



Office of International Programs
430 S. Michigan Avenue, AUD 124, Chicago, IL 60605
Tel: (312) 341-3531; Fax: (312) 341-6377; Email: international@roosevelt.edu

Request for Permission to Apply for Study Abroad

Please complete and submit this form in order to be approved to apply for a study abroad program. If applying to an affiliated program, include a description of the program. You will receive a written reply by email. You may only apply after your request is approved.

First Name Middle Name Last Name

Gender: Male Female Year in University: Fr So Jr Sr Grad

RU ID #: Major/Minor: Email:

Program Provider:

Name of Program or University:

Semester and Year Abroad:

Dates of Program:

Cost of Program:

Please tick the following statements to indicate that you understand and intend to comply:

- I have discussed this study abroad program, including length of study, location, total cost and number of credits I anticipate earning, with the Office of International Programs, my academic advisor, and family members (if appropriate).
I understand that I must pay a \$500 fee to Roosevelt University for each academic term abroad if I participate on an affiliated program. The fee is in addition to the program fee charged by the program provider. This fee is not charged to ISEP and RU exchange program participants.
I agree to pay all charges for my participation in a study abroad program, whether assessed to my RU student account or billed to me by a program provider.
I am not on financial probation.
I have completed at least one semester of full-time study at Roosevelt University.
I meet the minimum GPA requirement for the program I have selected.
I will preselect my study abroad classes and provide them to the Office of International Programs at least two months before I begin my program.
I will immediately notify the Office of International Programs if I register for a class that that has not been pre-approved.
I understand that the classes I take overseas will be posted to my Roosevelt University transcript and that the grades I earn in these classes will be factored in to my Roosevelt University GPA.

Signature of the applicant:

Date: