Southwestern College/SDICCCA

Barcelona, Spain 2010 Semester Abroad

Student Information & Release Form

PERSONAL INFORMATION:

Name: _____ Social Security No. _____-____-_____
Last First Middle

Address: _____

Day Telephone: (____)_____ E-Mail: _____

Cell/Alternative Telephone: (____)_____ SWC Student ID#_____

AUTHORIZATION OF RELEASE OF INFORMATION:

I understand that the above information and information included in other components of my volunteer/study abroad application may be shared with individuals who play a role in ascertaining my eligibility in a Southwestern College volunteer/ study abroad program, and hereby authorize the release of this information to those members of the faculty, staff, and administration of Southwestern College, and to the cooperating affiliated study abroad providers and institutions, foreign and domestic.

Further, I understand that, upon becoming a participant in this program, I shall be subject to all rules, regulations, and requirements as to academic standards and policies, conduct, scholarship, and continuance at Southwestern College. I understand that Southwestern College reserves the right to require the withdrawal of a student on account of unsatisfactory academic work or behavior.

I understand and confirm that I am eligible for this program and possess a GPA of 2.0 or better, have completed a minimum of 12 college units, and am 18 years of age at time of application for this program. Any misrepresentation of my qualifications for this program is cause for termination of my participation in this program, and any costs accrued for such misrepresentation.

Signature of Student: _____ Date: _____

Signature of Office of International Studies Office_____

_____
Date