

# EMPORIA STATE UNIVERSITY

## **STUDY ABROAD STUDENT APPLICATION PACKET**

### STUDY ABROAD APPLICATION DEADLINES

<b>Semester abroad</b>	<b>Deadline</b>
<b>Fall</b>	March 1
<b>Winter Break</b>	October 15
<b>Spring</b>	October 15
<b>Summer</b>	March 1

Applications will not be processed until all items in this check-list are completed and submitted to the Office of International Education (OIE).

There will be a **mandatory pre-departure orientation** on the Friday before Dead Week. This meeting will be from 5 – 7 pm in the Memorial Union. We will email you the specific date and room.

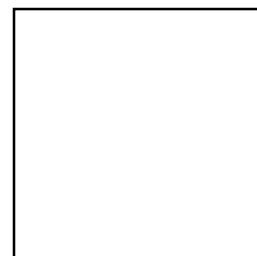
### **Forms and Documents Required:**

#### **Before departure:**

- Study Abroad Application Form
- Prior Approval Form
- Programs Conditions, Release and Waiver of Liability
- Study Abroad Scholarship Application (if applicable)
- Academic Reference Form (2)
- Authorization to Release Student Information
- 2 Photographs (driver's license size)
- Photocopy of Passport
- Proof of adequate medical insurance
- Health Consultation Form

#### **After returning:**

- Host university transcript
- Credit Evaluation Form



Program Name / Country: \_\_\_\_\_

University / Institution Abroad: \_\_\_\_\_

Dates of Travel: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_ ESU ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female  Other (specify) \_\_\_\_\_

Length of Stay:

Short-Term

1 Semester

2 Semesters

Local Address

Permanent Address

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Year in School: \_\_\_\_\_

Major: \_\_\_\_\_

ESU Department: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Will you need special accommodation to participate in this Program?

Yes  No

If yes, please explain (include dates) \_\_\_\_\_

Do you have any Student Code of Conduct record?  Yes  No

For Faculty-Led Only:

Course Instructor(s): \_\_\_\_\_

Course Name & Number: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

Forms & Documents Required:

- Study Abroad Application Form
- Prior Approval Form
- Programs conditions, release and waiver of liability
- Scholarship (if applicable)
- Academic references (2)
- Authorization to release student information
- 2 photographs (driver's license size)
- Photocopy of passport
- Proof of adequate medical insurance
- Health consultation form

Upon Return:

- Credit Evaluation Form
- Transcript from host university

I certify that, to the best of my knowledge, the information in this application is correct.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Prior Approval Form for Study Abroad**

This form is required if you are planning to transfer credits from a university abroad. This form is NOT required for faculty-led programs.

Student Name: \_\_\_\_\_ E# \_\_\_\_\_

The student has permission to enroll in the following courses at: \_\_\_\_\_

Semester and year abroad: \_\_\_\_\_

Courses at Host University		Anticipated ESU Transfer Courses (To be completed by Department)			
Transfer Course #	Transfer Course Title	ESU Course Code	ESU Course Name	Credit Hours	Degree Requirement Notes

Note: Transfer course(s) when completed at an approved accredited institution will be evaluated in accordance with ESU policies for all transfer credit. Courses taken at a 2-year school will transfer to ESU only as a 2-year institution credit. **Sixty hours must be taken from 4-year institutions in order to graduate from ESU.**

\_\_\_\_\_  
Student's signature Date

\_\_\_\_\_  
Major Advisor's signature Date

\_\_\_\_\_  
Student Loan Coordinator's signature (Office of Financial Aid) Date

\_\_\_\_\_  
Dean of International Education's signature (Office of International Education) Date

\_\_\_\_\_  
Registrar's signature (Office of the Registrar) Date

The student needs to notify OIE if the classes change.

