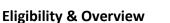
STUDY ABROAD APPLICATION





A minimum 2.5 GPA is required to study abroad at the American College of Norway(ACN). Students are required to be in good academic and financial standing at their home institution. For your application to be considered, please include a copy of your official transcript (an unofficial copy will be accepted if submitted from your study abroad advisor), a brief personal statement about why you would like to study abroad in Norway, and a copy of your passport information page.

Application Deadlines

Admission decisions are made on a rolling basic. However, suggested application deadlines for priority housing assignment and visa requirements, are:

Fall Semester - May 1st	Spring Semester - October 1st		Summer Term - A	Summer Term - April 15th	
Personal Information					
Name: (as in your passport)	(First)	(Mid	dle)	(Last)	
Address(Street addr				(Zip)	
Social Security Number				(Z1p)	
Home Telephone		Cell		Date of Birth	/ /
Citizenship	Passport Number		Expiration Date		
Academics					
Classification	□Sophomore □	Junior DS	Senior		
Home University					
Major(s)/Minor(s)				Cumulat	ive GPA
If you have disability that may imp important that you contact the staff ACN to determine whether reasona	f in your disability supp	ort services office	e. Please have th		
Will you be requesting assistance?	□ Yes □ N	lo			
Student Status					
Please visit your home university a	cademic or study abroa	d advisor and hav	ve the following	completed:	
To the Advisor: Before answering Records" statement on the back of					onal and Medical
Advisor's Name		Tit	le		
Telephone	Ema	ail			
Is the student in good academic sta	unding? 🗆 Yes 🗆 I	No Will you acc	cept credit award	led by this program? \Box	Yes 🗆 No
Has the student had any disciplinar	ry issues on campus?	Yes 🗆 No (If	yes, please prov	vide official record)	
Does this student have the home up	niversity's approval to s	study at the ACN	? 🗆 Yes	□ No	
Advisor's Signature			te		
		over			
Ai	merican College of Nor Phone: (47) 69 24		* 1534 Moss americancollege		

STUDY ABROAD APPLICATION



Disclosure of Educational and Medical Records

I, _______hereby authorize the release of information between my home institution and the American College of Norway (ACN) regarding enrollment, academic, financial, health, safety and disciplinary matters. I authorize the ACN to have access to my records described below to determine whether I will be accepted as a participant in a study abroad program. The records and information I authorize and direct to be disclosed are:

- 1. my academic transcript;
- 2. my financial aid award letter;
- 3. records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me or reflecting incidents of misconduct that did not result in disciplinary proceedings or action;
- 4. information regarding health from my home institution's health services; and,
- 5. any assistance requested from disability support services.

I understand that by signing this authorization form I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. Section 1232g, and I waive those rights voluntarily by signing this authorization.

I further understand that I have the right to revoke this consent at any time by notifying the ACN of my revocation of this authorization. To insure proper notification of revocation of this authorization, I understand I should submit my request in writing to the ACN.

Name	Signature	Date
Name	Signature	Date
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Name & signature of parent or guardian if student is under 18

Financial, Academic, Immigration & Conduct Obligations

I certify the information shown on this application is correct to the best of my knowledge. I am aware that if I become a student in this program abroad I will comply with all rules, regulations, and instructions for student behavior. I agree that the ACN has the right to require my withdrawal from this program due to unsatisfactory academic work or behavior between the time of the application and completion of the program.

I understand that my acceptance will not be confirmed until I have submitted a non-refundable U.S. \$200 deposit to the ACN. Instructions for submission of the deposit will be sent after the completed application is received.

I understand that I am responsible for acquiring a Norwegian student visa to study at the ACN if the term I am applying for requires it.

I have read this statement and agree to its terms,

Signature of Applicant

Date___

A complete application includes:

- this form;
- a copy of your official transcript(an unofficial copy will be accepted if submitted from your study abroad advisor);
- a brief personal statement about why you would like to study abroad in Norway;
- a copy of your passport information page; and,
- a non-refundable U.S. \$200 deposit

Please submit this form and other required documents to info@americancollege.no or to the address below.

American College of Norway * Verket 22 * 1534 Moss * Norway Phone: (47) 69 24 20 40 info@americancollege.no www.americancollege.no