



## Application for Semester Abroad

### Course(s) and Registration Approval

**Application Checklist:**

- \_\_\_\_\_ This application completed in full, signed, and dated by the applicant
- \_\_\_\_\_ Attached course description and / or course syllabus for each of the courses for which you are requesting registration pre-approval
- \_\_\_\_\_ Attached a copy of your degree audit obtained from your academic advisor

**Personal Data - Please type or print legibly in ink**

Last Name		First Name		Date of Birth		Student ID Number	
Country of Citizenship	Passport Number (if available)	Expiration Date	Gender (Male or Female)		Home Campus		
Permanent Address in the U.S. (number, street, apartment)							
City			State			Zip Code	
Home Phone			Mobile Phone			E-mail Address	
Current Degree Major			College Credits Completed		Cumulative GPA		Expected Graduation Date
Any disciplinary history? If yes, please describe; use additional pages if needed							
Emergency Contact Person: Last Name			First Name			Relationship	
Address (number, street, apartment)							
City			State			Zip Code	
Home Phone			Mobile Phone			E-mail Address	

**Study Abroad Program Selection:**

When do you plan to study abroad: Year: \_\_\_\_\_, Semester: Fall \_\_\_\_\_, Winter \_\_\_\_\_, Summer \_\_\_\_\_

Please check one

\_\_\_\_\_ **INHOLLAND UNIVERSITY**, The Netherlands, Amsterdam

\_\_\_\_\_ **American Institute For Foreign Study**: enter country and city below

Country: \_\_\_\_\_, City: \_\_\_\_\_

\_\_\_\_\_ **Global Links**: enter country and city below

Country: \_\_\_\_\_, City: \_\_\_\_\_

\_\_\_\_\_ **CIEE**: enter country and city below

Country: \_\_\_\_\_, City: \_\_\_\_\_

\_\_\_\_\_ **John Cabot University**, Rome, Italy

\_\_\_\_\_ **Universidad de Duesto**, Bilbao, Spain

\_\_\_\_\_ Other: Please Specify \_\_\_\_\_ see links at <http://www.davenport.edu/study-abroad/how-it-works/semester-long>

*Please complete other side*

**Course Selection**

TO BE COMPLETED BY THE STUDENT			TO BE COMPLETED BY DAVENPORT UNIVERSITY DIRECTOR OF RECORDS		
Please List the Courses You Are Planning to Complete Abroad		Which Semester?	Required in Your Degree?	Please Determine the Equivalent Course(s) at DU Please Post the Equivalent Course on DU Schedule	
Course Code:	Course Title			CRN #	Course Code & Title
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<p><i>It is the student's responsibility to notify the Study Abroad office in writing of any changes s/he makes to the above pre-approved course registration. Such changes must be reported as soon as they occur so that proper adjustments may be made to the student's course registration at Davenport University. Final grades on student's Davenport transcript are posted according to the courses and grades reflected the transcript issued by the study abroad institution.</i></p>	Director of Records:	Signature:	Date:
	Name and Signature of Department Chair (if needed):		Date:
	Name and Signature of Academic Dean (if needed):		Date:
Student's Signature:	Date:		
Name and signature of Study Abroad Coordinator:	Date:		

*Please return this application form and the required documents above to:*  
**Dr. Gerald Nyambane, Interim Associate Dean**  
**Office of Global Programs / Study Abroad**  
 Room 217 Lettinga Campus  
 6191 Kraft Avenue Grand Rapids MI 49512