

Global Enrichment Programs

Confirmation Form

CARLSON SCHOOL
OF MANAGEMENT

UNIVERSITY OF MINNESOTA

Upload to your confirmation checklist within **three weeks** of admission notice.

Please refer to your acceptance email to correctly list program name, track, and term

	First Name: _____ Last Name: _____	Year & Term Year: <input type="checkbox"/> Fall 2-8 weeks <input type="checkbox"/> Spring 2-8 weeks <input type="checkbox"/> May/ Summer
	Student ID #: _____	
CONFIRMATION	Program Name: _____	
	Track Name: _____	
	<input type="checkbox"/> YES – I will participate on the education abroad program listed above. I understand that once confirmed I am held to the Cancellation Policy for my study abroad program. <input type="checkbox"/> NO – I will not participate in this program.	
INSURANCE	<input type="checkbox"/> U of M Student Health Benefit Plan (Boynton) <input type="checkbox"/> Other, please indicate: _____ <div style="text-align: center;"><i>Name of insurance provider</i> <i>Policy Number</i></div>	
COURSE REGISTRATION	I understand that the Carlson Global Institute will register me for the number of credits based on my program for the term in which I will be studying abroad. <i>Initial here to signify agreement:</i>	
POLICIES	I have read and understand the Cancellation Policy, Student Abroad Code of Conduct, and the University of Minnesota Student Release & Waiver for Education Abroad Opportunities. (These are provided in your confirmation checklist). <i>Initial here to signify agreement:</i>	
AGREEMENT	By signing, I agree to participate in the Carlson Global Enrichment Program as outlined above. I understand that a space will be reserved for me, and I will be responsible for all program fees according to the Carlson Global Institute Cancellation/Refund policy.	
	_____	_____
	<i>Electronic Signature</i>	<i>Date</i>

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