



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: **Office of International Education; University Center, 226.**

You can scan/email the forms to: study.abroad@tamucc.edu

Legal Name: (As it appears on your birth certificate or passport)			A#/Islander/Banner ID:		PROGRAM INFORMATION Program Term: __ Academic Year 20__ __ Fall 20__ __ Spring 20__ __ Summer 20__ Program Type: __ Exchange __ Faculty Led __ Independent/Provider Prog. Program Name: Program Location: (City & Country) Tentative Program Dates: Start Date: _____ End Date: _____
First	Middle	Last			
Gender:	Date of Birth: (MM/DD/YYYY)	Place of Birth: (City, State, Country)			
		U.S. Citizen: __Yes __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:		
College Currently Enrolled In:		Expected Graduation Date:	Expected Degree: (BA, BS, etc.)		
Current Class Standing: __ Freshman __ Sophomore __ Junior __ Senior __ Graduate __ Other: _____		Financial Resources (Check all that currently apply): __ Financial Aid/FAFSA __ Veterans Benefits __ Scholarships __ Self-funded __ Other: _____			
Cumulative GPA:	Tuition Status: __ Texas Resident __ Non-Texas Resident	Race/Ethnicity: (Check all that apply) __ Asian __ African American __ White (non-Hispanic) __ Hispanic __ Native American __ Bi-racial/multi-racial __ Other __ Prefer not to respond			
FACULTY LED PROGRAM APPLICANTS, PLEASE LIST YOUR COURSE SELECTIONS BELOW.					
Option 1) Course Number:		Course Title:			
Option 2) Course Number:		Course Title:			
Have you taken all the necessary pre-requisites for these courses? __ Yes __ No If pre-requisites are incomplete, will you have completed them by the program start date? __ Yes __ No					



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 non-refundable.
- 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 I may not be refunded with either the application fee or the confirmation deposit if I withdraw from the program for other than medical reasons.
- 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