

STUDYABROAD PROGRAMS APPLICATION

Office of International Programs

9501 S King Drive/ Douglas Hall 203-C

Chicago, Illinois 60628

Tel: 773 995-2582 Fax: 773 995-2840

PERSONAL DATA

Date of Application _____

***Legal Name:** _____

As Name Appears / Last / Surname *Include Hyphen

First

Middle

*Will Appear on Passport**

Date of Birth: ____/____/____ CSU ID#: _____ Female/Male _____

School/ Temp Address _____ School/ Temp Tel: () _____

(Where can we reach you now?)

City: _____ State: _____ Zip code: _____

Permanent Address: _____

Street Address

City

State

Zip code

Permanent Tel: () _____ Cell: () _____ Work/Fax: () _____

Email: _____ @ _____

Please state name, address, and relationship of the parent, guardian, or person who should be notified in case of emergency:

Name: _____ Relationship _____

Address: _____ Tel: _____

City: _____ State: _____ Zip: _____

A letter of recommendation, from two CSU Faculty Members must accompany each application. Please give the names, department and extensions below.

Letters of Recommendations:

Name: _____ Dept. _____ Ext. _____

Name: _____ Dept. _____ Ext. _____

Academic Status

Current Overall Grade Point Average (GPA) _____ Last Semester (GPA) _____

Major: _____ Minor: _____

Currently enrolled at CSU? Full time ☐ Part- Time ☐ How many credit hours (this semester) _____

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

How many semesters have you been enrolled at CSU ? _____

What month/year do you plan on graduate CSU? ____/____

With what degree? Bachelors' ☐ Masters ☐

What other college(s)/ University(ies) have you attended? _____

_____ Date of Attendance _____

Indicate any degrees that you have completed ☐ Assoc ☐ Bachelors ☐ Masters ☐ Doctorate ☐

Have you engaged in Study Abroad at CSU previously? _____ Country _____

Are you currently enrolled at a school other than CSU? If yes, please indicate: _____

Are you participating in another Study Abroad Program? If yes, please indicate: _____

Who is facilitating the Study Abroad Program? _____ Contact person: _____

Will you use financial aid to pay the SRIA expenses? ☐ Yes ☐ No

Will your budget handle a \$3,000 program? ☐ Yes ☐ No

What are your financial restrictions? If any _____

Please indicate any hobbies, skills, or expertise, or special talents _____

Can you speak any languages other than English? No ☐ Yes ☐ If yes, please indicate below: _____

*Would you be interested in an international major or minor? ☐ Yes ☐ No _____

*Are you a member of the International Club? ☐ Yes ☐ No If no, would you be interested in joining the International Club? _____

*If you are a Junior or graduate, would you be interested in becoming a Fulbright Scholar? _____

How long are you interested in being abroad? **Short Term:** ☐ 2 weeks ☐ 6 weeks ☐ Summer

☐

Long Term: ☐ 3 months ☐ 6 months ☐ One Year - Are you interested in staying with a family while abroad? ☐

Are you a U.S. Citizen? - ☐ Yes ☐ No ☐ Do you have a Passport? ☐ Yes ☐ No ☐

Are you an International Student? ☐ Yes ☐ No - If yes, what country _____

Are you in the U.S. on a Visa? ☐ Yes ☐ No ☐ Are you a resident of the U.S. ☐ Yes ☐ No ☐

How did you hear of this Study Abroad Opportunity? ☐ ☐

☐ Walked in

☐ Friend

☐ Poster/Advertisement

☐ Mailer

☐ Other

Specify _____

Interest

Indicate **specifically the program(s) (country)** you are applying for _____

What places do you desire to travel in the near and distant future? _____

Have you traveled or studied outside of the United States? If yes, please indicate where you traveled and with what type of program(s) that you were affiliated.

Do you have travel abroad experience with the Military? If yes, please explain. _____

Have you participated in any international study abroad programs at Chicago State University or other institution that may or may not have had a travel component? If yes, please explain. _____

We recognize that we may not have given you an opportunity to share with us all of the information (non-academic interests or achievements) that you consider to be important in our review of your application. If this is true, please make an additional statement in the space below, or attach an additional sheet.

