CSC Study Abroad Programs
Harrington Center I Library Learning Center I 541 Main Street I New London, NH 03257 I 603-526-3766 or 3765

Study Abroad Application

Application Instructions
A minimum cumulative GPA of 2.8 plus good academic and social standing is required for students at the time of this application. Before submitting your application you must have scheduled an appointment with the Harrington Center to discuss your options.

Return this completed application along with the items listed below to the Harrington Center by the application deadline. Late applications will not be accepted.

Application Deadlines*
Spring Programs: September 15
Fall Programs: February 28

Program of Interest
☐ AIFS ☐ API ☐ CIS ☐ SFS ☐ TEAN

Required Materials
☐ Official CSC transcript
☐ Confidential Conduct Clearance form returned directly to The Harrington Center from the Associate Dean of Students
☐ One (1) copy of your passport
☐ 1 page typed Statement of Interest detailing the following: reasons for wanting to study and why you've selected this particular program; how participation in this program will fit into your overall academic goals; what have you done to prepare yourself to go abroad; and how do you intend to use your experience after you return?
☐ Personal Information Form
☐ Two (2) Confidential Recommendation forms to be completed by at least one CSC faculty or staff member. These must be sealed and sent directly by your professors to The Harrington Center.
☐ $225.00 non-refundable application fee. Checks made out to Colby-Sawyer College with Study Abroad in the memo

All applications are given prompt consideration. Students will be notified of their acceptance into the program within one (1) week of the official deadline.

Important Note: An additional application to the program provider will be required. Once you are accepted into the Colby-Sawyer Study Abroad program you will be able to begin the program application process. You will also be required to complete the Colby-Sawyer Study Abroad program Acceptance Package by the required deadline of March 28th for fall and October 15th for spring.

*Please note that deadlines for some programs may vary and may not be the same as the CSC application deadline. CSC cannot guarantee acceptance into a program if a student fails to submit a complete application or misses the program deadlines.
Personal Information (type or print clearly in ink)

CSC Student ID#: _________________________________________________

Name: _________________________________ (Last) ______________________ (First) ___________________________ (Middle Initial)

Cellular: _______________________________________________________

Email: _________________________________________________________

Residence Hall (if applicable): ______________________________________

Permanent (home) Address: ________________________________________

(Street Address)

(City) (State) (Zip)

Permanent (home) Phone: _________________________________________

Student Citizenship: _____________________________________________

Emergency Contact: _____________________________________________

Relationship: ___________________________________________________

Address (if different from home address): ______________________________

(Street Address)

(City) (State) (Zip)

Emergency Contact Email: _________________________________________

Contact Cell Phone: ___________________________ Contact Home Phone: ___________________________

Passport Number: ___________________________ Expiration Date: ______________

Issuing Country: __________________________________________________

In-Country Program Provider Name: __________________________________

In-Country Program Provider Phone: _________________________________

In-Country Program Provider Email: __________________________________
Additional Information

Have you ever studied a foreign language?  □ Yes  □ No
If yes, please indicate which language(s), numbers of years studied in high school and/or number of college credits earned, and your proficiency. ____________________________________________
______________________________________________________________

Please list any academic honors you have received at Colby-Sawyer: ____________________________________________
______________________________________________________________

Have you ever traveled in another country? If so, please elaborate: ____________________________________________
______________________________________________________________

What research have you done to prepare you for travel to the host country? __________________________________
______________________________________________________________

Will you be completing a research project or a course by arrangement while abroad? ____________________________
______________________________________________________________

If so, who is your faculty sponsor? ____________________________________________
______________________________________________________________

How did you first learn of this program? ____________________________________________
______________________________________________________________

I certify that the information shown on this application form is correct to the best of my knowledge. I am aware that if I become a student in this program abroad I will comply with all rules, regulations, and instructions for student behavior. I agree that CSC has the right to require my withdrawal from this program due to unsatisfactory academic work or behavior between the time of the application and completion of the program.

Student Participant’s Signature: ____________________________________________ Date:_________________ 

ACADEMICS
Classification: □ First Year  □ Sophomore  □ Junior  □ Senior

Tuition Waiver Dependent? (Parent works at CSC or one of the Consortium schools)

Major(s): ____________________________________________ Minor(s): ____________________________________________

Academic Advisor: ____________________________________________

Cumulative GPA: ____________________________________________

Number of semesters at CSC, including current semester: ____________________________________________

Anticipated date of graduation (semester/year): ____________________________________________
Confidential Conduct Clearance Form

__________________________________ has submitted an application to study abroad in

(Student Name)

__________________________________, with ________________________________,

(Country Name) (Program Provider)
during the __________________________ semester.

(Fall/Spring/Summer – Year)

In order to be eligible to participate in this program the Associate Dean of Students must certify that this student is in good social standing at the time of application. Whether or not a student is considered in good social standing will be at the discretion of the Associate Dean reviewing the conduct file. Each student record will be reviewed on an individual basis and the Harrington Center will make the final determination pertaining to eligibility for the study abroad program.

Student Development Office

The purpose of this form is to ensure that the student is suitable for the study abroad program. Participating students represent Colby-Sawyer College and act as ambassadors of our college and our nation. Please use an additional sheet of paper if necessary. This form should be returned to the Harrington Center upon completion. The contents of this clearance form will be kept confidential.

Describe below a brief description of the student’s conduct history:

☐ No incidents on file

Violation Description: _______________________________________________ Date:_____________
Sanction: ___________________________________________________ Sanction Period: ________ to__________
Completed: ☐ Yes ☐ No

Violation Description: _______________________________________________ Date:_____________
Sanction: ___________________________________________________ Sanction Period: ________ to__________
Completed: ☐ Yes ☐ No

I hereby certify that ________________________________

☐ is ☐ is not ☐ is, with reservations, in good social standing with CSC and Student Development.

Office of Student Development:
Signature: ___________________________ Printed Name:__________________________
Position: ________________________________
Date: _________________________________

Harrington Center Office Use Only:
Date Received: ____________________________

CSC Study Abroad Programs Application (updated 12/10)
CSC Study Away Confidential Recommendation Form

To be completed by applicant
I understand that by signing this form I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act of 1974 (FERPA), and I waive my access right voluntarily by signing this form.

Student Name:_________________________ Student ID#:_________________________
Signature:________________________ Signature:________________________ Date:______________

To the Recommender:
Please return this form directly to the Harrington Center. If the student has signed the waiver above, the contents of this reference form will be kept confidential. We would appreciate your comments on the student’s suitability for this study away program. Participating students represent Colby-Sawyer College and act as ambassadors of our university and our nation. Please use an additional sheet if necessary.

For how long and in what capacity have you known the applicant?______________________________________________________________

Please indicate below (with a check mark) the applicant’s ability and academic competence in comparison with other individuals you have known at similar stages of their academic careers and with others who may have previously applied for, or participated in, a similar program.

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<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to Judge</th>
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Please provide additional comments regarding the applicant’s abilities, involvement and qualities that further his/her candidacy for a study away program. Use an additional sheet for comments if necessary.

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Reference Information

Name_________________________ Position_________________________
Signature________________________ Date________________________

Please return this form directly to: Harrington Center, Colby-Sawyer College, 541 Main St., New London, NH 03257
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