

**APPROVED STUDY ABROAD FOR ST. MARY'S COLLEGE OF MARYLAND
STUDENT CHECK-OFF SHEET**

Due last week of classes of semester before departure

Student Name _____ Student ID Number _____

Local Mailing Address _____

On Campus Residence (Dorm/Townhouse) _____ Room # _____

Permanent Mailing Address _____

Address your wish to use for communication from St. Mary's during your semester/year abroad and where you want SMCM registration material sent prior to your returning semester.

Telephone _____ Fax _____ E-mail _____

I want housing upon my return to SMCM for _____/_____ semester/year (e.g. Fall/1998) Yes _____ No _____
If yes, please make sure the Residence Life section is completed.

This form should be taken in the numbering order to the offices noted below . When all signatures have been obtained, the form will become part of the permanent file maintained in the Office of the Registrar and the Study Abroad Office.

Veterans Benefits: I am _____ am not _____ receiving VA benefits

Please secure the following clearance signatures:

1. Registrar: The above named student has been properly registered in an Approved Study Abroad Program (IDIS STA or appropriate course number for an SMCM Exchange (CMRS: IDIS 352; Heidelberg: IDIS 353; Fudan: IDIS 354; Sciences Po: IDIS 355; Lingnan: IDIS 357; Payap: IDIS 358; UTG: IDIS 359; NSE: IDIS NSE) for the _____/_____ semester/year.

Signature _____ Date _____

Registration next semester: If you will not be in the United States during the upcoming registration period, you must identify a registration proxy who has agreed to register for you while you are Studying Abroad. Ultimately you are still responsible for getting properly registered through this person while you are Studying Abroad.

Name of person: _____

Address: _____

Phone: _____

E-mail: _____

Note:

While Abroad you need to check the SMCM web page at http: www.smcm.edu/Academics/Classes a week before registration to see what classes are offered.



3. Financial Aid Office: The above named student has taken care of all appropriate financial aid forms for the _____/_____ semester/year.

Signature _____ Date _____

4. Residence Life: The above named student has notified this office that he/she will be participating in an Approved Study Abroad Program. We will take the necessary steps to assure this student has on-campus housing if desired when he/she returns to St. Mary's College for the _____/_____ semester/year. _____ has been named as proxy to complete this student's housing request for the semester of return to the St. Mary's campus. Students must submit housing contract and deposit the semester before leaving. **Last date student can be released from the housing contract without financial penalties is March 31 for following academic year.**

Director/Representative for Residence Life Signature _____
Date _____

Housing proxy Name: _____

Address: _____

Telephone: _____

Email: _____

Note: If you or your proxy does not request a room for you or participate in room draw (and you have paid the housing deposit) you will automatically be assigned a room—unless you notify the Office of Residence Life in writing by March 31st.

5. Business Office: The above named student had taken care of all appropriate business office matters (all outstanding bills) for _____/_____ semester/year.

Business Office Signature _____ Date _____

6. Cashier: Have received the \$150 deposit for housing for next semester. Yes____No____ (Students must submit \$150 deposit and the housing contract by Oct. 30 for Spring or Feb. 28 for Fall. We recommend that students submit the deposit before departure from campus the semester before you study abroad.)

Cashiers Signature _____ Date _____

7. Received in the Study Abroad Office:

Last Signature _____ Date _____