



## STUDENT STUDY ABROAD APPROVAL FORM

### INSTRUCTION:

1. Please fill out this form electronically, and submit it together with your completed *Program Application Form, Terms and Conditions of Participation, and Study Abroad Medical Profile and Consent for Care Form* to the Center for International Education (LIA310) or to Dr. Baogang Guo (LIA260).
2. To ensure your course credits, please register your study abroad courses and pay tuition at Dalton State before your departure. Please look for Course equivalencies and special CRN no. on the study abroad web page for your study abroad courses. If you change your course, please let the registrar know.
3. 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
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Current address:

City:	State:	ZIP Code:
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Home Phone:	Cell Phone:	DSC GPA:
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Degree: Associate:	Bachelor	Major:
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Student status: Freshman	Sophomore	Junior	Senior
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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: Don not know:

If you are disabled, please specify:

- A. Sensory Disability (hard of hearing, deaf, low vision, blind, or deaf-blind)
- B. Physical Disability (amputee, cerebral palsy, paraplegia, spinal bifida, uses wheelchair, etc.)
- C. Mental Disability (anxiety disorder, bipolar disorder, depression, schizophrenia, etc.)
- D. Attention Deficit Disorder or Learning Disability (dyslexia, auditory processing disorder, etc.)
- E. Other Disability (e.g., brain injury, speech impediment, health-related disability, autism, etc.)
- F. Do Not Know

### PROGRAM INFORMATION

Program Names:	Destination country:
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Duration of the program: Less than two weeks: A semester:	Two weeks or more: An academic year:
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## STUDENT STUDY ABROAD APPROVAL FORM

Please specify courses you will take:

Course 1: \_\_\_\_\_ Credit: \_\_\_\_\_

Course 2: \_\_\_\_\_ Credit: \_\_\_\_\_

Course 3: \_\_\_\_\_ Credit: \_\_\_\_\_

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: \_\_\_\_\_

Are 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 Director of Center for International Education

Date