

TOCCOA FALLS COLLEGE

706-886-7299, ext. 5330

Office of the Registrar

APPLICATION FOR TFC STUDY ABROAD COURSES

| Name: | Student ID: | Date: |
|---|---|--|
| Circle One: Freshman Sophomore Junior Senior | 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 theCourse Prefix & Number | | Study Abroad Course. |
| Course Prefix & Number | Title | , |
| I understand that I will be responsible for all program and other expenses. I understand that I will be responsified my not participating should I withdraw or cancel funderstand that Toccoa Falls College will apply all | sible for any study abroad e rom the course/trip. | expenditures incurred on my behalf or resulting |
| costs, and that refund policies of Toccoa Falls College change in status. I also certify that I have completed t | , in conjunction with Title IV | aid regulations, will apply in case of withdrawal or |
| I understand that Institutional forms of financial aid, i | including tuition grants and | scholarships, are not available for program costs. |
| I understand and agree to prepay the entire amount which I plan to study abroad. | for which I am responsible | by the Reconciliation Deadline for the term in |
| I understand that in order to be eligible for study abreterm of study. | oad, I must have attended a | at least one full-time semester at TFC prior to the |
| I understand that a minimum grade point average of met this minimum grade point average. If this applicati application will be held for evaluation until my first sem I will not be allowed to participate in the study tour. | on is completed during my | first semester at TFC, then I recognize that my |
| I understand that TFC Study Abroad coursework and grade point average and hours attempted. Toccoa Fa | | |
| I understand that I am responsible for obtaining Trav (along with the completed checklist), and for travel exp | | |
| I understand and agree that the professor reserves tincluding poor attitude, lack of cooperation, ability to grourse activities. | | |
| Signed: | | Date: |
| | | |
| Recommendations: (required signatures) | | |
| Academic Advisor: | | Date: |
| Department Chair: | | Date: |

TFC Study Abroad Application Essay

| Na | me: | |
|----|-----|--|
| | I. | Please list any allergies, medications, medical conditions, or special dietary needs: |
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| | II. | As part of this application, please attach a typed 500-word essay answering the following questions, along with this form with the Application: |
| | | particular interests do you have in participating in this study abroad experience? List asons, beginning with the most important. |
| В. | How | well do you participate in group activities? Do you get along well with others? |
| | | relating to others in close confinement 24/7, what are some issues that might bother nost? How do you deal with unmet expectations? With personal conflicts? |