



TOCCOA FALLS COLLEGE

Office of the Registrar

706-886-7299, ext. 5330

APPLICATION FOR OFF-CAMPUS STUDY ABROAD PROGRAMS

Name: _____ Student ID: _____ Date: _____

Current Class Year: _____ Hours Earned: _____ Cumulative GPA: _____

Intended Major / Minors: _____ Projected Graduation Term: _____

- I hereby make application for the
- Fall _____ term
 - Winterim _____ term
 - Spring _____ term
 - Summer I _____ term
 - Summer II _____ term

to participate in the _____ Study Abroad Program.

- I agree to provide copies of all program application materials to the Registrar's Office of Toccoa Falls College.
- I understand that I will be responsible for all program costs, which will be the greater of Toccoa Falls College tuition or actual program tuition, plus actual program costs for room, board, insurance and other expenses, including the \$500 Administrative Fee.
- I understand that Toccoa Falls College will apply all state or federal financial aid funds for which I am eligible toward program costs, and that refund policies of Toccoa Falls College, in conjunction with Title IV aid regulations, will apply in case of withdrawal or change in status. I also certify that I have completed the FAFSA for the academic year in which the Study Abroad term occurs.
- I understand that Institutional forms of financial aid, including grants and scholarships, will not be applied toward program costs.
- I understand and agree to prepay the entire amount for which I am responsible by the Reconciliation Deadline for the term in which I plan to study abroad.
- I understand that in order to be eligible for study abroad, I must have attended at least one full-time semester at TFC prior to the term of study.
- I understand that a minimum grade point average of 3.0 is necessary in order to complete this application and certify that I have met this minimum grade point average.
- I understand that credit equivalency will be determined by the Toccoa Falls College Registrar's Office, that the equivalent coursework and grades will be posted to my TFC transcript and calculated in my cumulative grade point average and hours attempted. Toccoa Falls College standards for satisfactory academic progress will apply.
- I understand that I am responsible for obtaining Travel Insurance and for providing documentation of such to the Registrar's Office (along with the completed checklist), and for travel expenses incurred to and from port of departure.
- Upon completion of the Study Abroad program, I agree to provide the Registrar's Office with a two-page typed essay evaluating and reflecting on my Study Abroad experience with the program in which I am participating, before my grades will be posted.

All signatures must be obtained before application is returned to the Registrar's Office

Applicant: _____ **Date:** _____

Academic Advisor: _____ **Date:** _____

Department Chair: _____ **Date:** _____

School Dean: _____ **Date:** _____