**Questions? Contact:**

Office of International Education  
Chie Austin  
[zenno@emporia.edu](mailto:zenno@emporia.edu) or [oiel@emporia.edu](mailto:oiel@emporia.edu)

Office of the Registrar  
Sheila Markowitz  
[smarkowi@emporia.edu](mailto:smarkowi@emporia.edu)  
620-341-5152

## Programs Conditions, Release and Waiver of Liability

I, \_\_\_\_\_ (print name), in consideration of my acceptance in an Emporia State University (hereinafter "ESU") Study Abroad program (hereinafter the "Program"), agree to all terms and conditions of the Program. I understand that my registration and attendance in the Program constitute evidence of my agreement to comply with all such terms and conditions.

### **I. Program Conditions**

**1. Conditions and Requirements** - I agree to adhere to the ESU Code of Conduct, outlined in the student handbook. Prior to departure, I agree to complete any prerequisite coursework for the Program and to be in good academic standing. Failing to comply with these requirements could lead to being terminated from the Program and liable for any applicable withdrawal penalty and/or expense entered into by ESU on my behalf. I also agree to comply at all times during the Program with the terms and conditions in this agreement, the rules and regulations of ESU (as they appear in this agreement and in bulletins and other official publications, including all rules and regulations related to the Program), the laws of the host country and, if applicable, the rules and regulations of the host University or Program.

**2. Cost of the Program** - I understand that all charges due must be paid according to the scheduled billing (**tuition and fees established are subject to change**) by ESU and that I am responsible for the timely payment of all other charges incurred by ESU on my behalf while on the Program. I agree to pay all tuition and fees associated with participation in the Program and assume responsibility for any damage, loss or charges for extra services in my assigned accommodations or the common areas and grounds of the host institution, which may result from my actions or omissions.

**3. Modifications to and/or Cancellation of Program** - I understand that ESU reserves the right to cancel the Program and/or modify any aspect thereof at any time and for any or no reason. If the program is cancelled, ESU will make appropriate refunds where it applies. I also understand that in arranging for travel, lodging, student insurance, and other goods or services for participants in the Program, the University acts only to arrange such services and not as a provider of such goods/services. Accordingly, I acknowledge and agree that the University shall bear no responsibility or liability for any act or failure to act on the part of providers of any goods/services in connection with the Program.

**4. Termination of Participation** - I understand that the Program Director(s) has(have) the authority to terminate a student's participation in the Program if the student's behavior is inappropriate or disruptive or if other circumstances (e.g. health) warrant such action. In cases of such termination, ESU will grant no refunds. Further, I understand ESU may (but is not required to) notify my parents or guardians of such termination.

**5. Major Medical and Accident Insurance** - I understand the Program requires that I purchase medical and accident insurance approved by the Office of International Education, with coverage throughout the duration of the Program. The insurance may be in addition to any other health and accident insurance I may carry. The cost of the insurance may or may not be included in the overall cost of the Program. I also understand that it is my responsibility to submit a copy of my insurance policy to the Office of International Education.

**6. Withdrawals, Refunds, and Charges** - By applying and accepting admission into the Program, I understand I must be enrolled at ESU in the academic credits required by the Program. If I withdraw from the Program, I will notify the Office of International Education in writing. An electronic mail message sent to and acknowledged by the Office of International Education will be sufficient notice. It will also be my responsibility to drop any course associated with the Program.

**7. Financial Aid and Travel Grant.** I understand that if I am eligible for financial aid and/or a travel grant from ESU, I must be enrolled in the course assigned for the study abroad throughout the whole duration of the program. Also, should I fail one or more courses abroad, I may be required to return the funds taken from financial aid or travel grant. I also understand that financial aid and travel grant monies will be deposited in my student account and will be assigned first to satisfy any outstanding bill from ESU.

