

- Please initial: _____ I affirm that I am not on conduct probation, nor subject to being placed on probation.
 _____ I affirm that I am not on academic probation, nor subject to being placed on probation.
 _____ I affirm that I am current on my student account for previous semesters at ACU.
 _____ I give permission for the Study Abroad Office to consult with all ACU offices necessary to complete the application process, including Student Financial Services and Campus Life.

Please read the following paragraphs before signing this application:

I understand that my acceptance is based on a variety of factors, including my academic record and interests, my standing with the university, my suitability for inclusion in the program, and reference forms.
 I also understand that, after acceptance into the program, my university account will be charged the full cost of the program (tuition, fees, and expenses) at the appropriate time and that it is my responsibility to see that arrangements are made to pay the expenses in full, prior to the start of the program.
 I also understand that if I choose to switch programs I will be immediately responsible for a **\$75 change fee**, in addition to non-recoverable expenses incurred from my commitment to my previous program. (This does not apply if I switch from a wait list to another program occurring the same semester as the original program.)
 I hereby authorize the release of information from my student personnel record upon request of the Abilene Christian University Study Abroad Office. I also authorize the release of information regarding my study abroad program to my parent or legal guardian. I certify the information on this application to be correct and understand that upon becoming a participant in the program I shall be subject to all rules, regulations, and requirements for conduct, scholarship and continuance in ACU. I further understand that failure to comply with rules and regulations of the university could result in immediate dismissal from the program.
 I understand that if I choose to stay after the appointed dates set by the Study Abroad program, I am responsible for all housing and travel arrangements as well as any additional charges.

Please indicate the Study Abroad Program for which you are applying:

| Location | Semester or Summer | Year |
|---|--|------|
| <input type="checkbox"/> ACU in Germany | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other (please indicate) | |
| <input type="checkbox"/> ACU in Latin America | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other (please indicate) | |
| <input type="checkbox"/> ACU in Oxford | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other (please indicate) | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> _____ | |

NOTE: Approval must be obtained from the Study Abroad Office before attending any of these programs.

 STUDENT SIGNATURE DATE

 STUDY ABROAD REPRESENTATIVE DATE

Please have all recommendation forms sent to the Study Abroad Office, ACU Box 28226 (or study_abroad@acu.edu).

IMPORTANT NOTICE
 Your application cannot be processed until we have received your application packet, which includes:

- a completed **Application** form
- a **\$200 non-refundable application fee** (cash, credit card, or check payable to ACU Study Abroad)
- a signed **Withdrawal/Ineligibility Policy**
- completed **Reference** forms (2 Faculty, 1 Student Life)
- a signed **Behavior Contract**
- a completed **Emergency Notification Form**
- a signed **Release and Indemnification Agreement**

OFFICE USE ONLY: Date received _____