Study/Intern Abroad Application Concordia University, Nebraska

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	First Name: Middle Initia City/State/Zip:
Email:	
DOB (MM/DD/YYYY): / /	• • •
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Current class status: So Jr Sr	Credit hours completed to date:
Major(s):	Minor(s):
Academic advisor:	Current cumulative GPA:
Applying for: Fall 20	Spring 20 Summer 20
Program name/location:	
Host University:	
Program contact person:	
Program cost: \$	
Program start date:	Program end date:
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Program start date: References: Please list three references (academic advisor, contacted regarding your character, maturity, Name: Email: Relation to applicant: Name: Relation to applicant: Name: Relation to applicant: Parent/Guardian Acknowledgement:	Program end date: faculty members, campus employer, etc.) that can be academic progress, and suitability for experiences abroated and the suitability for experity for experity for experiences abroated and the suitability for e

Parent/Guardian Signature: _____ Date: _____

Personal program outcomes:

(1) What academic goals do you want to achieve through this experience? (2) How can this experience prepare you for your future career plans? (3) How can this experience impact your personal growth?

(Text does not automatically flow from one line to the next - put curser in each line to continue typing.)

Student! Please read each item completely before initialing each item and then signing below!

I verify the information I have provided is accurate and I will update this information should it change.
I verify I am a student in good standing at Concordia University, Nebraska.

_____ I understand it is my responsibility to complete the Concordia application materials in order to be approved by campus, prior to applying for my chosen study abroad program.

_____ I understand and assume the academic, financial, contractual and personal responsibilities of committing to and taking part in this experience. I am aware of the travel and activity risks related to this experience.

_____ I will verify/secure additional insurance coverage (travel, health, medical evacuation) for injuries, illnesses, emergencies, etc. that may occur while I participate in this experience.

_____ I confirm that if I have any medical, emotional, or mental health conditions that could have an effect on my participation in this program, I will check with my doctors, and share my status with the program provider to determine if my condition would impact my participation.

_____ I understand I will be billed by CUNE for the program cost and the campus study abroad fee and will make arrangements to pay my bill to CUNE prior to leaving campus for my experience.

Yes	No	I file FAFSA to determine if eligible for financial aid.
Yes	No	I receive federal aid to help pay for my college expenses.
Yes	No	I anticipate receiving federal aid for this experience.
Yes	No	I will pay my program costs directly to the provider. *(summer or no federal

Student Signature:	 Date:
-	

aid only)

Complete this <u>Study/Intern Abroad Application</u> and the <u>Study/Intern Abroad Academic Plan</u> online in Via.

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Office Use Only:	Financial	aid: Y / N	_ Endowment: Y / N		8/24
Date Application received:	Date Aca	demic Plan received:			
Initial to verify student in good standing status:	Registrar	Academics	Student Life	Student Accounts _	