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 October 5
Fall Programs March 5

Required Materials

- Official CSC transcript
- Confidential Conduct Clearance form returned directly to The Harrington Center from the Associate Dean of Students.
- Two (2) passport size photographs plus additional photos for your selected program (see your program catalog for details)
- Two (2) copies of your passport plus additional copies for your selected program (see your program catalog for details)
- 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?
- A completed and signed Course Approval form, approved and signed by the Registrar
- Disclosure of Educational Records form
- Personal and Academic Disclosure Agreement form
- Release and Consent form: Photo, Audio, Video, Excerpts
- Statement of Responsibility and Release from Liability
- Authorization for Release of Medical Records
- Study Abroad Expense Budget Work Sheet signed by the Harrington Center and approved by and signed by the Director of Financial Aid
- 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.
- A copy of your Financial Aid award letter, if applicable
- $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.

*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: ________________________________
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 Page 3
Approval for Courses at Other Institutions

Name ___________________________________________ Date ____________________

Major ___________________________ Program (if any) ______________ Minor (if any) ___________________________

Home Address ________________________________________________________________________________________

______________________________________________________________________________________________

I would like to take classes at:

Name of Institution _______________________________ State _______________________

When I will be attending Year _______ ☐ Fall ☐ Winter Break ☐ Spring ☐ Summer

Please attach course descriptions for all courses.

If you want a course to count for a specific requirement, please note here ____________________________

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<th>Other Institution</th>
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<th>Online Course</th>
<th>Credits</th>
<th>Approved For:</th>
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<tr>
<td>Course Number</td>
<td>Course Title</td>
<td>Yes</td>
<td>No</td>
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Registrar Approval ___________________________________________ Date ______________________

Students must earn a minimum grade of 'C' for courses to transfer; pass/fail grades will not be accepted.
Credit will be transferred upon receipt of an official transcript sent directly from the school to:
Colby-Sawyer College, Attn: Registrar's Office, 541 Main St., New London, NH 03257

Completed form should be returned to the registrar's office. When courses are approved your copy will be sent to you.

Revised 08/08
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): ____________________________________________
Disclosure of Educational Records

I hereby authorize and direct Colby-Sawyer College to disclose my education and other records described below to any educational institution, which may be involved in any program to which I am accepted. The purpose of these disclosures is for study abroad and for the Harrington Center to determine whether I will be accepted as a participant in a study abroad program, and to provide such information to any educational institution which may be involved in any program to which I am accepted so that such institution may have information necessary to address my education needs and interest in my health care.

The records and information I authorize and direct to be disclosed by Colby-Sawyer College are:

1. My academic transcript
2. My financial aid statement
3. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me or reflecting incidents of misconduct that did not result in disciplinary proceedings or action while attending Colby-Sawyer.
4. Records that may be relevant to any medical or other emergency situation in which I may become involved while participating in a study abroad program.

I understand that by signing this authorization form I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act, 20 U.S.C. Section 1232g, and I waive those rights voluntarily by signing this authorization.

I further understand that I have the right to revoke this consent at any time by notifying Colby-Sawyer College of my revocation of this authorization. To insure proper notification of revocation of this authorization, I understand I should submit my request in writing to:

Harrington Center for Career & Academic Advising
Colby-Sawyer College
541 Main Street
New London, NH 03257

Name: ____________________________________________________________
(print name clearly)

Student Participant’s Signature: ________________________________________ Date: ____________________
Personal and Academic Disclosure Agreement

Name: _______________________________________________  CSC ID# ________________________________

Study Abroad Program: _______________________________  Year: _______________________________

I know that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records. As part of my participation in a study abroad program which is sponsored in whole or in part by Colby-Sawyer College, I grant authorization to the Harrington Center and the director of my program, and/or their designees, to discuss program related matters with the individuals listed below. Such discussions will be limited to matters of my personal and academic welfare in connections with the program.

