



## STUDY ABROAD APPROVAL

*ALL students who study abroad in CGE programs approved and/or sponsored by the Consortium for Global Education are required to complete this form. A copy of this document should be filed with the study abroad office at your university and a copy emailed to [studyabroad@cgedu.org](mailto:studyabroad@cgedu.org)*

\_\_\_\_\_ *Country/Primary Study Abroad Location*

\_\_\_\_\_ *Semester/Term of Study & Year*

First and Middle Name: \_\_\_\_\_  
*(As it appears on your passport)*

Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_  
*(As it appears on your passport)*

School E-mail : \_\_\_\_\_

Phone Number (Cell or Local): \_\_\_\_\_

Permanent/Personal Email: \_\_\_\_\_

Birth Date (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (M/F): Male Female

Birth Place: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_ Expiration Date (M/Y): \_\_\_\_/\_\_\_\_

US Citizen Non-US Citizen Dual Citizenship (Countries \_\_\_\_\_)

### Academic Information:

Year in School: Sophomore Junior Senior Cumulative GPA: \_\_\_\_\_

University or College where presently enrolled \_\_\_\_\_

### Person to contact in case of Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cellphone: \_\_\_\_\_

### Health:

My health is Excellent Good Fair Under Care

The Consortium for Global Education is aware of any/all of my special health considerations *(required)*

Signed \_\_\_\_\_ Date \_\_\_\_\_