Study Abroad / Exchange Program

Information & Approval Form
Eligibility:
To be eligible for all study abroad opportunities, students must have a cumulative GPA of 3.0 and written permission from the department chair. Study for an academic semester or year abroad requires that an undergraduate student be a junior or in the first semester of the senior year. Graduate students students should meet with their chair to determine the best semester to participate in a study abroad opportunity. Participation in one of the summer, faculty-led programs is open to all students, regardless of year. Study abroad during the final semester at CCS is not permitted.

RESEARCH your program:
- Review the study abroad section on the CCS Website for a list of CCS Exchange and Study Abroad Programs:
  http://www.collegeforcreativestudies.edu/academics/study-abroad
- Submit a web inquiry on www.goabroad.com
- Talk with your department chair about recommended programs abroad
- Meet with the International Student Services Office to discuss options, and pick up the formal study abroad application.

UNDERSTAND your finances:
- Meet with the Financial Aid office to discuss expenses. Contact Director Frank Ravja at fravja@CollegeforCreativeStudies.edu.
- Is the program a CCS Exchange, CCS Study Abroad, or an Independent Study abroad program?
- Apply for a CCS Global Fund Request. Applications are in the ISSO.

CCS EXCHANGE PROGRAMS: These programs have a formal agreement with CCS. Other CCS students have studied at these schools and transferred the credit back. These schools send their students to study at CCS as well. You will pay CCS tuition to attend. You may use your Federal, State and Institutional Financial Aid to help pay fund your experience by enrolling in CCS “Study Abroad Courses” for your term abroad. You may be responsible for additional Host School fees, as well as other living, and travel expenses.

CCS STUDY ABROAD PROGRAMS: These programs have an established relationship with CCS. You may apply your Federal and State Financial aid to these programs. You will pay the host institution's tuition costs. You will be responsible for additional Host School fees, as well as other living, and travel expenses.

INDEPENDENT STUDY ABROAD PROGRAMS: These are programs that do not have any agreement with CCS. You may not be able to transfer credit into CCS courses. The ISSO can help you determine this. You will pay the host schools tuition and fees. You might be able to
use your financial aid for Independent Programs but you will need to meet with Financial Aid to discuss the school you have chosen to attend. As with the former option there are still living and travel expenses to consider. Please schedule an appointment with us to discuss any other schools you would like to consider and bring the following information: Name of School & School Web Address (in English) Keep in mind that, studio courses must be 90 contact hours and liberal arts or electives may be 45 contact hours

DEFINE your goals:
- Meet with your academic advisor to discuss your degree plan and what classes you hope to transfer from your host school abroad.
- Research the course offerings at your host school and find out how realistic the transfer placement is. This can be the most challenging aspect of studying abroad. Many times other programs to not publish the exact courses you will take. And often the courses may change once you arrive. It is best to view your study abroad experience with a little flexibility regarding transfer credit. The international office can assist you with this aspect if needed.
- Define what country you would prefer to study in and look closer at those offerings.

DECIDE on your program abroad, and your desired semester of travel:
- Define the admission process, deadlines and application requirements of your Host School. The ISSO can assist you with the application process.

COMPLETE the CCS study abroad application:
- Gather all necessary signatures and information for the study abroad application. Submit the complete application to the ISSO.
  The application includes the following forms:
  - Your study abroad application (transfer course placement may be pending)
  - Transfer liberal arts credit approval form (if classes are available)
  - A one-page essay on why you want to study abroad (if you are applying to an Exchange Program)
  
Submit the following after the application if more time is needed:
- Passport copy
- Proof of health insurance
- Assumption risk and release form
- Emergency contact information
- Airline tickers & travel information if available

APPLY to the Host School:
- If you are applying to a CCS Exchange Program the ISSO may need to submit the application for you directly to our contact.
- Submit your admissions application to the foreign school/s.
- Receive your admission
- Send your acceptance letter to the ISSO

MAKE your travel arrangements:
- Meet with the ISSO for more extensive travel advice
- Apply for your passport:  
  [https://travel.state.gov/content/passports/en/passports/apply.html](https://travel.state.gov/content/passports/en/passports/apply.html)

GET your study visa:
- Contact your host institution for Student Visa instructions, and travel guidance

LIVING abroad:
- Secure your housing at the host school
- Purchase health insurance that covers you while abroad
- Obtain any necessary vaccines, or health checks.
- Ask your physician to issue any prescriptions you may need while abroad.

BOOK your flight!
- Need a travel agent contact STA Travel its specifically for students, and they have good deals.  
  [http://www.statravel.com](http://www.statravel.com)

REGISTER for the Study Abroad Class:
- Meet with the ISSO to register for your study abroad course at CCS and to discuss any final questions you may have pre-departure.

WHILE you attend:
- Check in with CCS when you get settled at your host school.  
  Confirm your class schedule by emailing us a list of the courses, and credits you are taking. Often you can request this from the international office at the host school. E-mail us at  
  [international@collegeforcreativestudies.edu](mailto:international@collegeforcreativestudies.edu)

WHEN you return:
Meet with the International Student Services Office (ISSO) to tell us about your adventure. There is no better information for us to help future students to study abroad than your experience. We want to know what you saw, what you ate, where you traveled to on the weekends, and how you enjoyed your host program! Debrief with us, and share your story.

Don’t forget to:
- Submit official transcripts from the host school to CCS for transfer credit.
- Meet with your academic advisor to discuss transfer credits, and how your experience may have changed your academic planning.
Study Abroad/ Exchange Program Application

Name: ________________________________
CCS Student ID ________________________ Last Name ____________________________
First Name ____________________________

Personal Email: ________________________ Telephone: __________________________

Local Address: __________________________
Street Number __________________________
Apt. Number (if any) __________________
City __________________________ State __________ Zip Code __________

Permanent Address: __________________________
Street Number __________________________
Apt. Number (if any) __________________
City __________________________ State __________ Zip Code __________

Major: __________________________ Semester of Enrollment __________

(See the following pages for Studio and Liberal Arts Course Transfer Evaluation)

I certify that the information I have given on the application is complete and correct. I understand my failure to provide complete, accurate and truthful information on the application will be grounds to deny or withdraw my approval for the College for Creative Studies Study Abroad/Exchange Program.

________________________________________
Student Print and Signature/Date

I approve the above student as an applicant for the College for Creative Studies Study Abroad/Exchange Program.

1) Department Chair Print and Signature/Date

2) Director of International Student Services Office Signature/Date

3) Academic Affairs Print and Signature/Date (REQUIRED ONLY IF GPA IS LOWER THAN 3.0)

International Student Services Office-College for Creative Studies
2nd floor Yamasaki
201 East Kirby, Detroit, Michigan
Phone 313-664-7449 Fax 313-872-2739

Scan into Image now □ Distribute form to the following offices: □ Academic Advising, Financial Ad and student’s department
TRANSFER STUDIO COURSES CREDIT APPROVAL FORM
YOU MUST HAVE YOUR MAJOR DEPARTMENT CHAIR SIGN THIS FORM

Student Name: __________________________ Date: __________________

The College/University you plan to attend: __________________________________________

The Semester you plan to register for: __________________________________________

**Note – Include course description from college catalog with this form!

List the courses you plan to register for at your foreign institution:

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<th>Institution Course Code</th>
<th>Course Title</th>
<th>Number of Credits</th>
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OFFICE USE ONLY
To be filled out by the department chair, or mobility coordinator.

College for Creative Studies course placement of the above courses:

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Department Chair’s Signature __________________ Date __________________
TRANSFER LIBERAL ARTS CREDIT APPROVAL FORM
YOU MUST HAVE THE LIBERAL ARTS DEPARTMENT CHAIR SIGN THIS FORM

Student Name: __________________________ Date: __________________________

The College/University you plan to attend: __________________________

The Semester you plan to register for: __________________________

**Note – Include course description from college catalog with this form!

List the courses you plan to register for at your foreign institution:

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Department Chair’s Signature __________________________ Date __________________________
Post Semester Abroad Academic Planning

Use this form for your own records. Take it with you so when it is time for online Registration at CCS you'll know what you need to sign up for.

Student Name: _____________________________________________________________

Student ID#: _____________________________________________________________

Host Institution: ___________________________________________________________

Semester Attended: _________________________________________________________

Advisor: ___________________________________________________________________

Credits to Transfer INTO CCS

Helpful tip- If you take classes that were not previously approved on your application – they may not transfer as you had planned. Contact your CCS advisor for new placement planning.