Authorized Individuals

Parent  □ Yes  □ No

Name _______________________________________________  Email ________________________________
Address __________________________________________________________________________________
City, State, Zip ____________________________________________________________________________
Home Phone _______________________________________________________________________________
Work Phone _______________________________________________________________________________
Cell Phone _______________________________________________________________________________

Parent  □ Yes  □ No

Name _______________________________________________  Email ________________________________
Address __________________________________________________________________________________
City, State, Zip ____________________________________________________________________________
Home Phone _______________________________________________________________________________
Work Phone _______________________________________________________________________________
Cell Phone _______________________________________________________________________________

Other Authorized Individuals

Relationship ______________________________________________________________________________
Name _______________________________________________  Email ________________________________
Address __________________________________________________________________________________
City, State, Zip ____________________________________________________________________________
Home Phone _______________________________________________________________________________
Work Phone _______________________________________________________________________________
Cell Phone _______________________________________________________________________________

Student Participant’s Signature _______________________________  Date _______________________________
Student Photographs, Audio, Video, Excerpts Release

Release and Consent

In consideration for being allowed to participate in the Study Abroad Program at Colby-Sawyer College, I, _________________________________, hereby give Colby-Sawyer College the absolute and irrevocable right and permission with respect to (a) photographs that Colby-Sawyer College has taken of me or others, in which I may be included, (b) the use of my name, voice, likeness, picture (whether still or motion or any other representation of me); (c) any statement or other information as supplied by me in connection with the production of a film, videotape, audiotape, record, photograph, book, photo, quote, or other likeness on an internet website, or other medium, and (d) digital and/or regular photos taken by me and/or others and submitted to the Harrington Center for use in promotional materials (a, b, c, and d referred to hereinafter collectively as “Representation”). I hereby release, waive, discharge and covenant not to sue Colby-Sawyer College, the Board of Trustees, its Officers, its servants, its agents, or employees or representatives, from any and all claims and demands, including those resulting from injury (or death) to any person or damage to any property, arising from my permission to use my Representation.

I am at least 18 years of age and fully competent and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Student Participant’s Signature  __________________________________________    Date  __________________________
Statement of Responsibility & Release from Liability

This agreement must be signed and returned to the Harrington Center, Library Learning Center, Colby-Sawyer College, 541 Main Street, New London, NH 03257. If the Student Participant will not be 18 years of age or older by the date of signing hereon, this Agreement also must be signed by the parent or guardian. Failure to accept and/or abide by the terms and conditions of this Agreement as provided may result in the Participant’s inability to participate in the Program or in dismissal from the Program.

I, ________________________________, have agreed to be a Participant in a Study Abroad Program approved by Colby-Sawyer College (CSC). I am not required to participate in this Program; my participation in this Program is wholly voluntary.

In consideration of being allowed to participate in this Program, I hereby state and agree as follows:

1. Standards of Conduct
   A. I agree to abide by CSC student conduct regulations and by the program provider regulations, and by the directions of the Program Director and his or her designees. I understand that the Program Director and his/her representative have the right to enforce appropriate standards of behavior and that I may be dismissed from the Program at any time for failure to comply with such standards. CSC reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person, including but not limited to my own welfare. Similarly, if my conduct violates any policy or procedure of CSC, I understand that I may be required to leave the Program at the sole discretion of CSC agents and representatives, and may be referred to the appropriate CSC officials for further disciplinary or other actions. I understand that if my participation in the Program is terminated I will be sent home with no refund or fees. If I am sent home before completion of the Program, I understand that I will be responsible for any and all costs and expenses associated with my return home. In addition, I will forfeit all credits and rights of further participation in the Program.

   B. CSC assumes no responsibility for, nor does exercise any control over, actions of any family members, visitors, or others (Visitor) who accompany or join a CSC enrolled student, faculty member or other CSC employee (Participant) while such participant is involved in the Program in any way, whether such Visitor is also a CSC employee or student even though not a Participant, including but not limited to travel, housing, or other activities.

   C. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm my own health and safety and CSC relations with those countries and institutions or result in my arrest and incarceration for actions that might not result in such actions if they took place in the United States. I will take appropriate steps to familiarize myself with standards and customs as necessary so I act to reflect well on myself and CSC during the course of my travels related to the Program.

   D. I understand that, while United States nationals are under the protection of a United States passport, certain acts will place me beyond this protection. In particular, the possession, use of or association with illegal drugs or public drunkenness may subject me to severe legal penalties; I understand that any student possessing, using or associated with illegal drugs will be immediately dismissed from the Program. If I disagree with this decision I may address it in the proper forum once I return to the CSC campus.

   E. I acknowledge and understand that, while I am a Participant, I am responsible for my own behavior and any legal or financial consequences just as I would be in New Hampshire.
2. Institutional Arrangement
I understand that CSC does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand the CSC is not responsible for matters that are beyond its control. I hereby release CSC from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

3. Program Changes
I understand that CSC reserves the right to make cancellations, substitutions or changes to the Program in its sole discretion, with or without notice, and CSC shall not be liable for any loss to Participants by reason of any such cancellation or change. CSC is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the Participant or CSC makes a flight arrangement. Any additional expenses resulting from the above will be paid by the Participant. CSC reserves the right to substitute hotels or accommodations or housing of a similar category at any time. If I become separated from the Program groups, fail to meet a departure vehicle, airplane, boat, or train, or become sick or injured, I will at my own expense, do everything possible to locate, contact, and rejoin the Program group at its next available destination.

4. Independent Activity
I understand that, if I choose to travel independently before, after or during my free time in the Program, such travel will be unsupervised by CSC agents or employees. I agree that CSC and its agents and employees shall have no responsibility or liability for injury, damage or loss suffered by me during such periods of independent travel.

5. Health and Safety
A. I will participate in the insurance coverage plan provided from my third-party program provider, which provides coverage for injuries and illnesses I sustain or experience while abroad, and, more specifically, in the countries in which I will be living and/or traveling while on the Program; and I release and absolve CSC of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses I may incur while abroad, including periods before, during, and after the duration of the Program.

B. I agree that CSC, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety; I authorize CSC and its agents and employees to place me, at their discretion and without further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back to the United States for medical treatment. I agree that I, along with my parents or guardian, will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

C. I agree to report to the Harrington Center as soon as I become aware of such, any physical or mental condition I have which may require special medical attention or accommodation while abroad. I understand that CSC may not be able to provide accommodations abroad even if it could do so on campus, and that all requests for accommodations must be timely, initiated by me and processed according to the applicable policy.

D. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that CSC is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States before, after or during the Program, CSC is not responsible for the cost or quality of such treatment or care.
6. **Assumption of Risk**
   A. I hereby acknowledge my awareness that my participation in the Program may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks I may encounter include by way of example: airplane crashes, motor vehicle accidents, terrorist incidents, cuts, bruises, broken bones, political unrest, strikes, acts of God, sickness, and criminal acts as well as other risks that may or may not be foreseeable. **I hereby assume any and all such risks, and I acknowledge that I am responsible to act reasonably and prudently with respect to matters of personal health and safety.**

   I understand and acknowledge that CSC assumes no responsibility or liability, in whole or in part, for any delays, changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of CSC, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expenses, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant transportation, or other service or for any substitution of hotels or of common carrier or other circumstances beyond CSC control, with or without notice, for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, CSC will not be responsible for my hotel transfers, meal costs or other expenses. My baggage and personal property is at my risk entirely. The right is reserved by CSC, in its sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all Participants return to the United States, if CSC determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

   Knowing the risks described above, and in consideration of CSC’s arranging for my participation in the Program, individually and on behalf of any family, heirs, assigns, and personal representative(s), to the maximum extent permitted by law, **I hereby assume these risks and release, waive, and forever discharge CSC, the Board of Trustees of Colby-Sawyer College, their members individually, and their officers, trustees, agents and employees (the “Releasees”) from liability for any and all harm, injury, claims, demands, rights, causes of action, costs, and expenses of whatever kind, arising from or by reason of loss, damage, or injury sustained by me or caused to my property, or the consequences hereof resulting from or in any way connected with my participation in the Program.**

   B. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, which shall be the forum for any lawsuits filed against any of the Releasees incident to this Agreement or the Program. The terms of the Agreement shall be severable, such that if a court holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement; the validity of the remaining portions shall not be affected thereby.

7. I hereby acknowledge that I have read, understand and will abide by each of the term and conditions of the Agreement.

   **Student Participant’s Signature  ____________________________  Date  ________________**

   If the Participant will not be 18 years of age or older by the date of signing hereon, this Agreement also must be signed by the parent or guardian.

   I (a) am the parent or legal guardian of the above Participant, (b) have read the foregoing Agreement (including such parts as may subject me to personal financial responsibility and assumption of risk), (c) am and will be legally responsible for the obligations and acts of the Participant as described in this Agreement, and (d) agree, for myself and for the Participant, to be bound by its terms.

   **Signature of Parent/Guardian  ____________________________  Date  ________________**
Authorization for Release of Medical Records

Student Name: ________________________________________    I.D. #: ________________________________________

Last                                            First

I hereby authorize Colby-Sawyer College Baird Health and Counseling Services to provide a copy of my medical records to the Harrington Center. I understand that by authorizing the release of my medical records, my health information may be subject to re-disclosure by a third party and may no longer be protected by applicable federal or state confidentiality or privacy laws. This information will be kept strictly confidential and will be used only in matters related to your study abroad program and your health care while overseas.

I also understand that the following language is shown in bold, and my initials below indicate that I understand: that the information authorized for release my include sensitive records which indicate the presence of a communicable or sexually transmitted disease including, but not limited to, hepatitis, syphilis, gonorrhea, human immunodeficiency virus (HIV), or Acquired Immune Deficiency Syndrome (“AIDS”) and/ or mental health information.

INITIAL ______________________

I further understand that I may revoke this authorization at any time by submitting my request in writing to the Colby-Sawyer College Harrington Center, 541 Main Street, New London, NH 03257.

Student Participant’s Signature ___________________________________________    Date __________________________

If the participant is under 18 years of age, the following must also be signed.
I hereby certify that I am the parent or legal guardian of the above participant.

Signed: ___________________________________________________________    Date __________________________

(Parent or guardian)

I also understand it is my personal responsibility to disclose any known health concerns or conditions (allergies, etc.) of which I am aware to the Harrington Center.

Are there any changes in your health condition (allergies, etc.) since the time your medical records were filed with the Colby-Sawyer Health Center? ☐ Yes ☐ No

If Yes, please elaborate:

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Student Participant’s Signature ___________________________________________    Date __________________________

Living overseas can create emotional and physical stress from those not able to meet the demands of living in a new and different environment. In some cases, mild disorders can become serious under the stress of life in a different environment. Complete disclosure of information regarding the student’s health is vital to the resident staff in anticipating and dealing with any health problems that may arise during the student’s stay abroad.
Financial Guidelines for Study Abroad Students

To better assist you as you prepare to study abroad, the Harrington Center has prepared some cost guidelines for you. Please research any expenses that are included in your cost and attach them to your budget worksheet prior to making your appointment with the Harrington Center to discuss your budget worksheet. Acceptable documentation MUST consist of: cost pages copies from your chosen third-party program provider catalog, Orbitz.com travel itineraries (round trip details), money and exchange rate conversions from XE.com. (www.XE.com)

Tuition – Each student will be charged CSC tuition and room and board for the full semester term no matter where they travel. All application fees and deposits will be the financial responsibility of the student and will be charged to the student if the student chooses to withdraw from a program once accepted. All deposit amounts are determined by the third-party provider and is subject to change. No documentation is required.

