CORNISH COLLEGE OF THE ARTS
APPLICATION FOR SEMESTER & SUMMER STUDY ABROAD

❖ Fall and Summer Applications Due: February 15 ❖
❖ Spring Applications Due: August 15 ❖

Return completed form to:
REGISTRATION & RECORDS OFFICE
1000 Lenora Street
Seattle, WA 98121

Questions? Contact Molly Abbey @ 206.726.5089 or mabbey@cornish.edu

__________________________________    __________________________________
Student’s Name     Cornish ID#

__________________________________    __________________________________
Department / Grad Date (Sem/Yr)     Phone Number

Rank semester/year choices for study abroad (ie; 1, 2, 3):

_____ Fall     _____ Spring     _____ Summer

Program Information:

School Abroad

Location

Host Program (Arcadia, Butler, etc.)

Proposed Classes to be taken while abroad:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Attach your one-page essay to this application, addressing the following:

- How will your study abroad program of choice augment your current program of study?
- How will this experience benefit you as a student and as a global citizen?

__________________________________       _________________________________
Student Signature       Date

(I have read the study abroad information sheet and understand the application process to study abroad)
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Departmental Approval - In order to apply for approval from Cornish to study abroad, you must first receive approval from your Departmental Chair. (Note: this is a good opportunity to discuss academic objectives for your proposed study abroad semester and review your proposed class list from page 1 of this application.)

Department Chair Signature ___________________________ Date __________
(I have met with this student and I issue my approval of their application to study abroad)

Comments: _____________________________________________

Financial Aid Approval - You must also meet with the Director of Financial Aid to discuss your budget and the application of scholarships and loans during your study abroad semester.

Study Abroad Program Start Date & End Date

Number of credits you are requesting to transfer back to Cornish

$ __________________________
Estimated total cost of attendance (if possible, also include printout of fees section of program provider’s website)
Tuition and fees $______________
Room and Board $_______________
Books and Supplies $______________
Personal or Miscellaneous expenses $______________
Transportation $______________

Director of Financial Aid Signature ___________________________ Date __________
(I have met with the student to discuss an outline of how study abroad affects the student’s financial aid)

Consortium Request - If you are not applying to an Arcadia or Butler program -- check this box if you have financial aid (loans, grants, scholarships) you would like to be applied towards the tuition charged by your study abroad program.
☐ Yes, I would like Cornish to initiate a consortium agreement with my study abroad program provider

For Registration and Records Office Use Only:
Date Application Received ________________ Cumulative GPA __________
This student has been:
☐ Approved Fall ☐ Approved Spring ☐ Approved Summer ☐ Not Approved
Registrar’s Signature ___________________________ Date __________
Date student notified ________________ Initials _____________

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