**Programs Conditions, Release and Waiver of liability (continued)**

**Dates by which written notice of withdrawal must be received**

Autumn - April 15th during the preceding spring semester

Spring - November 15th during the preceding Autumn semester

Depending on the program, the OIE assesses study abroad fees that will be reflected in the student's account at the beginning of the semester in which the student is scheduled to study abroad. This fee is refundable only when the student is not accepted in a program of choice. The student should advise the OIE immediately if he or she wishes to cancel participation in a study abroad program. Failure to notify the OIE on a timely basis may result in additional charges as described below:

**8. Committed Funds** - ESU often undertakes substantial financial commitment on behalf of students prior to the beginning of the Program. In consideration of such payments, I agree to pay all such expenses incurred by ESU on my behalf in accordance with this agreement. I further agree that any such expenses incurred by ESU may be deducted from any refund that I am otherwise entitled to receive in connection with the Program. The refund amount will be adjusted to reflect financial obligations ESU has entered on my behalf.

**II. Release and Waiver of Liability**

**1.** During the course of the Program, I may face certain risks and hazards, both foreseeable and unforeseeable. These risks and hazards include, but are not limited to, the following: travel and work in difficult terrain and inclement weather; inadequate or unhealthy food and/or water supplies; accidents or collisions involving planes, trains, automobiles, or other modes of conveyance; acts of terrorism, vandalism or war; storms, earthquakes or other natural disasters; government restriction or regulation; theft or other criminal acts; and accident or illness in remote locations without access to medical facilities. These risks and hazards may result in serious physical injury, illness, or death, and damage to, or loss or destruction of property, and no guarantee can be made that ESU or others can provide assistance if any of the foregoing result. I hereby acknowledge that international travel and study, including participation in the Program, involves inherent risks of physical injury, illness, death and/or damage to or loss of property and assumes all such risk.

**2.** I understand and agree that by signing this agreement, I am relying wholly upon my judgment, belief, and knowledge of the extent and duration of the Program's activities and that no representations or statements regarding the Program, or regarding any other matters, made by ESU, its agents, employees, officers or faculty has influenced me to any extent in making and/or signing this Agreement. Finally, I do not foresee any health or medical conditions would prevent me from participating in the Program.

**3.** I hereby agree that in consideration of Emporia State University allowing me to participate in this Program, I release, covenant not to sue, and forever discharge ESU and its trustees, officers, agents, employees, students, and any personnel assisting with the organization or operation of the Program (including the program director, any faculty associated with the Program, and any of the Program's agents/employees) of any and from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, including, but not limited to, any claims for physical injury, death, or property loss or damage from any cause, including negligence, or resulting in any way from participating in or in any way connected with this Program.

**4.** The terms of this Agreement, including the terms of the foregoing release and waiver liability shall be binding upon me, my heirs, executors, and all members of my family.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

**BY SIGNING THIS DOCUMENT**, I hereby acknowledge that I have read the above text carefully before signing, and I agree to all of the above.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Study Abroad Scholarship Application Form

## PLEASE DO NOT STAPLE

The Office of International Education provides the Study Abroad Scholarship to help with the costs of studying abroad. To be considered for this scholarship, students must be approved to participate in a recognized study abroad program. Only students who meet the criteria including a 3.25 GPA at the moment of applying to the study abroad program will be considered. Students are only eligible to receive the scholarship once.

Please submit this application to the OIE by the following deadlines:

**Summer : March 1**  
**Fall: March 1**  
**Spring: October 15**

**Winter Break: October 15**  
**Spring Break: October 15**

## LATE APPLICATIONS WILL NOT BE ACCEPTED

Name: \_\_\_\_\_ ESU ID#: \_\_\_\_\_ GPA: \_\_\_\_\_

Phone: \_\_\_\_\_ ESU Email: \_\_\_\_\_ Year in School: \_\_\_\_\_

Local Address:

Street

City

State

Zip

## Study Abroad Program Information

Length of Stay: \_\_\_\_\_ Program Type: \_\_\_\_\_

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

Program Provider: \_\_\_\_\_ Host Institution: \_\_\_\_\_

I am enrolled in the following ESU course(s) for study abroad credit: # of credit hours:

_____	_____
_____	_____
_____	_____

Have you previously received the ESU travel grant? Yes No

**Please Note:** Any awarded funds will be distributed like any other scholarship or financial aid award at the beginning of the term during which you will study abroad. For example, if you study abroad during the spring term, your award will be disbursed at the start of spring term; award money for the summer term will be disbursed around the official start of summer school. In some cases, it is possible that your program of study will begin prior to the disbursement of funds.