Room and Board – Average cost is $4800.00. Documentation for these costs must be obtained from your program provider’s published information. Conversion of foreign exchange rates is the responsibility of the student. All conversions must be attached along with the tentative housing and meal costs provided by the program provider. (See catalog for details).

Additional Meals – This is for meals not covered in the suggested room and board fees above and is a discretionary cost. This cost is based on the country’s cost of living; documentation can be obtained from Fodor’s Travel Guide.

Books - $450.00 is a typical budgeted cost. Additional book costs and/or currency exchange differences can increase this cost with documentation.

Other Supplies – Documentation of additional supplies required for any courses should be available from the international education institution or from your third party program provider’s website. A syllabus with course requirements and a price list from Follett’s online bookstore are required to add these items to the cost.

Airfare to and from host country – Based on Orbitz.com Travel documentation. This cost should utilize advance round-trip purchase options. This documentation should be determined from your home location to your international education institution destination only.

Transportation to school and around – Based on Orbitz.com Travel documentation, Fodor’s Travel Guide and/or information supplied by your third-party program provider. This cost should utilize advance purchase options and should include an estimated local train/bus/subway cost for the length of your stay.

Cultural Travel – This is a discretionary cost (not included in the Cost of Attendance). Depending on the Cost of Attendance, the full amount might not be able to be borrowed for this item. (The entertainment fee should be included in this amount).

Personal Expenses – Estimated $450.00, this does not include Entertainment costs. Can vary depending on location.

Entertainment – Approximately $3,000.00, this is a discretionary cost (not included in the Cost of Attendance) which will vary from country to country. Depending on Cost of Attendance, the full amount might not be able to be borrowed for this item.

Program Expenses – All program expenses can be used in the Cost of Attendance except Non-refundable Deposits. Each cost is based on the third-party program providers or from information obtained from the Harrington Center.

All students are required to make an appointment with the Financial Aid office prior to obtaining acceptance in the Study Abroad Program. This required meeting is for all students, even if they do not receive financial aid at CSC. No meetings may be scheduled prior to receiving the Harrington Center signature on the budget worksheet.

Study Abroad Expense Budget Work Sheet

Name: ______________________________________________      CSC ID#: ______________________________________________
Program: ______________________________________________      Semester:____________________________________________
Program Start Date: ___________________________________       Program End Date: ___________________________________
Departure Date: ______________________________________       Return Date: ______________________________________

A. Cost of Attendance Budget (COA) Per Semester
   CSC Tuition: _________ (documentation needed from program provider)
   Fees: _________ (documentation from catalog needed)
   Room (actual program cost): _________ (documentation from catalog needed)
   Board (actual program cost): _________
   Advanced Deposit (lodging): _________
   Additional Meals (in addition to board): _________
   Books: _________ (based on program provider information)
   Other supplies (art, pen, paper, etc.): _________
   Airfare to and from host country: _________ (Orbitz.com documentation needed)
   Transportation (to school and around town): _________
   Cultural Travel: _________
   Additional lodging outside of room charges: _________

   Personal Expenses
   To include but not limited to: (based on Financial Aid recommendations), toiletries and cosmetics,
   local/long distance telephone, miscellaneous
   (film, postage), entertainment, laundry, emergency fund (i.e. sickness)

   TOTAL COA COST: _________ *USD

B. Personal Expenses
   Passport fees: _________
   Visa Fees (if applicable): _________
   Travel related to Visa (if necessary): _________
   Immunizations: _________
   International Health Insurance: _________ (required/provided by most providers)
   Non-refundable deposits: _________

   Total Program Expenses: _________

   Grand Total Expenses Submitted: _________ *USD

Acceptance:
Student Participant Signature ___________________________ Date ____________
Harrington Center Signature ___________________________ Date ____________
Financial Aid Signature _______________________________ Date ____________
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:______________________________     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></th>
<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.

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Reference Information

Name________________________________________     Position____________________________
Signature________________________________________________________     Date_______________

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