

2121 Euclid Ave. MC 412 Cleveland, OH 44115 Phone: (216) 687-3910 Fax: (216) 687-3965 www.csuohio.edu/csuea

## **General Approval Application for Study Abroad**

## I. Personal Information

Name of Student		Email Address	
Telephone No. #1	Telephone No. #2	Student ID Number	Academic Adviser
Current Address		Major/Degree	Year/Class
City State	Zip Code	GPA	Verification (CISP Advisor)
Permanent/Home Address		Passport # (If Currently Know	Expiration Date (M/DD/YYYY)
City State  II. Program Information	Zip Code on	Country of Citizenship	
Name of Study Abroad Program/University		Sponsoring Organization	
City	Country	Begin Date (M/DD/YYYY)	End Date (M/DD/YYYY)
Have you previously st	udied or traveled abroad? If ve	s, when and for how long did you	ı study abroad?
III. Emergency Contac	than English do you speak? Wh	lat is your level of fluency?	
Name of Contact		Relationship to Student	
Telephone No. #1	Telephone No. #2	Email Address	
Current Address		City State	Zip Code
disciplinary records or pro Hearings, with the Center Study Abroad Program. By Family Education Rights a	f Judicial Affairs at Cleveland State Lovide any information regarding any for International Services and Prograsigning this form, I also understand the Privacy Act (FERPA). This permi	disciplinary proceedings against me, ams. I understand that the information at I have waived my right to information	of Student Life, permission to discuss any and/or the outcome of Student Conduct discussed will be for the purposes of the n that is considered confidential under the this signed document to the Center for
Signature of Student			Date