

STUDY ABROAD CLEARANCE FORM

Please complete and submit the following form to Dean Scott Carpenter (105 Carman) to obtain approval to study abroad.
Bring your signed form to the Office of Global Programs in 204 Lewisohn for review and to finalize your plans.

GENERAL INFORMATION Please PRINT legibly.

Name: _____ PID #: _____

Campus Phone: _____ E-Mail Address: _____

Major/Concentration/Minor: _____ Number of credits completed: _____

Are you a transfer student? YES or NO
(If YES, please be advised that transfer students should have no more than 45 outside credits before the semester abroad.)

Cumulative GPA: _____
(To be eligible for participation in an approved study abroad program, students must have at least a 3.0 GPA.)

APPROVED PROGRAM OF INTEREST Please verify that the program of interest is on the APPROVED program list at www.college.columbia.edu/students/studyabroad. If the program is NOT on approved program list, please provide supporting documentation for consideration to the Office of Global Programs (204 Lewisohn).

Is this an approved program? YES NO

Sponsoring Institution: _____

Location: _____ Host University _____

Is this an advanced-track program? YES or NO

Semester(s) planning to study abroad: FALL SPRING FULL YEAR

CORE REQUIREMENTS Please check the appropriate core requirements. Indicate "IP" if in progress.

Columbia College

Univ. Writing _____
Lit Hum _____
CC _____
Art Hum _____
Music Hum _____
Science _____
Foreign Language _____
Major Cultures _____
Physical Education _____
Swim Test _____

School of Engineering & Applied Science

Univ. Writing _____
Gateway Lab _____
Lit Hum, CC, or Maj. Cult. _____
Art Hum or Music Hum _____
Economics 1105 _____
Professional Course _____
Calculus _____
Physics _____
Chemistry _____
Computer Science (if required) _____
Physical Education _____

For core requirements **not completed**, indicate the course and semester in which you plan to complete the requirement:

Course: _____ Semester to be completed: _____

Course: _____ Semester to be completed: _____

Course: _____ Semester to be completed: _____

ACADEMIC MAJOR

How many courses have you completed for your major? _____

How many major courses remain? _____

Have you discussed your study abroad plans with your department? YES or NO
If NO, please complete the Major Worksheet for Study Abroad in consultation with the Director of Undergraduate Studies in your department.

LANGUAGE REQUIREMENT

I. Does your program of interest have a language requirement? YES or NO

If YES, please indicate the program and number of terms required below:

Language: _____

Number of Terms Required: _____

Have you fulfilled this requirement? YES or NO

Please list the two most recent language courses you have taken. You must have a language course the semester before studying abroad. *If course is in progress, list "IP" under grade.*

Course: _____ Term: _____ Grade: _____

Course: _____ Term: _____ Grade: _____

II. Do you understand that you **must** study the local language while abroad if the instruction is in English? YES or NO

If NO, please discuss your questions with Dean Scott Carpenter (105 Carman).

REGIONAL COURSE REQUIREMENT

You are required to take a course about the country or area in which you intend to study before you go. This course should address the contemporary social, political, intellectual, or cultural issues of your study abroad host country.

Please indicate the regional studies course you have taken in the area where you plan to study. *Indicate "IP" if in progress.*

Course: _____ Term: _____ Grade: _____

ACADEMIC AND DISCIPLINARY STANDING

Have you ever been on academic or disciplinary probation?

Academic probation: YES or NO

Disciplinary probation: YES or NO

If YES to either of the above, please attach an additional sheet to explain the reasons for your probation and your current standing.

SPECIAL NEEDS *Please indicate if you have any special needs.*

____ Non-U.S. citizen ____ Disability ____ Accommodation ____ Financial Aid

____ Dietary Needs ____ Religious needs ____ Medical Needs / On Medication

ADDITIONAL COMMENTS *Use additional sheets as necessary.*

My signature below indicates that the information provided is correct and that I have taken the appropriate steps to plan out the remaining core, major, and elective classes toward fulfilling my degree requirements.

Student Signature _____ Date _____

STUDY ABROAD DEAN: Please verify the information provided and sign below indicating Columbia's approval to study abroad for this student. (See Dean Scott Carpenter, 105 Carman.)

Dean Signature _____ Date _____

OFFICE OF GLOBAL PROGRAMS: Please have an OGP Advisor approve your study abroad plan (204 Lewisohn)

OGP Signature _____ Date _____