CCAD OFF-CAMPUS LEARNING APPLICATION
SEMESTER-LONG & SHORT-TERM EXPERIENCES

Columbus College of Art & Design

STUDENT NAME: _____

PROGRAM TO WHICH I AM APPLYING : _____

TERM I AM APPLYING TO STUDY OFF-CAMPUS:

SPRING _____

SUMMER _____

FALL _____

MINIMUM ELIGIBILITY REQUIREMENTS FOR ALL CCAD OFF-CAMPUS LEARNING PROGRAMS

- Cumulative GPA of 3.0 or above

- Class standing varies by program. Please refer to specific program information.

- Students must have completed 30 credit hours at CCAD

- Be in good standing at CCAD (no academic probation, billing issues, or disciplinary actions)

REQUIRED APPLICATION MATERIALS (TO BE SUBMITTED TOGETHER)

- Completed application with appropriate signatures

- At least one (1) faculty recommendation from faculty within your major/area of study

- Completed Off-Campus Learning Course Approval Form

PLEASE NOTE:

- This application is one step in a multiple-step process. Certain programs have additional applications which vary by host school. If you are approved to study off-campus via this application, you will need to gather information on additional applications and adhere to deadlines published by the host institution. Additional applications usually need to be completed as soon as possible after you are approved by Off-Campus Learning.

- Federal financial aid will continue to be available to you while you are enrolled in a CCAD approved Off-Campus Learning program, but CCAD scholarship money may or may not be available. As part of this application you are required to visit Financial Aid to learn more about your award and what parts of it are eligible for Off-Campus Learning.

- If accepted into a program traveling internationally, it is mandatory that you will be be enrolled in and charged for CCAD's designated off-campus health insurance plan regardless of possible enrollment in any other personal, parental, or private health insurance plans.

APPLICATION DEADLINE

Summer/Fall programs have an application deadline of February 15 of the semester prior to the academic year in which they hope to study off-campus. Spring programs have an application deadline of September 15 of the semester prior to the semester in which they hope to study off-campus.

Your completed application and course approval form should be submitted electronically to offcampus@ccad.edu. Faculty recommendations may be submitted directly to offcampus@ccad.edu by the individual faculty member.

Incomplete applications will not be accepted.

Paper copies of applications will not be accepted.

PART I – DEMOGRAPHIC INFORMATION

STUDENT INFORMATION:

LEGAL NAME: _____
                   LAST NAME   FIRST NAME   MI

CHOSEN NAME: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: (_____) _____ - _____ CCAD GO-MAIL: _____@go.ccad.edu

STUDENT ID #: _____ MAJOR(S): _____

MINOR(S): _____ CONCENTRATION(S): _____

DATE OF BIRTH (Month ##, ####): _____

EMERGENCY CONTACT INFORMATION:

LEGAL NAME: _____
                   LAST NAME   FIRST NAME   MI

RELATIONSHIP: _____

PERMANENT ADDRESS: _____

(if different from the address you printed above)

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: (_____) _____ - _____ EMAIL: _____

PART II– APPROVAL SIGNATURES

All financial/account matters must be settled with the Bursar's and Financial Aid offices—as indicated by the required signature below —before your application for Off-Campus Learning will be approved.

Financial Aid packages vary by student. Arrange an appointment with a Financial Aid Staff Member (financialaid@ccad.edu) to talk about your specific award package and learn what parts of your award package are eligible to be used for your particular Off-Campus Learning program.

Financial Aid Staff Members, please verify, complete, and sign the following:

    1. I talked with the student about their account responsibility, fee, and payment and confirm

    the following statement by checking the appropriate answer:

        This student's account is in good standing: Yes [ ] or No [ ]

    2. I talked with the student about what parts of their financial award are eligible, expenses, and deadlines by signing below.

        Signature: _____ Date: _____

PART III– ACADEMIC INFORMATION

COURSE EVALUATION AND APPROVAL

Step 1: Meet with your Academic Advisor to review your Academic Plan and remaining requirements. Identify remaining requirements that may be fulfilled by study abroad courses and/or courses required to stay on-sequence in your major.

Academic Advisors, please verify, complete, and sign the following:
Student's major:

_____Total credit hours completed/enrolled at CCAD

_____Current GPA

I, _____ (academic advisor), verify the above information provided and have

talked with this student about the approved courses and where these courses fit into their academic plan.

Consult your Academic Advisor about how off-campus courses fit into your academic plan—and complete the section below.

