

# STUDY ABROAD APPLICATION



## Eligibility & Overview

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 basis. However, suggested application deadlines for priority housing assignment and visa requirements, are:

Fall Semester - May 1st

Spring Semester - October 1st

Summer Term - April 15th

## Personal Information

Name: *(as in your passport)* \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

## Academics

Classification ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Home University \_\_\_\_\_

Major(s)/Minor(s) \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

If you have disability that may impact your ability to carry out assigned course work and/or participate in program activities, it is important that you contact the staff in your disability support services office. Please have them review your concerns and contact the ACN to determine whether reasonable and appropriate accommodations can be made.

Will you be requesting assistance? ☐ Yes ☐ No

## Student Status

Please visit your home university academic or study abroad advisor and have the following completed:

To the Advisor: Before answering the following questions, the student should sign the "Disclosure of Educational and Medical Records" statement on the back of this form. The school of record for the ACN is the University of North Dakota.

Advisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Is the student in good academic standing? ☐ Yes ☐ No Will you accept credit awarded by this program? ☐ Yes ☐ No

Has the student had any disciplinary issues on campus? ☐ Yes ☐ No (If yes, please provide official record)

Does this student have the home university's approval to study at the ACN? ☐ Yes ☐ No

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## 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 \_\_\_\_\_

*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](mailto: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](mailto:info@americancollege.no)  
[www.americancollege.no](http://www.americancollege.no)