

Undergraduate Study Abroad Application Form

Please submit this completed form along with a letter of intent to the International Office by October 1 for Spring/Winter intake and by March 15 for Fall intake.

To be filled out by the STUDENT	
Student ID	
First Name	
Last Name	
Email	
Degree <small>Please indicate name/length of the degree program you are pursuing</small>	
Term(s) and Year in which you would like to study abroad	
Post-Secondary Institution where you would like to study abroad (full name and country)	
What language(s) are you hoping to study in?	
What languages other than English do you know? <small>Please indicate your fluency level and test name/score if you have taken official tests in a language other than English</small>	
Citizenship(s)	
To be filled out by the REGISTRAR DESIGNATE	
I confirm that the student is eligible for study abroad	
<ul style="list-style-type: none"> • Student's GPA for all courses taken at CUE (whether or not they apply to degree) is equal to or above 2.50 • Student's most recent Fall or Winter term GPA is equal to or above 2.70 • Student has completed or is attempting a total of at least 18 credits at CUE 	
Name	Signature & Date
To be filled out by STUDENT ACCOUNTS	
<ul style="list-style-type: none"> • I confirm that the Student does not have any financial encumbrances and is in good financial standing • Has the student opted out of the Concordia Student Association Health and Dental Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Name	Signature & Date
To be filled out by the DEPARTMENT CHAIR	
I hereby nominate the above-mentioned student for study abroad.	
Name	Signature & Date
To be filled out by the INTERNATIONAL OFFICE	
I hereby nominate the above-mentioned student for study abroad.	
Name	Signature & Date

Emergency Contact Details

Two Emergency Contacts with different phone numbers are required.

PRIMARY EMERGENCY CONTACT	
Name	
Relationship to Student	
Mailing Address	
Telephone (Home)	
Telephone (Business)	
Telephone (Cell)	
E-mail	

SECONDARY EMERGENCY CONTACT	
Name	
Relationship to Student	
Mailing Address	
Telephone (Home)	
Telephone (Business)	
Telephone (Cell)	
E-mail	

Declaration

By signing this legal document you give up certain legal rights. Please read carefully.

- I declare that the foregoing information is to my knowledge true, complete and accurate.
- I understand that the submission of false information may be subject to proceedings under the Code of Student Conduct and may result in the disqualification of my application.
- I authorize the release by Concordia University of Edmonton of information to the host institution for purposes of program administration.
 - It is my responsibility as a participant to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate.
 - As a participant I must notify the International Office if I no longer wish to be considered for the study abroad experience.
 - It is my responsibility as a participant to obtain the necessary paperwork (visas, study permits, immunizations), which are required by the country I am entering and to apply for these well in advance of departure.
 - I hereby recognize that participation in a study abroad student exchange program is contingent upon payment of tuition and related fees to Concordia University of Edmonton assessed on a full course load, irrespective of the number of credits being registered for in the term(s) abroad.
 - I acknowledge that I may not be able to obtain Concordia University of Edmonton transfer credits for courses that I take while studying abroad.
 - I understand that I may have to enroll in additional term(s) at Concordia University of Edmonton (and pay the applicable tuition and fees) in order to fulfill my degree requirements.
 - It is my responsibility to ensure the accuracy of my record, to inform Concordia University of Edmonton and my faculty of any discrepancies in my academic record, and to update the mailing address on my record as appropriate.
 - I also recognize that visa, transportation, medical insurance, living expenses (such as room and board), and all other costs related to my attendance at the host institution are my sole responsibility.
 - It is my responsibility to insure that I do not leave the host institution with any outstanding fees.
 - I agree to attend the scheduled pre-departure orientation session for my specific term(s) abroad.
 - I, the applicant, hereby declare that the emergency contact information provided on this form is complete and accurate and will be valid at the time of my travel abroad.
 - It is my responsibility to ensure that any updates or changes to the information are completed before my departure.
 - I recognize that the International Office at Concordia University of Edmonton may contact the emergency contact listed above in the event of an emergency or serious situation and I hereby give them consent to do so.

I certify that all statements made on this application form are true and complete.

Name	Signature & Date
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