



For SAO Use only:
 Date Submitted: _____
 Date Entered into Database: _____

Study Abroad & Exchange Programs Application

Read the Application guidelines carefully before completing this form. Additional application materials may be turned in as they are completed. Type or print all information. Return this form to: **Study Abroad Office, Corpus Christi Hall (CCH), 115.** You can scan/email the forms to: Study.Abroad@tamucc.edu

(Note: Forms can be digitally signed if opened in the Adobe Acrobat software program.)

Legal Name: (As it appears on your birth certificate or passport)			A#/Islander/Banner ID:		PROGRAM INFORMATION
First	Middle	Last			
Gender:	Date of Birth: (MM/DD/YYYY)	Place of Birth: (City, State, Country)			
		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list country of citizenship: _____			
Islander Email Address:		Alternate Email Address:			
Campus/Current Mailing Address:		Permanent Home Address:			
Local Telephone:	Cellphone (If Different): (____) _____ (____) _____	Major:	Minor:		
Academic College Currently Enrolled In:		Expected Graduation Date:	Expected Degree: (BA, BS, etc.)		
Current Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Other: _____		Financial Resources (Check all that currently apply): <input type="checkbox"/> Financial Aid/FAFSA <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Scholarships <input type="checkbox"/> Self-funded <input type="checkbox"/> Other: _____			
Cumulative GPA:	Tuition Status: <input type="checkbox"/> Texas Resident <input type="checkbox"/> Non-Texas Resident	Race/Ethnicity: (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Bi-racial/multi-racial <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond			

Program Term:
 ___ Academic Year
 20__ - 20__
 ___ Fall 20__
 ___ Spring 20__
 ___ Summer I 20__
 ___ Summer II 20__

Program Type: ___
 Exchange
 ___ Provider Program
 ___ Faculty Led
 ___ Internship
 ___ Research

Program Name/Sponsor:

Program Location:
 (City & Country)

Program Date:
 Start Date:
 (MM/DD/YYYY)

End Date:
 (MM/DD/YYYY)

of Credits to be earned on program:

BELOW, PLEASE LIST COURSES THAT YOU PLAN TO TAKE WHILE ABROAD:

Course Number & Course Name	Course Number & Course Name
Course Number & Course Name	Course Number & Course Name



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Terms of Agreement and Release of Information:

- I understand that this application and payment of any application-related fees does not guarantee acceptance to a study abroad program or awarding of credit.
- I understand that application fees, required by TAMUCC, an institutional partner, or a study abroad provider, are nonrefundable.
- I understand that upon acceptance into any study abroad program, I must confirm my participation by submitting a Student Code of Conduct Agreement form, Agreement/Risk Waiver Form, and Emergency Contact Information Form, which constitutes my formal agreement to participate in the program.
- I understand that I may be required to submit program deposits prior to my program start dates in order to secure my participation in the program. The confirmation deposits will be applied towards overall program costs. My program confirmation may not be processed further until this deposit has been paid.
- I understand that a full refund of either the application fee or the confirmation deposit is not guaranteed if I withdraw from the program, regardless of the reason for withdrawal.
- I understand that withdrawals must be made in writing to the Office of International Education. I understand that I may be charged for any additional costs that may have been expended or committed on my behalf that cannot be recovered, dependent on the date I withdraw from the program.
- I certify that the information provided in this application is complete and correct to the best of my knowledge. In accordance with Section 438 of the Family Education Rights and Privacy Act (Public Law 90-427), I hereby authorize the release of materials and academic records to the TAMUCC Office of International Education faculty leaders, institutional partners, or program providers, on an as needed basis, for processing my candidacy for study abroad.

Applicant Signature

Date

Signature of Parent/Guardian (If applicant is under 18 years of age.)

Date

MASS TALENT RELEASE STATEMENT (OPTIONAL)

(Permission for audio/photo/video capture/editing/distribution)

I grant Texas A&M University-Corpus Christi and its employees and agents the irrevocable right to use my likeness (still or moving) or words (written or spoken) for purposes related to the educational mission of A&M-Corpus Christi, including publicity, marketing, and promotion of A&M-Corpus Christi, in any medium. I waive any right that I may have to inspect or approve the finished product in which my image or words are used. I do not expect compensation for the use of my likeness or words. I release A&M-Corpus Christi and its employees and agents from any liability related to the use of my likeness or words. I understand that by signing this release I am releasing certain of my legal rights, and that if I have any questions about these rights or this release, I should consult my own attorney before signing. I am at least 18 years old, or if I am under 18 years old my parent or legal guardian has signed below.

Applicant Signature

Date

Signature of Parent/Guardian (If applicant is under 18 years of age.)

Date