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

4. _______________________________________________________________________

5. _______________________________________________________________________

6. _______________________________________________________________________

Expected Classes at CCS for Semester Following Study Abroad

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

4. _______________________________________________________________________

5. _______________________________________________________________________

6. _______________________________________________________________________

Helpful tip- Don’t forget to order official transcripts from your host institution and have them sent to CCS for credit placement.

Send transcripts to: Karen Laducer, Assistant Registrar College for Creative Studies, CCS 201 East Kirby Street, Detroit MI, USA 48202- or bring sealed versions home with you by hand.
Emergency Contact Information

Student Name: ________________________________________________

Primary Emergency Contact Name: ______________________________
Relationship: ______________________________

Mailing Address: ______________________________________________

Home Telephone Number: ______________________________
Work or Cellphone Number: ______________________________

Email Address: ______________________________________________

Secondary Emergency Contact Name: ______________________________
Relationship: ______________________________

Mailing Address: ______________________________________________

Home Telephone Number: ______________________________
Work or Cellphone Number: ______________________________

Email Address: ______________________________________________
ASSUMPTION OF RISK AND RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING.

Applicant: _____________________________________________________________

Date Birth: ___________________________________________________________

(If Applicant is under 18 years of age, a parent or legal guardian must also read and sign this form.)

Program: _____________________________________________________________

I hereby agree as follows:

1. Risks of Study Abroad.
   I understand that participation in the specified above Program ("the Program") involves risk not found in study at the College for Creative Studies ("the College"). These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters described in this Release Form. I have made my own investigation and am willing to accept these risks.

2. Institutional Arrangements.
   I understand that the College does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the College is not responsible for matters that are beyond its control. I hereby release the College from any injury, loss, damage, accident, delay or expense arising out of any such matters.

3. Independent Activity.
   I understand that the College is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any College-supervised activities.

   a. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program.
   b. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I require medical treatment or hospital care, in a foreign country or in the United States, during the Program, the College is not responsible for the cost or quality of such treatment or care.
   c. The College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the College from any liability for any actions.
5. Standards of Conduct.
   a. I understand that each foreign country has its own laws and standards of acceptable conduct: Including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the College’s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.
   b. I also will comply with the College’s rules, standards and instructions for student behavior. I waive and release all claims against the College that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
   c. I agree that the College has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the College, the Program, or other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the College do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.
   d. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The College is not responsible for providing any assistance under such circumstances.

6. Program Changes.
   The College has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

   Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Michigan Board of Regents, the College for Creative Studies, and their officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).
I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

This agreement shall become effective only upon receipt of my application by the College for Creative Studies at its offices in Michigan and shall be governed by the laws of the state of Michigan, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

________________________________________  Date

Signature of Applicant

________________________________________  Date

I (A) am the parent or legal guardian of the above Applicant, (B) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility), (C) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release Form, and (D) agree, for myself and for the Applicant, to be bound by its terms.

________________________________________  Date

Signature of Parent/Guardian
COLLEGE FOR CREATIVE STUDIES
TRANSCRIPT REQUEST

Name_________________________________________ Student # __________

Current Address _______________________________________________________________________________________

Home Phone ____________________________ Work Phone ______________________________________________________________________

Other Name(s) Academic Records Could Be Under: ______________________________________________________________
_________________________________________________________________________________________________________

Address while Attending CCS: ____________________________________________________________________________
_________________________________________________________________________________________________________

Dates Attended CCS________________________ Date of Graduation (If Any) ________________

Department/Major (If Any) ________________________________________________________________

Please release my transcripts to the Person/Institution named below. I understand that there is a charge per copy due at the time of the request. I further understand that it is my responsibility to provide CCS with the complete and accurate address of the recipient of the transcript.

Student’s Signature/Date __________________________________________________________

Send to: __________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Academic Advising & Registration Office Use

☐ Holds ________________ ☐ Fee Waived ________________ Date Received ________________

Other fee $ ________________ Date Sent ________________

Return this form to: College for Creative Studies, Academic Advising & Registration Office, 201 East Kirby Street, Detroit, MI 48202
For questions regarding transcripts: CCS Academic Advising & Registration Office Phone: (313) 664-7672 CCS FAX: (313) 872-1521

Revised 09/22/2016

FEE WAIVED FOR STUDY ABROAD

COLLEGE FOR CREATIVE STUDIES
TRANSCRIPT REQUEST

Name_________________________________________ Student # __________

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