



APPLICATION FOR STUDY ABROAD

The following student wishes to enroll for credit at Eureka College for credit earned through another program or university.

NAME: _____ SONISID: _____

SEMESTER OF PROPOSED STUDY: Fall / Spring / Summer Year _____ COUNTRY: _____

EARNED CREDIT HOURS AT APPLICATION: _____ GPA AT TIME OF APPLICATION: _____

INSTITUTION OF STUDY AND NAME OF PROGRAM (eg: AIFS, API, ISA), IF APPLICABLE:

NUMBER OF CREDIT HOURS YOU PLAN TO COMPLETE WHILE ABROAD: _____

Note: *If you plan to take courses that you want to transfer as equivalents to specific EC courses rather than electives, upon your return you must obtain approval from EC faculty in the field of study. Please retain copies of syllabi and course assignments.*

REQUIRED SIGNATURES (Process in Order):

Study Abroad Coordinator: _____ Date: _____
Your signature indicates that the student has selected an accredited study abroad program and that the proposed travel destination has been approved by the Travel Advisory Committee.

Academic Advisor: _____ Date: _____
Your signature indicates that you recommend your advisee for study abroad and that the two of you have discussed how it will affect his or her major requirements and progress toward degree completion.

Student Account Manager (Business Office): _____ Date: _____
Your signature verifies that the student is in good financial standing with the college, that you met with the student by the deadlines indicated below.

Registrar: _____ Date: _____
Your signature verifies the student's earned credit hours and GPA as indicated above, and acknowledges the number of credit hours that the student plans to take while abroad.

Director of Financial Aid: _____ Date: _____
Your signature acknowledges the student's plans to study abroad and your willingness to address financial aid questions as pertaining to the student's study abroad program.

Dean of Students: _____ Date: _____
Your signature verifies that the student is in good behavioral standing with the college and has no unresolved disciplinary sanctions that would prevent him or her from studying abroad.

Student: _____ Date: _____
Your signature indicates that you have spoken to each of the above signatories and will address any further study abroad questions to the appropriate faculty or staff member.

TASKS & DEADLINES:

	For proposing a spring experience...	For proposing a summer or fall experience...
Complete the FAFSA...	...the previous academic year	...the previous academic year
Meet with the Student Account Manager...	...by September 15	...by February 15
Submit this form to the Study Abroad Coordinator...	...by October 1	...by March 1

These are deadlines for approval of your plans. Stay on top of application deadlines for scholarships & your program!