

STUDY ABROAD APPLICATION

Application Fees and Deadlines Application deadlines and fees may vary depending on the program.				
Study Abroad Program Type	Deadline	Application Fee		
Saints Bible Institute – Italy Semester Program	Fall – March 1; Spring – October 1	\$250		
EDU Africa – Zimbabwe Summer Program	March 1, 2020	\$250		
Greece Exploration Study Program – J-Term (Faculty-Led)	August 21, 2020	\$300		
France/Germany Exploration Study Program – May Term (Faculty-Led)	January 17, 2020	\$300		

STUDY ABROAD APPLICATION AND SUPPORTING DOCUMENTS

ACU Study Abroad Application and Fee

The study abroad application form is mandatory and must be completed, signed, and turned into the Office of Study Abroad. All application fees are **non-refundable** and must be paid by the application deadline.

Student Conduct Form

The Student Conduct Form must be completed by the Office of Student Development and signed by the student.

Financial Aid Form

Students are required to meet with the office of Financial Aid regarding program payments and deferrals of student scholarships, if necessary.

Course Approval Form

Students are required to meet with their Enrollment Management Specialist (EMS) and the Office of the Registrar to discuss eligibility and courses to be completed on their chosen program.

Emergency Contact Form

Students are required to provide emergency contacts in the United States or their home country during their time abroad.

Essay Response Form

Applicants will be required to submit a 75-100 word essay describing their interest in studying abroad. ***For faculty-led programs, the Essay Response Form is NOT required.**

Payment Agreement & Acknowledgement Form (separate document found on www.arizonachristian.edu/studyabroad) Students participating on all study abroad programs must submit the payment agreement, specific for their program, along with the study abroad application.

Passport Copy and Health Insurance Card Copy

Submit a copy of your passport information page and the front and back of your health insurance card. If you are in the process of applying for a passport, you must submit your name as it will appear on the passport, and the date of application.

Minimum Requirements

- Must be a full-time Arizona Christian University student (online and evening students exempt) in good academic, financial, and conduct standing with at least a 2.50 cumulative GPA
- Must have a minimum of 24 college credit hours completed by departure date
- Must be at least 18 years of age
- Adequate financial resources to cover all expenses
- Passport current with at least 6 months beyond the end of the program
- Complete all prerequisite courses prior to departure

STUDY ABROAD APPLICATION

STUDENT INFORMATION				
Full Passport Name (First, Middle, Last):				
Permanent Address: Student I.D. Number:				
City:	State: Zip Code:			Cell Phone Number:
Email Address:				Country of Citizenship:
Alternate Email Address:		Date of Birth:		
Passport Number: Passport Expiration Date:				

ACADEMIC INFORMATION		
Major:	Minor:	
Enrollment Management Specialist:	Study Abroad Program:	
Study Abroad Location (City, Country):	Study Abroad Program Dates:	
Classification: 🗅 Freshman 🗅 Sophomore 🗅 Junior 🗅 Senior		
Expected Graduation Date (Month/Year): Your Cumulative GPA:		

CAMPUS HOUSING (semester programs only)			
Are you living in the dorms? 📮 Yes 📮 No	Will you expect to return to the dorms? 📮 Yes 📮 No		

EMERGENCY CONTACT				
Parent/Guardian Name:			Relationship:	
Address:				Home Phone Number:
City:	State:	Zip Code:		Work Phone Number:

Email Address:

VERIFICATION AND SIGNATURE

I certify that the information on this application is complete and correct. I understand that the submission of false information is grounds for rejection of my application. I understand that as part of the application process, I am expected to attend a pre-departure orientation all pre-departure classes. I understand that I am expected to abide by the tenets of the Arizona Christian University Handbook, as well as any student guidelines as set by the university or program where I am studying away from Arizona Christian University.

me	Signature	Date
For Official Use Application Documents	Application FormEmergency Contact F Student Conduct FormPayment Agreement Financial Aid FormEssay Response Course Approval FormHealth Insurance Car Passport Copy	
	in listed program and receive credit for courses subject to general re as approved by the EMS and College Dean.	egulations and policies of Arizona



STUDENT CONDUCT FORM

Student Name:	Student ID #:	
STUDENT INFORMATION		
I,, Student Name	am requesting enrollment in the ACU Study Ab	proad
Program and need the following clearances in order	to participate in the program.	
I authorize the Arizona Christian University Student E disciplinary history.	Development Office to provide information on m	ny
Student Signature:	Date:	
To be completed by an official in the Arizona Christian Does this student have a disciplinary record with the i If yes, please briefly describe the nature of the discipl	nstitution? I Yes I No	

STUDENT DEVELOPMENT OFFICE APPROVAL

Printed Name:	Official Title:
Signature:	Date:



