Individualized Study Abroad Program Authorizations

DEADLINE: Friday, Week 7 of the term PRIOR to the study abroad term.

STUDENT NAME: _______________________________ ART CENTER ID # _______________

NAME OF HOST INSTITUTION: ___________________ TERM ABROAD: __________________

Major Department

The student and I have discussed his/her proposed study abroad plan in relation to his/her major program. This course of study is approved provisionally, based on course descriptions. Students must petition courses upon return and submit supporting documentation including syllabi, reading list, class notes, examples of work, exams, papers, etc.

Major Department Advisor _______________________________ Major Department Chair _______________________________ Date _______________

Enrollment Services

Exact units and course level to be determined upon receipt of official academic transcript(s) from host institution.

☐ Approved (based on “Criteria for Transfer Credit” and comments below).

☐ Not Approved.

Enrollment Services Signature _______________ Print Name _______________ Date _______________

This student is a matriculated student in good academic standing as of this date. The student and I have discussed the above plan in relation to his/her graduation requirements, including limits on transfer credits. ACCD allows no more than a total of 60 transfer credits total for any student, and only 15 credits of the total 60 may be from approved study abroad programs. Only approved study abroad credits may be transferred in after a student has matriculated to ACCD.

Enrollment Services Signature _______________ Print Name _______________ Date _______________

Transfer Credit Agreement

Student’s Understanding of Criteria for Transfer of Credit to ACCD

I understand and agree that in order for my study abroad coursework to be approved by Enrollment Services for transfer credit:

1. The college or university that I attend must be accredited (or recognized by the Ministry of Education in that country).
2. Official transcripts must be sent directly to ACCD from the institution where the study and exams occurred and/or by the sponsoring US college or university.
3. The courses that I take must not duplicate any college-level course work I have previously taken. The courses should address a segment of knowledge that is comparable in purpose, scope and depth to the courses taught at the undergraduate level at Art Center College of Design.
4. I must sit for final examinations and be graded for my performance.
5. I understand the course work taken outside of the US might not be reported with semester or quarter units. Unit value and course level is determined by Enrollment Services after receipt of the official transcript(s).
6. I will provide descriptions of courses, catalog, or other information furnished by the institution I plan to attend. I will also keep syllabi, notes, tests, term papers, books, and other related materials used in my courses, in case they are needed to make a decision about transfer credits.

Student Signature _______________ Print Name _______________ Date _______________

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Financial Aid

I have met with representatives regarding my financial aid (if any), have submitted an approved Individual Consortium Agreement and Study Abroad Cost Estimate Form. I also am aware that I need to file a FAFSA in compliance with regular deadlines even while abroad if I wish to be eligible for future financial aid funds.

☐ Yes.
☐ I do not have financial aid.

Student Signature _______________________________ Print Name _______________________________ Date __________

Financial Aid Representative _______________________________ Print Name _______________________________ Date __________

Center for the Student Experience: Health and Safety Agreement

I understand that while representatives of ACCD will make efforts to assist me if necessary, responsibility for my safety and welfare is mine alone.

I understand that ACCD will not support my participation in a program in any country that is suspended for safety reasons, or where the US State Department has issued a severe/heightened travel warning or a public announcement regarding imminent danger.

I have contacted my health insurance company and confirm that I have coverage for my time abroad that meets minimum specifications. **Proof of coverage is required upon submission of this authorization form.**

Insurance Information for my time abroad:

Policy Provider: ___________________________________________ Policy #: ____________________________

Student Signature _______________________________ Print Name _______________________________ Date __________

Associate Director, Student Services _______________________________ Print Name _______________________________ Date __________

Contact Information Release

Do you authorize ACCD to release your name and email address to other students interested in the same study abroad program or country?

☐ Yes.
☐ No.

Student Signature _______________________________ Print Name _______________________________ Date __________

**SUBMIT COMPLETED FORM TO THE EXCHANGE AND STUDY AWAY OFFICE.**