

Is there anything in your background that would prohibit you from being a positive ambassador for Centenary University? No Yes

Have you ever been arrested? No Yes

Have you ever been convicted of a crime? No Yes

Have you ever been subjected to disciplinary action at any college/university? No Yes

Proposed College/University of study: _____ in
_____ (country)

Proposed Program of study: _____

Please complete the attached Credit Transfer Form with your advisor.

Credits expected to earn: _____

SECTION 4: SPECIAL NEEDS INFORMATION

Please complete this section. *This information will be kept confidential. Indicating your special needs allows us to make arrangements that will best serve you. It does not affect your eligibility for admission. If you answer "yes" to any of these questions, please attach a separate page describing the condition and the treatment you receive.*

Are you currently under medical treatment for any reason Yes No

Are you currently under the care of a professional for a psychological or emotional condition?

Yes No

Do you have allergies, dietary restrictions, or physical or learning disabilities of which we should be aware?

Yes No

SECTION 5: FINANCIAL AID STATEMENT

If accepted, I agree to participate in the Study Away Program, giving my best effort on behalf of Centenary University. I understand that I am obligated to pay Centenary University tuition following acceptance into the program. I understand that cultural differences are inherent to the Study Away program, and I believe I am mature enough to handle the challenges I will face. I have been counseled by Financial Aid that if I am a Federal Loan recipient and I do not return for the subsequent semester, I will go into repayment within 6 months of leaving school or my 6 month grace period will be affected. I realize that not all applicants are accepted into the Study Away Program and, if accepted, I am making a commitment to complete the program and accept the financial obligations.

Student Signature _____ Date: _____

Student Name (Please Print) _____

Academic Advisor's Signature

I approve this applicant for a study abroad semester.

Signature of Academic Advisor: _____ Date: _____

Academic Advisor Name (Please Print): _____