



APPLICATION FOR STUDY AWAY

OFFICE OF GLOBAL EDUCATION
globaleducation@claflin.edu

Personal Information

Last Name	First Name	Middle Name
-----------	------------	-------------

Gender: M F CU Student ID # _____ Freshman Sophomore Junior Senior
 Professional and Continuing Studies

Date of Birth: _____ (mm) / _____ (dd) / _____ (yyyy)

Country of Birth: _____ Country of Citizenship: _____

Place of Birth (city, state): _____; _____

Passport # _____; Expiration Date: _____

Country of Issue: _____

Selected Program

Program Sponsor (Exchange University): _____

City, State, Country: _____, _____, _____

Study Away Period: Fall Spring Summer Full Year

Home University Information

School: Business Education Humanities & Social Sciences Natural Sciences & Mathematics

Major: _____ Minor: _____

Expected Semester and Year of Graduation: _____

Contact Information

Home Address:

Street	City	State	Zip Code
--------	------	-------	----------

Permanent home phone: (_____) _____ E-mail Address _____

Cell phone: (_____) _____

Personal Campus Mailing Address: Address below is on campus off campus.

Street	City	State	Zip Code
--------	------	-------	----------

Personal campus phone: (_____) _____



APPLICATION FOR STUDY AWAY

OFFICE OF GLOBAL EDUCATION
gloaleducation@claflin.edu

Parent/Legal Guardian Contact Information

Father's Name _____	Mother's Name _____
Street address _____	Street address _____
City or town _____	City or town _____
State / Zip Code _____	State / Zip Code _____
Home phone number (____) _____	Home phone number (____) _____
Work phone number (____) _____	Work phone number (____) _____
E-mail _____	E-mail _____
<input type="checkbox"/> Do not contact.	<input type="checkbox"/> Do not contact.

Person to be notified in case of emergency? Father Mother Other*

Person to receive billing statements? Father Mother Other*

**If you have checked "Other" for either of the previous questions, please complete the following to be used for emergency billing:*

Name _____ Relationship _____

Street _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____



APPLICATION FOR STUDY AWAY

OFFICE OF GLOBAL EDUCATION
gloaleducation@claflin.edu

Personal Statement

On separate sheets of paper, please attach a personal statement of about two pages that includes the following elements: why you plan to study away, what factors have influenced this decision, anticipated benefits, why you selected your particular program, how you believe the experience will enhance your academic background, how the experience will increase your capacity to serve others, non-classroom activities in which you hope to participate (service, internships, religious involvement, extracurricular activities, living with native speakers, excursions, etc.)

Note: This personal statement, in adapted form, may also be used for outside funding applications.



APPLICATION FOR STUDY AWAY

OFFICE OF GLOBAL EDUCATION
globaleducation@claflin.edu

Faculty Recommendation

To the Student: Please fill out **and sign** the Student Information and Program Choice sections, and then give this form to a faculty member who is familiar with your work.

Student Information

Last Name _____ First Name _____ Middle Name _____

I give up the right to see this recommendation: Yes No

Student Signature _____ Date _____

To the Faculty Member: *The student's application will not be complete until we receive this form.* Please send it to the Director of Global Education (Tingley Hall, 1-S3). If you desire, you may make additional comments on this form or on a separate sheet.

In what capacity and for what length of time have you known the applicant?

The quality of academic work prepared by the applicant is

Excellent Above average Satisfactory Below average Unsatisfactory

The applicant's overall familiarity with the subject matter of the courses I taught is

Excellent Above average Satisfactory Below average Unsatisfactory

The applicant's intellectual motivation is

Excellent Above average Satisfactory Below average Unsatisfactory

The applicant's stability, independence, creativity, and flexibility is

Excellent Above average Satisfactory Below average Unsatisfactory

Overall, I would rate this student's capacity to succeed in a foreign educational setting as

Excellent Above average Satisfactory Below average Unsatisfactory

Name _____

Position _____

Department _____

Signature _____

Date _____



APPLICATION FOR STUDY AWAY

OFFICE OF GLOBAL EDUCATION
globaleducation@claflin.edu

Registration Worksheet

Current cumulative grade point average _____ (2.75 minimum)

Academic Coursework

Academic advisement and pre-registration are required for all students studying away. Students are expected to meet with their academic advisors and select appropriate coursework for the semester/period away as well as for the semester they expect to return to Claflin University. In an effort to provide a smooth transition between Claflin University and the selected institution, students are encouraged to enroll in coursework that is applicable to their program of study. All coursework taken at the foreign institution will be added to their official academic transcript upon receipt of their official grade reports and these grades will be counted toward the cumulative grade point average.

Semester Away

Proposed Courses for Study Away period	Course Equivalent at Claflin University
_____	_____
_____	_____
_____	_____
_____	_____
Total Anticipated Hours _____	Total Anticipated Hours _____

Semester of return

Proposed coursework for semester **after returning** from study away (you are expected to pre-register for these courses online while away):

Total Anticipated Hours _____

Attach:

- proof of **pre**-registration
- unofficial academic transcript
- copy of official Letter of Acceptance from Visiting Institution

Required Signatures:

Advisor

Department Chair

Director, Alice Carson Tisdale
Honors College
(if applicable)



APPLICATION FOR STUDY AWAY

OFFICE OF GLOBAL EDUCATION
globaleducation@claflin.edu

Disciplinary Clearance

The student named below has no past or pending disciplinary issues that would prevent their successful completion of a study away program. It is understood that disciplinary problems that arise any time prior to departure to the study away program site may constitute grounds for exclusion from the program. Any financial loss incurred due to such a cancellation would need to be assumed by the student.

_____ (student name) is applying to study away during the
 _____ (semester, year).

Does this student have a disciplinary record with Claflin University?

- No Yes, and an official document or copy stating the details is enclosed

If you have any additional comments, you may write them here or attach a separate sheet of letterhead.

Approval for this document

Vice President for Student Development and Services

Date



APPLICATION FOR STUDY AWAY

OFFICE OF GLOBAL EDUCATION
gloaleducation@claflin.edu

Conditions of Acceptance, Release, and Waiver/Required Documents Index

Students wishing to study away must submit the following required documents to the Office of Global Education, with all appropriate signatures in the official application folder provided by the Office of Global Education by the appropriate deadline. The deadline for submission of all documents is November 1 for spring semester experiences and April 1 for the summer term or the fall term.

Please note that Claflin University is committed to compliance with all guidelines, policies, and procedures relevant to submission of applications and required documents for study away experiences to our partner institutions. All deadlines are firm and cannot be adjusted under any circumstances.

Required documents include:

- Claflin University Application for Exchange Programs (this document)*
- Personal Statement
- Faculty Recommendation Form
- Registration worksheet (with required approval signatures)
- Pre-registration schedule
- Unofficial Academic Transcript (may be printed from MyClaflin)
- Disciplinary Clearance Form (with required approval signature)
- Copy of Official Letter of Acceptance from Visiting Institution
- Required Document Index (with required approval signatures)

Approval for this document

Director of Global Education

Date

Vice President of Fiscal Affairs

Date

President

Date