



Study Abroad/ Exchange Program Application

_____ Name: _____
CCS Student ID Last Name First Name

Personal Email: _____ Telephone: _____

Local Address: Street Number Apt. Number (if any)

City _____ State _____ Zip Code _____

Major: _____ Semester of Enrollment _____

(See the following pages for Studio and Liberal Arts Course Transfer Evaluation)

Name of Host Institution Abroad:

I certify that the information I have given on the application is complete and correct. I understand my failure to provide complete, accurate and truthful information on the application will be grounds to deny or withdraw my approval for the College for Creative Studies Study Abroad/Exchange Program.

Student Print and Signature/Date

I approve the above student as an applicant for the College for Creative Studies Study Abroad/ Exchange Program. Based on the following criteria; Cumulative GPA of 3.0 or above, Junior Status requirements met, and maturity/readiness to represent CCS abroad.

1) _____

Department Chair Print and Signature/Date*

**Your application may be denied based on criteria above. In this case your chair person will not sign your application, and send an email to the international office regarding their decision.*

2) _____

Director of International Student Services Office Signature/Date

3) _____
Academic Affairs Print and Signature/Date **(Required only if GPA requirement is not met)**

International Student Services Office-College for Creative Studies
2nd floor Yamasaki
201 East Kirby, Detroit, Michigan
Phone 313-664-7449 International@collegeforcreativestudies.edu