# ESU Study Abroad Scholarship Terms and Conditions

The Study Abroad Scholarship is available to degree-seeking ESU students who study abroad for year, semester, or short-term programs. The scholarship is intended to defray the cost of study abroad.

## Guidelines and Criteria

1. Students must be full time during the program.
2. Students must be enrolled in courses that are relevant to graduation requirements.
3. The Study Abroad Scholarship must be declared for financial aid purposes and may affect the total amount of financial aid awarded.
4. The Study Abroad Scholarship amount will be determined based on the length of the program, native language in the destination country, and financial need.
5. Students are eligible to receive the Study Abroad Scholarship only once.
6. Applicants must have a minimum GPA of 3.25 at the time of applying.
7. Students must maintain good academic standing (earn at least a 2.0 overall GPA with sufficient credit hours to maintain full-time status)
8. Students are required to attend the pre-departure orientation and the study abroad returnee meeting. Students who do not attend these will forfeit the scholarship.
9. Students receiving the Study Abroad Scholarship are required to volunteer with the Office of International Education in promoting study abroad opportunities and international education. The Study Abroad Scholarship is equivalent to about 20 hours of volunteer work upon returning. Available opportunities are:
  - Conversation partner to help an international student improve their English (once a week)
  - gFriend to mentor a new international student to help them adjust to American college life (once a week)
  - Help at the study abroad fairs
  - Host an international student over the holidays
  - Maintain a blog (minimum 250 words each week) or significant social media campaign (3-4 posts per week) while abroad
  - Or any other volunteer work approved by the Office of International Education
10. To ensure ESU benefits from awarding the scholarship, students must remain at ESU for at least two semesters after completing their study abroad experience, unless they graduate from ESU before. Students who wish to transfer to another university upon returning, will have to repay the scholarship.

Study Abroad Scholarship Amount

**Undergraduates**

Applicants who meet the basic criteria will receive \$400. Applicants may be eligible to receive up to \$400 in additional funding if they meet the following qualifications:

- + \$100 for applicants whose program locations require use of a foreign language that they're learning
- + \$100 for programs lasting 4 weeks or longer
- + \$100 - \$200 based on applicant's financial need as determined by the Office of Financial Aid and the Office of International Education

**Graduates**

Graduate students are only eligible for \$250.

Submit the Study Abroad Scholarship application with one reference letter written by an ESU faculty or staff. Faculty leading ESU programs may not write letters for their own applicants.

- Summer: March 1
- Fall: March 1
- Winter break: October 15
- Spring: October 15
- Spring break: October 15

By signing this form, I, \_\_\_\_\_, accept the study abroad scholarship terms and conditions. (Student's Name)

\_\_\_\_\_  
(Student's Signature) (Date)

<b>Office Use Only</b>	
Signatures for approval:	
_____	_____
Dean of Intl' Edu.	Date



**Academic Reference Form**

**To be completed by the student**

Name: \_\_\_\_\_ Reference Request from: \_\_\_\_\_

(Reference must be from a university-level instructor or academic advisor and may not be the instructor of record for the study abroad course in which the student will participate)

Under the U.S. federal law (Section 438 of Public Law 90-127, as amended) students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below.

Applicant's Signature

Date

**To Be Completed by the Individual Providing the Reference**

**A.** Please indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below average	Average	Above average	Outstanding	Have not observed
Knowledge in area of specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan and carry out research/independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability and Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech and writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.** Please submit a brief letter to answer the following questions on a separate sheet. Include your name, title, office address, e-mail address, and signature. Return this form with the letter to the Office of International Education, Campus Box 41.