Academic Advisor: After identifying remaining requirements and/or required courses for the student to stay on sequence in their major which may be fulfilled by courses through Off-Campus Study, please e-mail a summary of these requirements/courses to the appropriate program chair/department head and include the student and Off-Campus Study advisor.

Step 2: Have your Off-Campus Learning courses evaluated and approved by the appropriate program chairs/department heads.

•**If your Off-Campus Learning program is through a CCAD Partner Program:** Bring your completed Off-Campus Learning Course Approval form (attached to this application) to each appropriate program chair/department head for approval. You will need to gather information about the off-campus courses you want to take (syllabi, course descriptions) for the appropriate CCAD department chairs to evaluate (i.e. Art History courses should be approved by the chair for History of Arts & Visual Culture, etc.).

•**If your Off-Campus Learning program is not through a CCAD Partner Program:** Bring your completed Off-Campus Learning Course Approval form (attached to this application) to each appropriate program chair/department head for approval. You will need to gather information about the off-campus courses you want to take (syllabi, course descriptions) for the appropriate CCAD department chairs to evaluate (i.e. Art History courses should be approved by the chair for History of Arts & Visual Culture, etc.). After obtaining signatures from the appropriate chairs, you will need to seek final approval from the Provost.

CCAD Off-Campus Learning Course Approval Form

Please complete this form and turn in with your Off-Campus Learning Application materials.

Name: _____

Program: _____

CCAD ID: _____

Major: _____

Off-Campus Semester/Year: _____

I will be a:

Sophomore (30-59 credit hours)	Junior (60-89 credit hours)	Senior (90+ credit hours)

HOST SCHOOL COURSES (LIST AS MANY AS POSSIBLE)

EQUIVALENT CCAD COURSES/REQUIREMENTS

Host School Course #	Host School Course Name	Host Credits*	Specific CCAD Requirement and Level	CCAD Credits	Program Chair/ Department Head Name (please print)	Program Chair/ Department Head Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

*The host credits listed above are (circle one) US/international credits.

Academic Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Provost Signature*: _____ Date: _____

*Only necessary for non-Partner Programs.

<u>**FACULTY RECOMMENDATION FOR OFF-CAMPUS LEARNING**</u>

Part A: To be completed by student

Term/Year for which you are applying: Fall/20 _____   Spring/20_____Summer/20 _____

Applicant Name   _____
                First Name   Middle Name   Last Name

Off-Campus Learning Program   _____

Student CCAD ID # _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and sign in the space provided so that the reference will be advised of your choice.

_____Confidential file. I grant permission for this letter of recommendation to be held confidential by CCAD.

_____Open file. I would like to have letters of reference available to me if I request access.

_____
Signature of Applicant   Date

Part B: To be completed by faculty member

1. Knowledge of applicant (select all that apply):

_____This student was enrolled in my class(es) during _____ semester of _____ (year).

      Type of course: _____

_____ While I have not taught or advised this applicant, I have known this applicant for _____ semesters.

_____ I supervised or directed the work of the applicant for_____semesters.

_____ I do not know this applicant well enough to evaluate.

2. Scholastic Evaluation: In comparison with other students in the same field who have the same amount of experience and training, I rate this student:

_____Superior (upper 5%)

_____Very Good (upper 10%)

_____Good (upper 25%)

_____Average (upper 50%)

_____Below Average

3. Please rate the applicant in the following categories:

	EXCELLENT	VERY GOOD	GOOD	AVERAGE	FAIR	POOR	UNKNOWN
Self-motivation/Initiative							
Adaptability/Flexibility							
Emotional maturity							
Interpersonal skills							
Responsibility/Dependability							
Ability to manage stress							
Effective use of time							
Leadership							
Determination/Assertiveness							
Ability in major area of study							
Artistic and intellectual abilities							
Represents CCAD's artistic standards							
Represents CCAD's citizenship standards							

4. Please share with us any additional information about the student that will help us to evaluate the student's readiness for this opportunity.

Please note: We value your input, take these recommendations seriously, and are very appreciative of your time. We ask that you provide information that you feel will assist in evaluating the applicant's potential; please feel free to expand on any of the qualitative categories listed above.

FACULTY NAME (PRINT): _____

SIGNATURE: _____
                                                                          DATE

TITLE: _____

ACADEMIC AREA/SCHOOL: _____

PHONE NUMBER: (_____)_____-_____ EMAIL: _____@CCAD.EDU

Please submit this form electronically to offcampus@ccad.edu no later than February 15.