Courses that are equivalent to or substitute for courses offered at Clark Atlanta University will transfer as long as the host institution is accredited and prior approval is granted from appropriate academic department.

### STUDENT INFORMATION

Last Name:			
First Name:	Middle Name		
Student ID 900 #:			
Passport #	Expiration Date:		
Did You Apply for	a Passport? Yes	N0	
Program In	FORMATION		
PARTNER/THIRD PART	ry Provider:		
LOCATION (COUNTRY/C			
ACADEMIC CONCENTRAT	/		
STUDY TERM:	FALL SPRING SUMMER	WINTER	
CONTACT INF	ORMATION		
LOCAL STREET ADDRES	S:		
CITY:	STATE:	Zip Code:	
PHONE #	EMAIL:		
DATES AT LOCAL ADDR	ESS:		
PERMANENT STREET A	DDRESS:		
CITY:	STATE:	Zip Code:	
PH0NE#	EMAIL:		
Academic In	FORMATION		
Major:	Minor:	Cum GPA:	
Credit Hours Comp	leted at Application Dat	te:	
Class Standing at A	application FR Sop [	] Jr □ Sr □ Grd □	
Date			
Other Colleges Atte	ended:		
Academic Advisor'	s Name:		
Academic Advisor'	s Email:		
Department:	Adviso	r's Phone#:	

EMERGENCY CONTACT INFORMATION	
Name:	
Relationship:	
Daytime Phone #:	
Mobile Phone #:	
Preferred Email:	
Foreign Language Background	
Complete this section if you will study in a country where native language is not Eng country.)Describe the level of foreign language you will complete prior to the st	
Please describe any additional experiences that have helped you to develo	p your language skills.
DISCIPLINARY AND CRIMINAL RECORD	
(If your answer to either of the following is yes, you must submit a full sta application.)	tement of relevant facts on a separate sheet to be attached to this
Are you currently, or have you ever been, charged with, or subject to discionther type of misconduct, at any high school, college, or university? Yes	plinary action, including suspension or expulsion for scholastic or any s $\square$ No $\square$
Have you been charged with, convicted of, or pled guilty or nolo contende charges now pending against you? Yes $\square$ No $\square$	re to a crime other than a minor traffic offense, or are any criminal
HEALTH INSURANCE	
Students traveling and studying abroad will require health insurance. Moreovered by a health insurance policy. Your current U.S. health care abroad programs, however, will require you to participate in a student health, check to see if your current plan or the plan you are under covered.	ost student visas and learning institutions require visiting foreign students coverage may not follow you while you are studying abroad. Most study nealth insurance program or in a health benefit plan while you're abroad. It is you abroad, and second, if it covers you beyond the basic trip to the nee while studying abroad. Please provide evidence of health insurance
APPLICANT SIGNATURE, CERTIFICATION, AND RELEAS	F OF INFORMATION AUTHORIZATION
,	ccurate to the best of my knowledge. I fully understand that providing
International Programs. I understand that my prior criminal or dis application. In addition, I understand that information and supporting	Atlanta University to release any and all information to the Office of ciplinary, campus judicial history may be a factor in evaluating my g documents from my Study Abroad application may be shared with my student information will be restricted to the Study Abroad Program. I and agree to adhere to all the requirements therein.
Student's Signature	 