

## STUDY ABROAD REGISTRATION

Please fill out LEGIBLY and return to Global Programs in 204 Levisohn by November 15 for spring or April 15 for fall, year and summer programs.

Name: \_\_\_\_\_ PID or SS#: \_\_\_\_\_

Year: \_\_\_\_\_ CC SEAS (circle one) MAJOR/Conc.: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Financial Aid Recipient: YES NO**

*If YES, you must meet with a Financial Aid Officer to discuss you aid package before registering to study abroad.*

I met with a Financial Aid Officer on \_\_\_\_\_  
Date Financial Aid officer signature

***I am requesting approval to study abroad for the following term(s):***

FALL 20\_\_\_\_ SPRING 20\_\_\_\_ FULL YEAR 20\_\_\_\_-20\_\_\_\_ SUMMER 20\_\_\_\_

***I will be studying in:***

Foreign Institution (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

***I have been officially accepted by this program: YES NO***

If NO, when do you expect to hear from this program? \_\_\_\_\_

***Under the sponsorship of the following American Institution (if applicable):***

If you are participating on a non-Columbia program, please provide the following information for billing purposes  
***(DO NOT LEAVE BLANK):***

Sponsoring Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Health Coverage:** You **must** have health coverage while abroad – that of Columbia, your sponsoring program, or your family plan. Columbia health insurance covers you for the entire academic year. **FALL ABROAD:** You will be automatically enrolled in Columbia health insurance for the fall. Should you wish to waive this coverage, you have until September 30<sup>th</sup> to do so. **SPRING ABROAD:** If you use Columbia coverage in the fall, you will be covered for a spring abroad as well. If you waive Columbia coverage in the fall, you must use alternate insurance abroad: either that of your family or program. <http://www.health.columbia.edu/ins/index.html>

I understand that I am required to have health insurance while I study abroad and have arranged for adequate coverage overseas.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_