



STUDY ABROAD APPROVAL

ALL students who study abroad in CAPA 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

_____ *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 _____