



ORIGINAL

INTERNATIONAL STUDY AWAY REGISTRATION

INSTRUCTIONS TO STUDENT (PLEASE READ THOROUGHLY):

1. Complete the *Student Information* section below. List your anticipated course selections on reverse of this form.
2. Submit the form to the Study Abroad Advisor in 100 Winslow Hall WITH COURSE DESCRIPTIONS ATTACHED, for review and signature.
3. ***After*** the Study Abroad Advisor has signed the form, meet with your Academic Advisor to confirm that your proposed classes will meet the requirements of your major/program. Have your advisor sign the form after s/he makes any necessary adjustments to UMaine equivalencies and gen eds for courses in your major/minor.
4. Submit the form to the Academic Dean of your College (undergrads) or to the Graduate School (grad students) for review and signature.
5. Meet with a Financial Aid Advisor and have her/him sign the form. Do so no matter what form of financial assistance you receive at UMaine (loans, scholarship, tuition waivers, etc.)
6. **Submit completed form with all signatures to the Office of International Programs, 100 Winslow Hall, by April 24** for programs that begin in the summer or fall, and by **December 5** for spring semester programs. OIP will make available to you a copy of the fully signed form.

OIP/OSR only:

The student named below is officially registered as an ABROAD student for:

Fall Semester	_____	_____
	Signed	Date
Spring Semester	_____	_____
	Signed	Date
Summer Semester	_____	_____
	Signed	Date

ORIGINAL RETURNED to OIP by Student

Copies retained by: Student
Dean's Office/Grad School
Financial Aid
International Programs
OSR (imaged form)

STUDENT INFORMATION

(Please print clearly in black or blue ink.)

Name: _____

MaineStreet ID#: _____

Class Level: ☐ FY ☐ SO ☐ JR ☐ SR ☐ GRAD

Major: _____ Minor: _____

Anticipated graduation date: _____

Local Address: _____

Local Phone: _____

Address to which UMaine information can be sent while you are away:

School you will attend: _____

Location (city, country): _____

Sponsor/Provider: _____

Period you will be away (check one): ☐ Acad. Yr. 20__ - 20__

☐ Fall 20__ ☐ Spring 20__ ☐ Summer 20__

Date away program begins: _____ and ends: _____

Are you currently registered at UMaine for the semester(s) you plan to be away? ☐ Yes* ☐ No

* If yes, do you want the Office of Student Records to cancel your registration?

- ☐ YES, cancel my UMaine registration.
☐ NO, I plan to take courses both at UMaine and at the away institution.
☐ UNSURE: I will notify Student Records once my plans have been confirmed.

STUDENT AGREEMENT:

*I have discussed and I understand the method of credit transfer that applies for Study Abroad. I accept my financial obligations to pay costs associated with this program and understand that I am responsible for my bill payment if the host school requires advance payment prior to my financial aid becoming available. I also understand that it is my responsibility to have an **academic transcript** forwarded by my host school, sponsor, or provider to the **UMaine Office of International Programs** for evaluation at the completion of each semester abroad.*

Student Signature: _____ Date: _____

(Continued on Reverse)

PRIOR APPROVAL OF COURSES – WITH COURSE DESCRIPTIONS ATTACHED

- You must be in good academic, financial, and social standing to be granted permission to take an Away Leave for Study Abroad.
- Make sure that courses listed do not duplicate any courses already taken for degree credit at UMaine. **NO COURSE REPEATS.**
- Only courses passed with a grade equivalent to a C- or higher will transfer for degree credit. Quality points and grades earned do not transfer. **Courses must be taken for a grade** in order to be considered for transfer credit.
- Obtain permission from your department to take courses in your major.

To be completed by the student in black or blue INK :		To be completed by the Study Abroad Advisor:		For use by the Major Advisor or the Academic College:	
Courses to be Taken at Host School		Host or Sponsor Credit	Course Equivalency and/or Gen Eds at UMaine	UMaine Credit	Comments
Dept. & Course #	Course Title				

To be completed by the Study Abroad Program processor:

_____ Units/Credits at _____ = _____ U.S. Semester Credit Hours
(host school and/or away program sponsor or provider)

*By signing below, we certify that the courses listed above are eligible for transfer to the University of Maine. **It is the student's responsibility to ascertain that these courses meet UMaine degree requirements and to have an official transcript sent to UM OIP.***

1.) **Office of International Programs** Signature: _____ Date: _____

2.) **Advisor/Chairperson** Signature: _____ Date: _____

3.) **Academic Dean/Graduate School** Signature: _____ Date: _____

Comments:

FINANCIAL AID NOTIFICATION

You must meet with a Financial Aid Advisor (Wingate Hall) in order to have this section signed.

Will you apply for and/or receive financial assistance (including scholarships and tuition waivers) for your study abroad program?

☐ YES ☐ NO

(The Financial Aid advisor can help you complete the following section if you have questions about choosing A or B.)

A.) Students Enrolling Directly Overseas: Funds will be mailed to the individual you have named as your Power of Attorney. **Completing this DOES NOT NAME your PoA!**

Name of Power of Attorney: _____

Address: _____

B.) Students Studying Abroad through a U.S. Sponsor/Provider other than UMaine: Funds will be mailed directly to your program sponsor.

Office to which funds can be sent: _____

Address: _____

Unless a standing Consortium Agreement already exists, a Contractual Agreement will be initiated and forwarded to the host institution or program sponsor. UMaine must receive this agreement, and official enrollment verification upon your arrival, **before financial aid will be released**. Please **prepare accordingly** to have sufficient funds available for about six weeks while away.

Financial Aid Advisor Signature: _____ Date: _____

Comments: