

SUMMER INTERNATIONAL PROGRAM REGISTRATION

Please complete this form if you intend to participate in: a summer study abroad program, a Columbia-sponsored international internship, research, or overseas program. Return to the Office of Global Programs in 204 Lewisohn by April 15.

GENERAL INFORMATION

Name: _____ CUID/SS#: _____ Date: _____

Year: _____ CC SEAS (circle one) Email: _____

Major/Conc.: _____ Cumulative GPA: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

_____ Email: _____

PROGRAM INFORMATION

I will be studying/working in: City: _____ Country: _____

Foreign Institution & Sponsor (if applicable): _____

ACADEMIC INFORMATION

- *Students may only receive credit for summer courses taken abroad in **approved language and archaeology programs**.*
- *Credit for language classes is dependent upon a placement test to be administered by a department at Columbia in the fall, or successful placement into the next sequential class. It is your responsibility to contact the department.*
- *If you want to take a non-language course taught in the local language, you must have major departmental approval. Only applicable to rising juniors and seniors.*
- *If you are a transfer student, please be aware that you may use no more than 60 outside points towards your degree.*

Courses you wish to take for credit:

SPECIAL NEEDS

Non-U.S. citizen

Disability

Accommodation

Dietary Needs

Religious needs

Medical Needs / On Medication

Health Coverage: You must have health coverage while abroad – that of Columbia, your sponsoring program, or your family plan.

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 in 105 Carman)

Dean Signature _____ Date _____

Major Department Approval (for non-language credit): Please review any course description provided by the student and sign below to indicate your department's pre-approval for the student to take courses towards his/her major.

DUS Signature: _____ Date: _____

Student: 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. I understand that I am required to have health insurance while I study abroad. I understand that I am not automatically covered by or billed for Columbia's health insurance.

Student Signature: _____ Date: _____