|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT STUDY ABROAD APPROVAL FORM** | | | | |
| **INSTRUCTIONS:**   1. Please fill out this form and submit it together with your **application fee of $250** (please make the check out to Dalton State College, as well as your completed Program Application Form, Terms and Conditions   of Participation, and Study Abroad Medical Profile and Consent for Care Form to Dr. Fernando Garcia (MEM 004) or to Professor Ben Thrower (MEM 211).   1. Once approved, you will be registered in the appropriate study abroad course which will show up on Spring tuition 2. **If you do not have a passport, apply for a passport immediately. If you have one, make sure**   **that your passport is valid for at least 6 months beyond the end date of the program.** | | | | |
| **PERSONAL INFORMATION** | | | | |
| Names (First, Middle, Last): | | | | |
| Date of birth: Student ID: Gender: Male Female | | | | |
| Current address: | | | | |
| City: | State: | | ZIP Code: | |
| Home Phone: | Cell Phone: | | DSC GPA: | |
| Degree: Associate: Bachelor: | | Major: | | |
| Student status: Freshman Sophomore Junior Senior | | | | |
| Ethnicity/Race:  White Hispanic/Latino African American Asian and Pacific Islander  American Indian or Alaska Native Multiracial Do not know | | | | |
| Country of Citizenship: | | | | |
| I do\_\_ or do not\_\_ have a passport valid six months after my program ends | | | | |
| Are you disabled (includes physical, hearing, vision, mental, chronic health-related, learning, multiple and other disabilities? Yes: No:  If you are disabled, please specify:   1. Sensory Disability (hard of hearing, deaf, low vision, blind, or deaf/blind) 2. Physical Disability (amputee, cerebral palsy, paraplegia, spinal bifida, uses wheel chair, etc.) 3. Mental Disability (anxiety disorder, bipolar disorder, depression, schizophrenia, etc.) 4. Attention Deficit Disorder or Learning Disability (dyslexia, auditory processing disorder, etc. 5. Other Disability (e.g., brain injury, speech impediment, health-related disability, autism, etc. | | | | |
| **PROGRAM INFORMATION** | | | | |
| Program Names: Doing Business in Peru | | | Destination country: Peru | |
| **Program cost: $ 2,000 (does not include airfare, around $ 800)**  Application fee: $250 (at time of application). Application fees go towards the cost of the program  First Installment: $ 750 (December 18)  Purchase flight tickets (December 31)  Second Installment: $ 1,000 (January 31)  **Refund Policies:** Before December 18: the $250 (app. fees) minus $50 administrative fees  Between December 18 and December 31: $950 ($1,000 minus $50 administrative fees)  After Jan 1, not refunds will be given | | | | |
| **STUDENT STUDY ABROAD APPROVAL FORM** | | | | |
| Please specify courses you will take:  Course 1: MNGT 4800: Doing Business in Peru Credits: 3  Which of the following do you plan to use this course for?    Substitute for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Upper Division Elective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Are you receiving academic credit for an internship, volunteer or work abroad experience (paid or unpaid) as part of your study abroad experience?  Yes: No: | | | | |
| Have you participated in a non-credit internship, volunteer or work experience (paid or unpaid) abroad?  Yes: No: | | | | |
|  | | | | |
| **FINANCIAL AID** | | | | |
| Are you applying for financial aid: Yes: No:  If answer yes, please specify the types and names of financial aid were awarded by your institution for study abroad:  Federal Aid:  State Aid:  Need Based Institutional Aid: Merit-Based Institutional Aid:  Other Aid: | | | | |
| **EMERGENCY CONTACT INFORMATION** | | | | |
| NAMES (FIRST, MIDDLE, LAST) | | | | |
| Address: | | | | |
| Phone: | E-mail: | | Fax: | |
| City: | State: | | ZIP Code: | |
| Relationship to you | | | | |
| I authorize Dalton State College to verify the information provided on this form. | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of applicant | | | | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Program Director or  Coordinator of Office of International Education (OIE) | | | | Date |