

Course Abroad
Program Registration and Scholarship Application Form
Art and Biology in Eastern and Central Australia
Australia - May 25 – June 21, 2009

Please complete this form and return it to the Center for International Education (Barnard Hall, Room 123) along with the required \$500 deposit. Incomplete forms and/or those missing the required deposit will not be processed. Registering for this program does not guarantee that you will be awarded a scholarship.

PERSONAL AND ACADEMIC INFORMATION

Legal Name (as it appears on your passport): _____
first middle last

CCSU ID number: _____ E-mail: _____@_____

Social Security Number required, if never enrolled as a CCSU student: _____

Permanent Address

Street: _____

City: _____

State: _____ Zip: _____

Telephone: () _____

Cell Phone: () _____

Birth date (MM/DD/Year): ____/____/____

Local Address

Street: _____

City: _____

State: _____ Zip: _____

Telephone: () _____

Work Phone: () _____

Gender: Male Female

Passport Information:

Country of Issue: _____ Number: _____ Date of Issue: _____

Check here if you do not currently have a U.S. passport or if your passport has expired, and **start the application/renewal immediately.**

ACADEMIC INFORMATION

Academic Major: _____ Minor/Concentration: _____

Academic Standing: First Year Sophomore Junior Senior Graduate Student

Number of Credit Hours Earned to date: _____ GPA: _____

What course(s) connected to this program will you register for? List all.

Have you met with program director(s) to discuss the academic requirements of this program? Yes No

Special Needs or Disabilities

Any student wishing to assert a disability that requires accommodation must submit supporting documentation from the appropriate professional(s) to the Office for Student Disability Services. Students must register with the Office of Student Disability Services at least ninety (90) days prior to the program's departure date.

Do you have special needs that require consideration? Yes No

If yes, briefly describe the nature of the need (this information is confidential) that you will be documenting with Student Disability Services:

For more information about this process, contact the Office of Student Disability Services in Copernicus Hall, Room 241 or at <http://www.ccsu.edu/LearnCtr/disability/default.html>.

Student's Name: _____

SCHOLARSHIP APPLICATION - *Must be received in the Center for International Education by February 11, 2009 in order to be considered.*

The Center for International Education is offering a limited number of \$500-\$1000 scholarships for participants in the Course Abroad program. To be considered, scholarship applicants must be: matriculated students at CCSU, in good academic standing, and registered for at least one of the courses associated with the program. Preference will be given to students whose GPA exceeds 2.50. Scholarships will be awarded on a competitive basis; application to this program does not guarantee award of a scholarship. Please complete this section as fully as possible and attach a separate sheet, if needed.

List school honors, distinctions, and/or other noteworthy academic accomplishments.

List any overseas travel experiences and their purpose (i.e., pleasure, academic, business, etc.)

Describe how participation in this Course Abroad will contribute toward your educational goals and/or career plans.

Below, please indicate the estimated cost of your Course Abroad program (see the last page of this form) and describe how you will fund it (amounts can be approximate).

Travel Program Fee: \$ _____

Tuition & Fees: \$ _____

In-country incidentals: \$ _____

Total Cost of Attendance: \$ _____

Check the payment method(s) that you plan to use to fund your Course Abroad experience and the appropriate amounts:

Personal Savings \$ _____

Student Loan \$ _____

Credit Card \$ _____

Family Contribution \$ _____

Other _____ \$ _____

TOTAL (must equal Total Cost of Attendance, above) \$ _____

Student's Name: _____

STATEMENT OF UNDERSTANDING

I understand the following statements, as they pertain to my participation in the stated Course Abroad program, and recognize that I will be held financially responsible for travel program fees accordingly:

Program Cost and Due Dates

- The cost of the travel program, **exclusive of course tuition and fees**, is approximately \$5,425.
- A \$500.00 deposit is due by February 11, 2009.
- The balance (**payable directly to the Bursar**) is due by May 1, 2009.
- **Tuition and registration fees** are **not** included in the travel program price.

Cancellation Policy and Fees

Students needing to cancel their participation in a course abroad program must do so in writing to Lisa Marie Bigelow in the Center for International Education prior to the close of business (4:30 p.m.) on the registration deadline stated below. Cancellations received after the registration deadline are subject to a \$150 cancellation penalty, plus all non-refundable travel deposits and payments CCSU has made on the student's behalf.

Because cancellation penalties may be as high as the full cost of the travel program, it is strongly recommended that participants purchase independent trip cancellation/interruption insurance, available from most travel agencies. It is noted, however, that these insurance policies may be restrictive and/or have pre-existing condition exclusions. Therefore, trip cancellation insurance does not necessarily cover all circumstances which may arise and cause a student to cancel participation.

1. **In order to cancel participation without penalty, written notice of the withdrawal must be received by Lisa Marie Bigelow, Associate Director of the Center for International Education prior to close of business (4:30 p.m.) on February 11, 2009.**
2. **Cancellations received after 4:30 p.m. on February 11, 2009 will be subject to a \$150 cancellation penalty, plus all non-refundable travel deposits and payments CCSU has made on the student's behalf**
3. **Because cancellation penalties can be as high as the full cost of the travel program, purchasing independent trip cancellation/interruption insurance from any travel agency is recommended.**
4. **If CCSU cancels the program for any reason, all monies paid will be refunded.**

I certify that the information submitted on this application is correct. I agree to be subject to the course abroad policies of the Center for International Education, including those presented here, on the Center for International Education's website and in all relevant pre-departure and orientation materials.

Student's Signature

Date

Student's Name: _____

CCSU ID: _____

Summer 2009 Course Abroad to Australia

DEPOSIT PAYMENT INFORMATION:

- The cost of the travel program is approximately \$5,425.
- The \$500.00 deposit is due by February 11, 2009.

Attached is my check payable to "CCSU" or

Please charge the following card for the \$500.00 deposit:

MasterCard Card number: _____

Visa Expiration Date: _____

Discover Name as it appears on the card: _____

Cardholder's Signature: _____

Final payment is due by May 1, 2009 via your Pipeline Account or in the Cashier's Office.

Return this application, along with your deposit to:

The George R. Muirhead Center for International Education
Central Connecticut State University
1615 Stanley Street,
Barnard Hall, Room 123
New Britain, CT 06050-4010

Or, if paying deposit by credit card,

Fax to (860) 832-2047