FINANCIAL AID FORM

Student Name:		_Student ID #:
Study Abroad Program:		Country of Travel:
Dates of Travel:		
I have reviewed my degree planner with my EM Yes No	IS, and I am aware of	implications of this trip.
Cost Assistance (Semester Program Only):		
Expected Title IV Aid to be used for this trip:	\$	Туре
	\$	Туре
Institutional Aid to be placed on hold during	\$	Туре
this trip*:	\$	Туре
* Note: Institutional scholarships are not available f the Study Abroad Program will have any institution Study Abroad Program.	-	
My enrollment in the Study Abroad Program v return:	vill be for one semes	ter. It is my request that upon my
I still be enrolled at Arizona Christian University		
a space in the Residence Hall will I	be available to me	

FINANCIAL AID OFFICE INFORMATION

_____ is in good standing with this office and has the resources to finance this trip.

Student Name

OFFICE APPROVALS

Financial Aid Office Signature:	Date:

Student Signature: ______ Date: ______

Additional Comments:



COURSE APPROVAL FORM

Student Name:	Student ID #:

ACU Email Address: ______ Anticipated Graduation Date: _____

COURSE PERMISSION MUST BE OBTAINED IN ADVANCE

Directions:

- 1. Complete the requested information below. Courses are to be similar in scope and content to transfer to Arizona Christian University. Courses that do not match ACU course descriptions will be considered elective courses and will need your EMS's approval.
- 2. Accreditation: The courses must be taken at an accredited institution or an approved ACU Study Abroad Program.
- 3. Credit: An official transcript in English must be received by the Registrar's Office following the completion of the Study Abroad Program. A grade of "C" or better for undergraduate courses is required for the course/s to transfer. Courses earning a "P" or "S" will not transfer, and the transfer credits will not be calculated into your ACU GPA.
- 4. Warning: You must take courses approved by ACU for the credits to transfer.
- 5. Note: Non-approved courses or programs may affect your financial aid or disbursements.

Major:	
Major	Study Abroad Program:

Semester Taken: ______ Country: _____

	Host Institution			Arizona Christian University	
	Host Course	Credit Hours		ACU Course (Replace or Substitute)	Credit Hours
Course #	Course Title	USA, CAT, UK, ECTS	Course #	Course Title	Conversion

Legend: European Credit Transfer and Accumulation Systems (ECTS), Credit Accumulation and Transfer (CAT), United Kingdom (UK) Conversions: ECTS = 25-30 clock hours (similar to US quarter hour system), CAT = 20 credits, 10 UK = 5 USA credits

OFFICE APPROVALS

EMS Signature

Date

Date

Registrar's Office Signature

One Firestorm Way, Glendale, AZ 85306-3216 • (602) 489-5300



EMERGENCY CONTACT FORM

Travel Participant Information						
Full Name (as it appears on passport):						
Program / Trip Name:Study / Trip Semester:						
Student ID: Date of Birth (mm/dd/yy): Citizenship:						
Email Address: Cell Phone:						
Passport Number: Date of Issue: Expiration Date:						
U.S./Family Emergency Contact	Medical Information					
Name:						
Relationship to you: Address:	Special Medical Conditions:					
City: State: Zip:	Medications:					
Daytime Phone:						
Evening Phone:						
Cell:						
Email:						
Insurance Information	Travel Insurance International Health Insurance or Trip Insurance is					
Company:						
Member ID:						
Group#:	suggested websites below.					
Plan:						
24 Hour Phone:	Eull Trip Insurance:					
	www.insuremytrip.com					
Independent Travel Plans – Travel arrangements not made by ACU						
Travel Info Date	Airline					
Depart US:						
Return to US:						
Study Abroad Program:						
Study Abroad Country:						
This information is collected for amorganov purposes only. Should you be involved in an amorganov while abread, this form will						

This information is collected for emergency purposes only. Should you be involved in an emergency while abroad, this form will be given to qualified medical personnel and emergency contacts will be notified.

I attest, to the best of my knowledge, that the information included on this form is true. I grant permission, in case of an emergency, for this information to be given to appropriate personnel and emergency contacts to be notified of my situation.

Signature _____ Date _____



ESSAY RESPONSE

In the space below, please write a 75-100 word essay answering Questions 2 - 4 (You may attach your essay on a separate sheet of paper, but please ensure that it is typed, 12 pt. font, and in Times New Roman.) The essay is <u>not</u> required for faculty-led programs.

- **1.** Have you participated in a study abroad program before? **D** Yes **D** No
- 2. Explain your interest in a study abroad program.
- **3.** Explain how this particular program will fit into your academic and career goals.
- **4.** Describe your relationship with Jesus Christ.