To be signed by **parent** or **guardian** if applicant is under 18 years of age:

I /We certify that the information submitted in and with this application is complete and correct. I/We understand that any misrepresentation may result in the expulsion of the applicant from the program.

X_____

Legal Signature of Applicant

Date

X_____

Signature of Parent of Guardian

Date

Policies for Students Traveling Abroad

The following policies govern student participation concerning all Chicago State University study abroad programs.

Eligibility Requirements

Student must meet the following criteria to be eligible for Study / Research / Internship Abroad Program(s) facilitated by the Office of International Programs or any Chicago State University entity.

The student must:

- ⇒ Be currently enrolled at Chicago State University with at least twelve (12) credit hours (undergraduate) or six (6) credit hours (graduate) and in good academic and judicial standings.
- ⇒ ***Come to the OIP to discuss study abroad options and successfully interview with the Program Coordinator and OIP Coordinator / Advisor*** and demonstrate an ability to adjust to new cultural and living environments.
- ⇒ Have a minimum and maintain a ***Grade Point Average of 2.5*** (on a 4-point scale) at the time of application. ***Specialized programs may require a higher GPA***
- ⇒ Be a sophomore, junior, senior or graduate. Students must have at least one semester remaining at CSU. Specialized programs may allow freshmen.
- ⇒ Indicate interest and knowledge of language. Language acquisition is strongly encouraged but not always required. Specific language skills may be required for some programs (For the Spain and France program, two (2) semesters of their respective language course are required).
- ⇒ Preparation and / or Orientation courses (Spring/Summer) are required for all Study / Intern / Research Programs. Check with Instructor or the OIP coordinator for course numbers for spring and summer enrollment. ***Please Note: Registration in the Study Abroad Course does NOT automatically constitute acceptance into the programs.***
- ⇒ If applicant is under the age of 18, parental or guardian, signatures are required. (This is a mandatory requirement)
- ⇒ Students, who have completed a university subsidized Study Abroad Program in previous years, are not eligible for university financial assistance in future study abroad programs.

Special Documentation

- ✓ ***Submit a Completed Application*** on or before the ***Deadline Date*** There will be no exceptions
- ✓ A 2-3 page ***Personal Statement*** indicating interest in international studies and how studying abroad will be instrumental in your prospective career / profession.
- ✓ An official copy of the student ***Transcript(s)***
- ✓ A ***\$50.00 non-refundable Application Fee*** must be submitted with the completed application. Money Orders are preferred. Make Money Orders and Checks payable to: ***The Office of International Programs. ***Cash will only be accepted in the Cashier Department Cook ADM-213! Account Number A305-L2899 *****
- ✓ Two (2) ***Letters of Recommendation*** completed by CSU faculty member, academic or campus advisor familiar with academic qualifications. If applying for a language-based program, at least one letter should be from a language instructor.
- ✓ ***Meet*** with the ***Financial Aid Advisor*** regarding your individual financial package eligibility prior to the period of the study abroad. ***Submit*** completed form indicating financial aid and funds availability.

Release & Assumption Risk Form

Office of International Programs
9501 South King Drive/ Douglas Hall 203C
Chicago, Illinois 60628
Tel: 773 995-2582 Fax: 773 995-2840

Student's Name (please print) _____

In consideration of my (self or child) being permitted to participate as a student in the _____ program administered by Chicago State University, I do hereby release CSU from liability and assume the risk as follows:

Medical Emergency

I understand that on rare occasions an emergency may develop while I am overseas on a CSU program that necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to my(self, child) and if I am unable to grant permission at the time emergency treatment is required, I hereby authorize Chicago State University by and through its authorized representative(s) or agent(s) in charge of said program, to secure any necessary treatment including the administration of an anesthetic and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse CSU for any expenses that it might suffer on account of said injury or treatment thereof.

