



THIRD-PARTY STUDY ABROAD PROGRAM FORM

In order to participate in a non-CAU sponsored study abroad program, there are certain eligibility requirements you must meet. The Office of International Programs will check your records to confirm that you meet these overall requirements below:

- You must be in good academic standing with the University.
• You must not have any academic or non-academic disciplinary actions on file previously or currently with the University.
• You must read and adhere to CAU Student Code for Conduct and maintain appropriate standards of behavior while abroad with the Non-CAU Sponsored program provider at all times.
• You must complete and submit all required documents requested by the Office of International Programs, including the Non-CAU Sponsored Program Student Application, Waiver, Release, Indemnification Agreement, Emergency Contact Form, Public Safety Clery Form, Clearance Form etc.

NOTE: Your Third -party Program Director may have other requirements that are beyond CAU's requirements to Study Abroad as listed above. Please ensure that you follow all established guidelines, protocols and given instructions by your program provider.

SECTION I

Student Information To be completed by student. Please print clearly and fill in all fields.

Student Name Last First MI Student ID Number DOB
Local Address Street or P.O. Box Local Cell Phone
City State Zip Home. Phone
Permanent Address Street or P.O. Box Student Email
City State Zip Country (if not U.S.) If you are attending school on a Visa, Please specify type:

Check one of the following: AUC Institution or Other College/University/Third-Party Provider

Classification: Freshman Sophomore Junior Senior Graduate Masters Graduate Doctorate
Major Minor Concentration

Please provide information for two local emergency contacts (family members, etc.):

Name Relationship Phone # Alt. phone # Address
Name Relationship Phone # Alt. phone # Address

SECTION II

Program/University Information To be completed by student. Check with program director for details.

Program Sponsor/Name of Study Abroad Program
Destination:
Date Program Begins: Date Program Ends:
Study Abroad Contact Person/Director
Complete Address
Phone Fax E-mail

**SECTION III**

**Medical/Health Coverage** To be completed by student.

Do you have adequate medical/health coverage and/or travel international insurance to cover your participation throughout the duration of the program?      Select One      YES                      or      NO

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ understand that my participation in this non-CAU sponsored study abroad program is voluntary. In consideration of the University’s agreement for me to participate in the Program. I have read, in its entirety, the Clark Atlanta University Student Code for Conduct and Office of International Programs Study Abroad Waiver, Release and Indemnification Agreement and hereby acknowledge that I understand its terms, and that by signing below I agree to abide by all established policies, procedures, and guidelines as set forth.

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

\_\_\_\_\_  
**Date**

**SECTION IV**

**Program Approval** To be completed by authorized sponsoring program designated agent/officer/representative. (Please initial)

- \_\_\_ I am aware that the above student is a Clark Atlanta University Student and is requesting to participate in your program’s study abroad program .
- \_\_\_ The student is aware that this is non-CAU sponsored program and that they will not receive degree credit for their participation.
- \_\_\_ The student has met all financial responsibility for participation and has provided you with the necessary documents for their participation.
- \_\_\_ Our programs assume all damages, losses or injuries (including death) to the student, their person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses, and costs, including attorney’s fees, which rise out of, result from, occur during or are connected in any manner with their participation in the Program and/or any travel incident thereto.
- \_\_\_ Our program, including all employee, agents, officers, trustee, and representative (in their official and individual capacities) hereby agrees to indemnify, defend, and hold harmless Clark Atlanta University and its employees, agents, officers, trustees, and representatives (in their official and individual capacities) from any and all liability, loss, damage, or expense, including attorneys’ fees, which arise out of, occur during, or are in any way connected with this student’s participation in the Program or any travel incident thereto.

\_\_\_\_\_  
**Sponsoring College/University/Provider Signature**

\_\_\_\_\_  
**Date**

**To Be Completed by the Office of International Programs**

**Documents Received (Check all that apply)**

CAU Clearance Form \_\_\_\_\_ CAU Waiver, Release, Indemnification Form \_\_\_\_\_ Public Safety Clery Form \_\_\_\_\_  
Other \_\_\_\_\_

**International Coordinator/Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**International Programs Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_