

CENTER FOR INTERNATIONAL AND COMPARATIVE LAW

STUDY ABROAD PROPOSAL FOR A NON-SLU LAW PROGRAM

Students who are interested in participating in an ABA-approved, non-SLU LAW study abroad for which they want to receive credit must obtain preliminary authorization from the departments listed on this sheet. Please complete this form and return it to the Center for International and Comparative Law. If you have questions about this form, please contact Ira H. Trako, Associate Director for the Center for International and Comparative Law at trako@slu.edu.

	STU	DENT INFORMATION			
Last Name	First Name			Middle Initial	Mr/Mrs//Ms/Dr
Banner Number	Local Phone Nun	mber		E-mail Address	
School Address	City		tate	Zip Code	
Study Abroad Program	Study Abroad Host School Exact Program Start Date				
Study Abroad Host School Contact Name	Study Abroad Host School Contact Phone Number			/ / Exact Program End Date	
Permanent Address	City			State	Zip Code
Current Year in School:	2 nd 3 rd	UDENT SERVICES APP	Part-time		
Cumulative Grade Point Average as of today I have already taken credits I intend to take credits throug requirement. I understand I may not take more be evaluated (graded): The courses and credits I am requesting to tak	at SLU LAW th this summer abroad than 6 credits and ha	ave attached detailed des	ng that these cre	edits be applied tove e courses and the r	vard my degree nethod in which I will
Course Name	Number of Cred	lit Hours	_		
Assistant Director Center for International and Comparative La	aw	□ Approved □ Not Approved	Date		
Assistant Dean of Students ****Continued on next page***		□ Approved □ Not Approved	Date		

A.	FINANCIAL AID—SCHOOL OF LAW
CHOOSE ONE:	
□ I am not seeking and will not be borrowing any university, study and living expenses out of personal funds (skip throug	federal or state student aid programs for this program, but instead will pay for my foreign gh to section C).
$\hfill\Box$ I am seeking financial aid for this study abroad program.	
B. FINANC	CIAL AID OFFICE APPROVAL—SCHOOL OF LAW
The signature below certifies that based on this student's st Option 1 or2):	tudy abroad program and Financial Aid Consortium Agreement (Please check and complete
□ Option 1: This student will not be eligible to receive/will n Abroad enrollment period. Upon the student's return to Sain the student will be eligible for aid, contingent on FAFSA filin	not be borrowing any university, federal or state student aid programs during their Study nt Louis University School of Law for thesemester, g by March 1 and meeting renewal eligibility requirements.
Notes:	
student's return to Saint Louis University School of Law for	wing federal/state student aid programs for their Study Abroad enrollment period. Upon the thesemester, the student will be for eligible aid, al eligibility requirements. Note: A Financial Aid Consortium form is required to receive aid
Notes:	
Financial Aid Coordinator School of Law	□ Approved □ Not Approved
C. Si	TUDENT SIGNATURE AND CONFIRMATION
My signature below indicates that I have confirmed with the	University's Registrar's Office that my account is in good standing.
Signature of Student	Date
D. DOCUMENT	S REQUIRED TO BE ATTACHED TO THIS PROPOSAL
My signature below indicates that I have attached to this pro	oposal the following required documents:
Detailed Materials on program, including progra evaluated for each course (i.e. written exam, etc.)	am description, course descriptions with credits and information on how you will be
SLU LAW transcript (unofficial Banner transcrip	ot is acceptable)
Copy of Passport	
Signature of Student	Date