1. How long and in what capacity have you known the applicant?
2. Please comment specifically on the applicant in terms of the following: (a) academic suitability for study with the listed program; (b) personal suitability for studying abroad, especially in terms of sensitivity toward others (c) ability to serve as a model ambassador of ESU; (d) any perceived weaknesses; (e) any other factors that you feel are relevant to receiving this monetary award.

Signature

Date

**Academic Reference Form**

**To be completed by the student**

Name: \_\_\_\_\_ Reference Request from: \_\_\_\_\_

(Reference must be from a university-level instructor or academic advisor and may not be the instructor of record for the study abroad course in which the student will participate)

Under the U.S. federal law (Section 438 of Public Law 90-127, as amended) students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**To Be Completed by the Individual Providing the Reference**

**A.** Please indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below average	Average	Above average	Outstanding	Have not observed
Knowledge in area of specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan and carry out research/independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability and Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech and writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.** Please submit a brief letter to answer the following questions on a separate sheet. Include your name, title, office address, e-mail address, and signature. Return this form with the letter to the Office of International Education, Campus Box 41.

1. How long and in what capacity have you known the applicant?
2. Please comment specifically on the applicant in terms of the following: (a) academic suitability for study with the listed program; (b) personal suitability for studying abroad, especially in terms of sensitivity toward others (c) ability to serve as a model ambassador of ESU; (d) any perceived weaknesses; (e) any other factors that you feel are relevant to receiving this monetary award.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE STUDENT INFORMATION**

Some of the student information maintained by Emporia State University is confidential and protected by the Family Educational Rights & Privacy Act ("FERPA"). 20 U.S.C. 1232(g); 34 CFR Part 99. The University cannot release certain information to a third party without your written consent. This form will allow Emporia State University to release specific information about you.

Name \_\_\_\_\_ E # \_\_\_\_\_

I hereby consent to the disclosure of my confidential records for the purpose of being considered for a study abroad experience. Such records include:

- Student Code Conduct
- Academic Transcripts

**To Whom:**

**Student Code Conduct:** To the Office of International Education, Emporia State University

**Academic Transcripts:** To the Office of International Education, the faculty-leader, and/or third parties involved in the study abroad experience.

I understand that this authorization will remain in effect until the time I request in writing to rescind this order. To cancel this authorization, I will send a written notice to the Office of International Education at Emporia State University or sign the bottom section of the form.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Emporia State University verification of student providing authorization by Emporia State University personnel

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**If not delivered in person, the following section must be completed by a Notary Public:**

State \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_ personally appeared before me (check one) \_\_\_\_\_ who is personally known to me OR \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_, to be signer of the above instrument.

**Deliver in Person to:** Office of International Education  
MU Lower Level, Room #40

Notary Public \_\_\_\_\_

**Deliver via Mail:**  
Office of International Education  
Emporia State University - Campus Box 4041  
1200 Commercial St.  
Emporia, KS 66801

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

Complete to rescind and revoke this authorization

I, \_\_\_\_\_ hereby revoke and rescind this authorization on \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_

## HEALTH CONSULTATION FORM FOR STUDY ABROAD

This form is required for all students who plan to study abroad through Emporia State University. It does not affect admission to a study abroad program but will be used to assess whether essential care or reasonable accommodation is or not available at the foreign site. The information contained in this form helps the Office of International Education staff clarify individual needs, and make preparations for adequate support, in consultation with the Emporia State University Department of Student Wellness.

Candid voluntary responses will facilitate safeguarding your health and wellness while studying abroad. If you have a medical or mental health condition that may be affected by participation in the program, we want to recognize it, discuss your needs and concerns, and respond appropriately within the limits of available resources and facilities.

**Privacy of Medical Information:** The information you provide will be handled as confidential information as required by applicable law and will be revealed only as necessary to the Department of Student Wellness, the professional staff within the Office of International Education, involved health professionals, and staff in the host site.