Indemnification

I agree to indemnify and hold harmless Chicago State University and its representative(s) and agent(s) from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of travel or activity conducted by or under the control of CSU with regard to the aforesaid program.

Rules of Conduct

I understand that as a participant in this international study program, I am subject to the laws of the country where I am studying. I also understand that it is my responsibility to be informed about the laws of that country and to conduct myself in a manner that complies with those laws. Chicago State University shall not, under any circumstances, be responsible for any illegal activities that I may engage in. I further agree to abide by the policies of this program and the additional policies set forth by the university. I understand that CSU has the authority to discontinue my participation in the programs if, in the judgment of CSU, my conduct is unacceptable.

Withdrawal from Program

I further understand that I am solely responsible for any and all costs arising out of my (self, child) voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action by CSU or its representative(s). In the event that CSU has committed expenses on my behalf prior to the program, I understand that these funds may not be refundable.

This _____ day of _____, 20_____, I have read and understand the above provisions and agree to be bound thereby.

Student Participant's signature

Parent or Guardian (if student is under 18 years of age)

9501 South King Drive/ Douglas Hall 203C
Chicago, Illinois 60628

Tel: 773 995-2582 Fax: 773 995-2840

Whether traveling abroad as a tourist, student or interim, you will likely be entering an unfamiliar environment. As a participant in a Chicago State University International Program, you have the advantage of a program infrastructure and/or individuals on-site to orient you to local safety issues and to support you in the event of a security or safety emergency. You also have a personal responsibility for your own safety and security.

We recommend the following precautions anytime you travel abroad:

- Register with the nearest U.S. Consulate or your home country embassy (if not a U.S. citizen) so that in-country staff know how to contact you should the need arise;
- Avoid political demonstrations, large crowds and gatherings;
- Maintain a low profile and do not advertise that you are a foreign national;
- Stay in close contact with family members;
- Avoid American hangouts;

Keep local program leaders, home stay family, or living group advisor (if appropriate), your family back home, and instructors informed of your whereabouts if you plan to travel.

Incidences of either verbal or physical attacks toward Americans are relatively rare, yet they do occur. You can protect yourself with some common sense and the simple tactics noted above. Keep in mind that any comments directed at you are rarely personal. Do not take them personally!

No one can guarantee your absolute safety while you're abroad any more than we can guarantee absolute safety on your home campus. Be assured, however, that we have taken precaution and routinely monitor information about the issues and conditions in the locales where you will study or work. We have communication procedures in place so that if an emergency occurs, you will know whom to contact for information, counsel and assistance.

You can find more information about travel advisories, safety and crisis response at <http://travel.state.gov>.

With my signature below, I acknowledge that I have been advised of my personal responsibility for my own safety and that I agree to cooperate with instructions above and those of the program leader, resident director, or in-country sponsor in the event of an emergency.

Student's Printed Name

Signature

Date

Chicago State University
Office of International Programs
INTERSHIP, RESEARCH and STUDY ABROAD
Waiver, Release and Indemnification Agreement

I am a student/employee/contractor at Chicago State University who desires to participate in the Study Abroad Program / Travel. I am not required to participate in this program. My participation is wholly voluntary. In consideration of the this agreement to permit me to participate in this program, the receipt and sufficiency of which is hereby acknowledged, I agree as follows.

For the period of my participation in the Program and my time in the United States for such purpose, I agree to be covered by a policy of comprehensive health and accident insurance, which will provide for illness or injuries I may sustain or experience while abroad. I understand that securing this coverage is a requirement of participation in the program, and I hereby release and discharge all participating academic institutions and their Board of Trustees of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expenses I incur while I am abroad.

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge all academic institutions and their agents from any and all liability whatsoever for any damages, losses or injuries, including attorneys fees, which arise out of, result from, occur during or are connected in any manner with my participation in the program and/or any travel incident thereto.

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless all academic institutions and their agents from any and all liability, loss, damage, expense, including attorneys fees, that they or any of them may occur sustain as a result of any claims, demands, actions. Causes of action, damages, judgments, costs, expenses, including attorney's fees, which arise out of, occur during, or are in any way connected with my participation in the program or any travel incident thereto,

I, the undersigned applicant for the OIP Study Abroad Program at CSU, do waive and release claims against CSU and its agents, any of the partnering institutions, any tour organizers or arranger employed or utilized by CSU, host schools/institutions abroad, and my local school, college, partnering institutions and office, for any injury, loss, damage, accident, delay, or expense resulting from the use of any vehicle, and strikes, war, weather, sickness, quarantine, government restrictions, or regulations arising from any act or omission of any steamship, airline, railroad, bus company, taxi service, hotel, dormitory, restaurant, school, university, or other firm, agency, company, or individual. I also release CSU, and their agents and agree to indemnify them with regard to any financial obligations or liabilities that I may personally incur or any damages or injury to the person or property of others that I may cause, while participating in the CSU/OIP Program. Risks include, but are not limited to the above statements or random acts of terrorism. I understand that CSU/OIP is not responsible for any injury or loss suffered by me during periods of independent travel or vacation (which I understand are unsupervised) or during my absence from the institutions or other supervised activities.

I hereby grant the CSU and its agents' full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith.

I authorize the CSU and its agents, at their discretion, to place me, for my welfare, and without further consent, in a hospital within or outside of the United States for medical services and treatment or, if no hospital is readily available, to transport me back to my home country by commercial airline or otherwise for medical treatment. In the event that CSU or its agents advance or loan any monies to me or incur special expenses on my behalf while I am abroad, I agree to make immediate repayment upon my return to my home country.

I will comply with all CSU's rules, regulations, standards, and instructions for student behavior. I agree that CSU representatives shall have the right to enforce appropriate standards of conduct which is considered to be detrimental to, or incompatible with, the interest, harmony, and welfare of other students. If my participation is terminated, I consent to be sent home and reimburse all monies expended on my behalf.

On group tours or other activities arranged by the CSU or participating institutions, I will accept the will of the majority whenever a matter of choice is presented to the group. I will also accept in good faith the instructions and suggestions of CSU agents in all matters relating to the CSU program or the personal conduct of program participants. I understand that from time to time CSU publicity material may include statements by its students and/or their photographs, and consent to such use of my comments and photographic likeness.

All references to the 'Waiver, Release and Indemnification Agreement to CSU "its agents"' all include Chicago State and all of their officers, directors, head program advisors, program coordinators and advisor, group leaders, employees, agents, and affiliated institutions and companies.

In signing this Waiver, Release, and Indemnification Agreement, I hereby acknowledge that I have read the entire agreement, and understand the terms and conditions set forth herein and that by signing I am giving up substantial legal rights that I might otherwise have, and that I have signed it knowingly and voluntarily. I understand and agree to the terms relating to refunds for CSU program applicants set forth in the Policy form. I further understand that this agreement shall become effective only upon acceptance of my application by ***The Office of International Programs*** at Chicago State University and shall be governed by the laws of the State of Illinois, to this U.S.A. and if any portion hereof is held invalid, the balance hereof shall not withstanding, continue in full legal force and effect.

X _____
Legal Signature of Applicant

X _____ X _____
Date Country Requested

I certify that I am the parent or legal guardian of the above applicant, and that I have read the foregoing Agreement and Release (including such parts as may subject me to personal responsibility), and hereby relinquish any claim that I might have against CSU or its agents (as set forth above), both in my own behalf and in my capacity as legal representative of the applicant, including without limitation any claim arising as a result of the applicant's leaving the supervision of CSU or at a time when the applicant has left the supervision of CSU.

