

Name \_\_\_\_\_

ID # \_\_\_\_\_

# **STUDY ABROAD APPLICATION, PART II**

**GRACELAND UNIVERSITY**

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Last Updated: 6/13

Name \_\_\_\_\_

ID # \_\_\_\_\_

## WHO

Date of Birth \_\_\_\_\_

Current number of Credit hours completed \_\_\_\_\_

Current GPA: \_\_\_\_\_

Major(s) \_\_\_\_\_

Advisor: \_\_\_\_\_

## WHEN

During What Academic Year do you plan to be Abroad \_\_\_\_\_

Specific Time Period (Circle one)

Winter (January) Term

Summer Term

Fall Semester

Spring Semester

Full Academic Year      Other \_\_\_\_\_

Please provide specific departure and return dates

No Earlier than \_\_\_\_\_

No Later than \_\_\_\_\_

Please provide copies of your plane tickets, visa and passport prior to departure.

## WHAT

Which of the following experiences are you planning to complete during your time abroad? Check all that apply.

☐ **Study Abroad** (enrolling in and successfully completing university-level courses at an accredited institution outside the US)

☐ **Internship Abroad** (enrolling in an approved internship outside the US. Internship may be approved directly by Graceland or an approved study abroad program)

## CITIZENSHIP INFORMATION

What is your country of citizenship? \_\_\_\_\_

## WHERE

Where will you be studying (please include university name, address, country) :

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For current travel warnings please visit

[http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html)

Name\_\_\_\_\_

ID #\_\_\_\_\_

## STUDY ABROAD

Please provide the name and address of the university at which you plan to study:

\_\_\_\_\_

Is this a ☐ Direct Enrollment ☐ Study Abroad through an Approved Provider (see your study abroad adviser for approved providers)

If you are studying through an approved program, please provide the name and address of the program provider:

\_\_\_\_\_

Name of on-site director or international student advisor at destination\_\_\_\_\_

Phone (include international calling code) \_\_\_\_\_

E-Mail\_\_\_\_\_

Mailing Address\_\_\_\_\_

Name\_\_\_\_\_

ID #\_\_\_\_\_

### Consortium Agreement and the Establishment of Credit for Study Abroad

Students will:

1. Review the catalogue and course listings from the university they wish to attend and, using their degree audit sheet, identify classes that would appear to fulfill requirements for graduation.
2. Consult with the appropriate academic division or school for determination of course equivalency.
3. Consult with the Study Abroad advisor for any other needed assistance
4. Complete the Course Equivalency form (following page).
5. Understand that this form also serves as a Consortium Agreement between Graceland University and your Host institution.
6. Attach a photocopy of the course listings or course catalogue from the Study Abroad University.
7. Submit this entire packet for review and approval to the appropriate faculty and administrators. Appropriate persons will approve by signing the form.

Student\_\_\_\_\_

SSN:\_\_\_\_\_

It is agreed that **Graceland University (HOME institution)** shall administer all financial assistance that the student is eligible for during their enrollment period identified below with the **HOST** institution,\_\_\_\_\_. The **HOME** institution acknowledges that the student is enrolled as a degree or certificate seeking student and the courses below meet the requirements for the completion of the student's degree program. The **HOST** institution agrees that the student named above has been accepted into its program for the time identified below and has a reasonable chance of enrolling in the courses listed on the following page. In addition the **HOST** institution agrees that the student named below is ineligible for any financial assistance from the Host institution during said enrollment period. This form is valid for a single enrollment period of a quarter, trimester or semester, and the course beginning and end dates must fall within the **HOME** enrollment period. A new consortium agreement must be completed for each period of enrollment.

**HOST** enrollment period: Beginning\_\_\_\_\_ Ending\_\_\_\_\_

**Host Contact Information:** Institution\_\_\_\_\_ International Student Advisor\_\_\_\_\_

Financial Aid Administrator\_\_\_\_\_ Address\_\_\_\_\_

Phone Number(include international code)\_\_\_\_\_ Fax(include international code)\_\_\_\_\_

**Host Financial Aid Administrator Signature**\_\_\_\_\_

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

Name\_\_\_\_\_

ID #\_\_\_\_\_

**Course Equivalency Form (please make another copy of this page if you need to add more than 6 courses)****Courses you will take:**

| Host Dept/<br>Course<br>Number | Host Course Title | Credits at host<br>school | Graceland Equivalent<br>Dept/Course<br>Number | Graceland Equivalent Course Title | Semester<br>Hours | Other: (Gen Ed<br>Goals, Upper<br>Division, etc) |
|--------------------------------|-------------------|---------------------------|---|-----------------------------------|-------------------|--|
|                                |                   |                           |   |                                   |                   |  |
|                                |                   |                           |   |                                   |                   |  |
|                                |                   |                           |   |                                   |                   |  |
|                                |                   |                           |   |                                   |                   |  |
|                                |                   |                           |   |                                   |                   |  |
|                                |                   |                           |   |                                   |                   |  |

This form is to be used for the evaluation of credit from Study Abroad. By signing this form, you agree to enroll in these courses at your destination institution. If these courses are cancelled or you are assigned an alternative course upon your arrival, it is your responsibility to contact your Study Abroad Adviser at Graceland University immediately. You will be required to complete a new form.

Student's Signature\_\_\_\_\_

Date\_\_\_\_\_

HOME Academic Advisor's Signature\_\_\_\_\_

Date\_\_\_\_\_

HOME Department Coordinator Signature \_\_\_\_\_

Date\_\_\_\_\_

HOME Department Coordinator Signature (if necessary) \_\_\_\_\_

Date\_\_\_\_\_

HOME Study Abroad Coordinator Signature \_\_\_\_\_

Date\_\_\_\_\_

HOME Registrar's Signature\_\_\_\_\_

Date\_\_\_\_\_

HOME Financial Aid Signature\_\_\_\_\_

Date\_\_\_\_\_

Credit will be awarded based on official documentation after completion. It is your responsibility to make sure official transcript are sent to Graceland Registrar

Name\_\_\_\_\_

ID #\_\_\_\_\_

**Direct Cost and Financial Aid Worksheet**

Semester and Year:\_\_\_\_\_

**Direct Cost**

Tuition \$\_\_\_\_\_

Fees (room, board, lab fees, etc) \$\_\_\_\_\_

Visa Costs \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

Graceland University Study Abroad Fee \$\_\_\_\_\_ \$500

**Total Direct Cost** \$\_\_\_\_\_**Financial Aid**

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

**Total Financial Aid** \$\_\_\_\_\_**Amount Due to Abroad School or Program Provider:**

HOME Financial Aid Signature \_\_\_\_\_ Date\_\_\_\_\_

Print Student Name: \_\_\_\_\_ ID# : \_\_\_\_\_ I request and authorize Graceland University utilize financial aid posted to my student account to make direct payment on my behalf for tuition and fees to the Study Abroad School or Program Provider listed below. Additionally, please see below any special handling request if issuing a Financial Aid Overage.

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**Name/Payment Address - Study Abroad School or Program Provider Requiring Direct Payment or Mark as Not Applicable**

**Amount****Due Date**


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**Name and/or Address - for mailing Financial Aid Overages (if any) or Mark as Not Applicable**

Student Signature \_\_\_\_\_ Date\_\_\_\_\_

HOME Student Accounts Signature \_\_\_\_\_ Date\_\_\_\_\_