**Future Medical Problems:** Should you develop a significant health problem between the time you complete this form and begin the program, please promptly notify the Office of International Education. Similarly, please promptly notify the Office of International Education if you develop a significant health problem while abroad or if an existing problem becomes acute or difficult to manage.

**Students with Disabilities:** The Office of International Education staff is committed to full compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 to the extent that those federal statutes, which protect the rights of students with disabilities. To receive reasonable accommodations and/or disability related services while you are abroad, you must complete the normal registration process with ESU Disability Services (ODS). You should discuss with the staff in the ODS about accommodations that may be appropriate while you are abroad and request that an official letter listing recommended accommodations and/or services be prepared for you. A foreign institution will not be obliged to comply but normally will be responsive to the needs of the student in a reasonable manner.

### Consent

I voluntarily provide my health and disability related information and consent to the review of this information. I hereby authorize the Office of International Education to transmit my health information, including but not limited disability related information to the Department of Student Wellness, ODS and other involved health professionals for the purposes of my participation in the study abroad program. I also authorize and consent to the Department of Student Wellness, ODS and other involved health professionals to transmit protected health information to the Office of International Education for the purposes of my participation in Program. I give this consent and health and disability information freely and voluntarily.

I  DO  DO NOT wish to disclosure of information about my health or disability (if any).

Student Name: \_\_\_\_\_ ESU E# \_\_\_\_\_

Student Signature: \_\_\_\_\_  Male  Female

### Emergency Contacts

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Optional 2<sup>nd</sup> Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Program Information

Program Name: \_\_\_\_\_

Country: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

1. Please list any medications you will be taking while studying abroad

\_\_\_\_\_

2. Please list any allergies to medications, food, insects, or environment (include type of reaction)

\_\_\_\_\_

3. Please list any physical or mental health issue you have suffered in the last two years or are currently under care for

\_\_\_\_\_

4. Do you have any disability that may be relevant for consideration in your study abroad plans?

\_\_\_\_\_ If yes, please explain \_\_\_\_\_

5. Are you aware of any special accommodation you will require while studying abroad?

\_\_\_\_\_ If yes, please explain \_\_\_\_\_

6. Please list any dietary restrictions

\_\_\_\_\_

## Accurate Information

I hereby certify that the above information is correct, complete, and up to date to the best of my knowledge.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY HEALTH SERVICES STAFF:**

Student Name: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

Vaccines given: \_\_\_\_\_

**Recommendations for Travel:**

- Stay on medications listed above
  - TB Skin Test 8 weeks after return
  - Consult Disability Services prior to departure if requesting accommodations
  - Consult Counseling Services prior to departure
  - Other
- \_\_\_\_\_

Name of Healthcare Provider \_\_\_\_\_

Signature of Healthcare Provider \_\_\_\_\_

Date \_\_\_\_\_

**Credit Evaluation Form for Study Abroad**

This form must be submitted **no later than two months** after completing the study abroad experience.

Student Name: \_\_\_\_\_ ESU ID#: \_\_\_\_\_

The student received credit from the following host university: \_\_\_\_\_

Semester and year abroad: \_\_\_\_\_

To be completed by Student	
Transfer Dept. & Course #	Transfer Course Title

To be completed by Department Chair			
ESU Course Code	ESU Course Name	ESU Credit Hours Awarded	Dept. Chair Initials

Note: Transfer course(s) when completed at an approved accredited institution will be evaluated in accordance with ESU policies for all transfer credit. Courses taken at a 2-year school will transfer to ESU only as a 2-year institution credit. **Sixty hours must be taken from 4-year institutions in order to graduate from ESU.**

\_\_\_\_\_  
Student's signature Date

Advisor comments:

\_\_\_\_\_  
Major Advisor's signature Date

\_\_\_\_\_  
Student Loan Coordinator's signature (Office of Financial Aid) Date

\_\_\_\_\_  
Dean of International Education's signature (Office of International Education) Date

\_\_\_\_\_  
Registrar's signature (Office of the Registrar) Date