

APPLICANT'S NAME: (last, first, M.I.)

APPLICANT'S COLLEGE:

ADMISSION APPLICATION FOR: (please check one):

Belize

New Zealand

Instructions to Applicant:

Read and sign in understanding of, and agreement to, the Applicant's Certification section below. Then obtain the required campus approval signatures & college/university seal (which may have to be obtained at the registrar's office if the study abroad office is not able to administer the school's seal).

Applicants are responsible to know and to comply with their home campus' policies, processes and deadlines for approval and signature. If a copy of the School Verification Form is faxed, or scanned and e-mailed, send the hard copy to the program so the college seal may be verified and the original signatures are on file.

Applicant's Certifications:

I HEREBY RECOGNIZE that I will be participating in a Christ-centered community in New Zealand or Belize, requiring an exemplary lifestyle in living and learning, and respect for members of this community and the surrounding local culture. While in the program, I will endeavor to conduct myself in accordance with a Christ-centered life; cultivating actions it commends such as love, compassion, truthfulness, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control. I will likewise refrain from dishonesty, plagiarism, drunkenness, sexual immorality, theft, violence, disruptive behavior, racism, sexual harassment and illicit or non-medical use of drugs, narcotics and other substances. I will also honor any and all additional code of conduct standards required by my home institution.

FURTHERMORE, in respect for the values of others in this community if my home institution's code of conduct permits the use of alcohol and tobacco I will abstain from their use on CCSP's campus, AND at anytime while on CCSP fieldtrips.

I UNDERSTAND that violation of any of the standards in these certifications is grounds for disciplinary action, including immediate dismissal from the program.

Applicant's Signature

Date

Semester Applying For

Required College/University Approval: (To be signed by the Off-Campus Program Director)

I HEREBY APPROVE THIS APPLICATION to the Creation Care Study Program declaring the above signatory is a good student representative of our institution. My signature and the college/university seal below constitute approval for granting course credit toward the applicant's degree program.

Signature

Date

Full Name (Please print)

PLACE
SEAL
HERE: