Montgomery College Application for Semester or Year Study Abroad

The Application for Semester or Year Study Abroad form needs to be submitted to the MC Study Abroad Office no later than March 1 for Fall study abroad, October 1 for Spring study abroad, and February 1 for Summer session, in order to allow ample time for evaluation by a transcript evaluator and program approval.

Instructions:
1. Complete the top portion of the form.
2. Fill out courses to be taken at foreign institution portion if you already have an institution in mind.
3. You will be contacted by the Study Abroad advisor on your campus.

Study Abroad Advisors:
Greg Malveaux (and Coordinator), Rockville Campus;
Kelly Rudin, Germantown Campus;
Ijeoma Onwenu-Otigbuo, Takoma Park/Silver Spring Campus

Student Name: ______________________________________________________________________
                      Last Name                              First Name                              Middle Initial

Phone: _____________________ E-mail:____________________________

Student’s M Number: ______________________________

Student Signature: ______________________________  Date:__________________

Semester for Study Abroad: ________________________________________________

Overall Earned Credits at MC: __________

Overall GPA (grade point average must be 2.5 or higher): ______

U.S. Host Institution: ______________________________

Country: ______________________________

Institution Abroad: ______________________________

Consortium of the Institution Abroad: ______________________________

Will you be applying for Financial Aid? ______ Yes    ______ No
Permission to enroll in another Institution (Must be a full time student enrolled in 12 semester hours)

Courses to be taken at the Foreign Institution / M.C. Equivalent

1. _____________________________
2. _____________________________
3. _____________________________
4. _____________________________
5. _____________________________

For Registrar's Office use only

1. _____________________________
2. _____________________________
3. _____________________________
4. _____________________________
5. _____________________________

Academic Advisor Review of Course Selections: ____________________________________________
Signature Date

Study Abroad Advisor Approval: _________________________________________________________
Signature Date

Registrar (or Designee) Approval: _______________________________________________________
Signature Date

Successful Registration for STBR 200 course: ________________
Date of Receipt: _______________________
Cashier Receipt Number: ________________