X _____
Legal Signature of Parent of Guardian
(if prospective student is under 18 years of age)

X _____
Relationship Date

A program of study abroad is a wonderful opportunity, but it can create emotional, physical stress and anxiety. Living in a different country may be difficult in terms of, for example, the limited availability of certain foods, limited public accessibility for individuals with mobility impairments, and transit and public works systems that are not consistent with western standards. This self-disclosure form has been designed to assist Chicago State University and its overseas counterparts in determining how appropriate accommodations can be made for you overseas. It is, therefore, in your best interest to answer carefully each of the questions below and to provide a candid evaluation of your physical health, stamina, and emotional stability. *Information you provide on this form will be held in confidence.*

CSU *does not discriminate against otherwise qualified participants with disabilities on the basis of disability* CSU *does not require medical examinations nor will medical information be used to determine participation in CSU programs.* However, because medical care in some of our host countries differs from care in the U.S., we strongly recommend that you have a medical examination before leaving, and that you provide to the CSU program staff (in consultation with your physician) any medical information that could be necessary or valuable in the event of a medical emergency while you are abroad. In addition, some countries require a medical examination as part of the student visa application process.

Please note that checking “yes” to any of the following questions will not necessarily prohibit your participation on this program. Checking “yes” may require you to confer with a health practitioner about your suitability for this international program. It will also help Chicago State University, its international counterparts, and your home academic institution to determine the appropriate adjustments for a successful international experience. The information on this form may be shared with on-site program staff to help you manage your health while you are studying abroad. The staff of International Programs and our program associates shall maintain confidentiality in all health matters.

If you have questions regarding your ability to participate in your program because of allergies, dietary restrictions, mobility impairments, etc, we urge you to contact us personally so we can provide you with information which will help you make a decision about your program participation. *All inquiries will be held in confidence.*

Allergies

1. Do you have any dietary restrictions or known food allergies? ☐Yes ☐No

If yes, please explain:

Are you allergic to any of the following medications (check any that apply)?

☐Penicillin ☐Aspirin ☐Sulfa ☐Local Anesthesia ☐Other (*please specify*)

Do you have any other allergies (e.g., bee stings, environmental)? ☐Yes ☐No

If yes, please explain:

Health Disclosure Form

Medications & Immunizations

2. Will you need to take prescribed medication while you are overseas? ☐Yes ☐No

If yes, please explain:

3. Please refer to your medical records/history and indicate the years of your immunizations or occurrence of the disease. (A doctor's signature is not necessary.)

Tetanus-Diphtheria_____ Polio_____ TB Skin Test (☐ Positive ☐ Negative)
MMR (Measles, Mumps, Rubella)_____ Others_____

Conditions

4. Do you have any medical problems that may, under stress or duress, require immediate medical attention during your participation in the program (e.g., epilepsy, heart trouble, asthma, ulcers, hemophilia, diabetes, past illness)? ☐Yes ☐No

If yes, please explain:

5. Do you have any physical conditions that may affect your participation in an overseas study program due to dietary needs or need for accessible transportation and housing? ☐Yes ☐No

If yes, what accommodations might be required?

6. Do you have any conditions that may affect your emotional or mental well being during your participation in a study abroad program? ☐Yes ☐No

If yes, what kind of accommodations or support might be needed (e.g., classes, and counselors)?

7. Have you ever experienced severe depression or anxiety? ☐Yes ☐No

8. Do you have a documented disability, which may require general or academic accommodations (e.g., note-takers, taped texts, testing accommodations)? ☐Yes ☐No

If yes, what accommodations do you anticipate needing in your placement overseas?

9. Have you ever been treated by a psychoanalyst, psychologist, psychiatrist, or similar practitioner for any mental, emotional, or nervous? ☐Yes ☐No

If yes, please explain:

Please sign below indicating your permission for us to share this information with our counterpart overseas in order to assist you at the host site.

Signature

Date

❖ Completed Applications are due by: ***November 08, 2013***

Estimated Student Financial Responsibility for the cost of trip to (Country) _____

Partial funding or student scholarships may be provided by funding sources and sponsors. Scholarships are subject to availability of funds.

Fees Schedule

Note!!! Chicago State University does not finance the expenses for student's travel abroad. Students fund their trips by using their financial aid and other personal resources.

****All Study Abroad Students Must Register with OIP ****

A \$50.00 non-refundable fee must be paid at the time of registration to the Office of International Programs located in Douglas Hall 203-C.

Deposits are required for all programs. (See the Payment Schedule) (See Withdrawal / Cancellation Policy)

If student is selected for a study abroad program, he/she will need to comply with all payment schedules. The deposit is applied toward program cost. The cost for study abroad excursion is estimated at \$ _____.

Payment Schedule

The student financial responsibility is as follows: (Costs are subject to change. Students will be notified of any adjustments.)

<input type="checkbox"/> Deposit Due	1 st Payment: \$ _____	Date: _____
<input type="checkbox"/>	Payment: \$ _____	Date: _____
<input type="checkbox"/>	Payment: \$ _____	Date: _____
<input type="checkbox"/>	Payment: \$ _____	Date: _____
<input type="checkbox"/>	Payment: \$ _____	Date: _____
<input type="checkbox"/> Estimated Tuition / Room / Board	\$ _____	
<input type="checkbox"/> Estimated Airline Ticket	\$ _____	
<input type="checkbox"/> Final Total	\$ _____	
<input type="checkbox"/> Total Scholarship Awarded	\$ _(-) _____	
<input type="checkbox"/> Final Balance	\$ _____	
<input type="checkbox"/> Estimated Personal Monies Recommended	\$ _____	

Application Process

In addition to completing the application form, the student must submit the following:

- ⇒ All programs require a deposit. The first installment is due at a predetermined time. (See Payment Schedule) Make Money Orders and Checks payable to: ***The Office of International Programs.*** ******Cash will not be accepted!*****
- ⇒ Obtain signatures on the preapproval form from the Chair or Academic Advisor in major college for credits applicable in your major. Meet with your ***Academic Advisor*** regarding the transferring of credits from the institution abroad to CSU (*Applies to student's studying abroad for a semester or more*).
- ⇒ Comply with registration requirements. ***Register early*** for Corresponding Study Abroad Course (Credits for SAB Courses will be determined by program requirements.)
- ⇒ Provide proof of insurance CSU or alternative. Name of Insurance Company, telephone and Policy Number. (Short term insurance for U.S. students abroad must be purchased if current insurance does not cover emergencies outside of U.S.)
- ⇒ Submit (if required for entrance into country)
- ⇒ Immunizations proof or yellow fever immunization card (*if applicable for entrance into country*)
- ⇒ Obtain and submit a written ***Medical Release*** statement and explanation from a Physician for any ***pre-existing conditions*** indicating any medical, mental, physical and /or dietary limitation.
- ⇒ ***Obtain a valid PASSPORT at least four (4) months prior to departure*** (Students bring Passport to the Office of International Programs. Any student who does not comply will not be allowed to travel *No Exceptions*)
- ⇒ Obtain a Visa (Not necessary for travel to all countries) Number, Date of Issue, and Expiration Date
- ⇒ Sign and submit to OIP a ***Waiver, Release and Indemnification Agreement, Rules and Regulations Agreement Form Statement of Understanding for Guide to Studying Abroad.***
- ⇒ Sign and notarize a ***Power-of-Attorney***. Student should assign someone in his/her family to act in his/her behalf while he/she is abroad.

FOR OFFICE USE ONLY

_____ Date Application Received	_____ CSU Transcript	_____ Recommendation 1
_____ Application Fee	_____ Other Transcript	_____ Recommendation 2
_____ Deposit	_____ Personal Statement	_____ Waiver, Release Agreement
_____ Statement of Understanding	_____ Power of Attorney	_____ Academic Advisor Form
_____ Proof of Insurance	_____ Immunizations	_____ Financial Aid Statement
_____ Visa	_____ Passport	_____ Withdrawal/Cancel/Legal Name

Interviewer: _____ Date: _____ Time: _____ Location: _____

Please submit this form to the **Office of International Programs (OIP)**

Mrs. Stephanie Lewis-Ebo

CRSUB - 240 Tel: (773) 995-2582 Fax: (773) 995-2840