

2121 Euclid Ave. MC 106 Cleveland, OH 44115 Phone: (216) 687-3910 Fax: (216) 687-3965

www.csuohio.edu/international

Study Abroad Approval Application

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 (S.A. Advisor)	
Permanent/Home A	ddress	Passport # (If Currently Known)	Expiration Date (M/DD/YYYY)	
City	State Zip Code	Citizenship Status		
II. Program Infor	mation			
Name of Study Abro	ad Program/University	Sponsoring Organization	Sponsoring Organization	
City	Country	Begin Date (M/DD/YYYY)	End Date (M/DD/YYYY)	
III. Emergency Co	ontact	Deletionahin to Student		
Name of Contact		Relationship to Student	Relationship to Student	
Telephone No. #1	Telephone No. #2	Email Address	Email Address	
Current Address		City State	Zip Code	
IV. Release of In	formation Waiver			
I hereby give the O disciplinary records Hearings, with the O Study Abroad Progra Family Education R	ffice of Judicial Affairs at Cleveland Stat or provide any information regarding a Center for International Services and Pro am. By signing this form, I also understan ights and Privacy Act (FERPA). This pe	e University, located in the Department of Sturny disciplinary proceedings against me, and/ograms. I understand that the information discurd that I have waived my right to information that mission is valid from the time I submit this emester or until my program abroad ends.	or the outcome of Student Condu ussed will be for the purposes of t t is considered confidential under th	
Signature	of Student		Date	