



Study Abroad Instruction Sheet **(PLEASE READ)**

Important Contacts:

1. Dr. Brian Kessel, Study Abroad Coordinator, 207 St. Clair, blkessel@ccis.edu
2. International Center, 232 Missouri Hall, internationalcenter@ccis.edu
3. Office of Registrar, Tenth Street Center, <http://web.ccis.edu/offices/registrar/>
4. Danielle Douglas, Senior Coordinator - Financial Aid, dsdouglas@ccis.edu

Campus addresses are for the Home Campus in Columbia, MO.

1. This form should be completed by all students planning to study abroad. Students participating on the Columbia College Study Tour only need to complete the first page. Students participating in a MOSAIC program or any other program that involves receiving credit from another institution should also complete page two.
2. The attached application and course proposal can be downloaded from our website or they can be picked up from the International Center.
3. Students interested in study abroad should notify Dr. Brian Kessel, Study Abroad Coordinator. Please e-mail blkessel@ccis.edu , phone 573-875-7625 or (800) 231-2391 ext. 7625, or stop by 207 St. Clair Hall on the Main Campus.
4. After consulting with Dr. Kessel, complete and submit this packet to Dr. Kessel. If you are receiving credits from another institution, it will be forwarded to the Office of the Registrar. The evaluation of your study abroad course proposal may take up to a week to complete. Once it is completed, the Office of the Registrar will contact you.
5. Financial Aid Recipients: Contact Danielle Douglas, Registration and Financial Services, 220 Federal Hall, dsdouglas@ccis.edu about applying federal or state financial aid to study abroad.
6. International Students only: If you are an international student planning a study abroad experience, please contact the International Center internationalcenter@ccis.edu about visa and other immigration requirements

Columbia College Study Abroad Application

Student Information:

Name: _____

Student ID: _____ Date of Birth: _____

Major _____ Number of credit hours completed _____

G.P.A. _____ Passport # (if avail.) _____

Local Address: _____

Permanent Address: _____

Email Address: _____

Primary

Phone Number: _____

Emergency Contact 1: _____

Address: _____

Relationship to you: _____

Home Phone Number: _____ Email Address: _____

Emergency Contact 2: _____

Address: _____

Relationship to you: _____

Home Phone Number: _____ Email Address: _____

Program Information:

Study Abroad term:

Fall 20____ Spring 20____ Summer 20____

Academic Year 20____ - 20____

Study Abroad Provider: _____

Study Abroad Location: _____
(institution, city, country) _____

