

Study Abroad Application Informational Review Illinois State University

Application Selection Criteria:

Academic Performance	Language ability (if required by desired program)
GPA Requirement	Recommendations (if applicable)
Semester standing (must have completed at least 2 college semesters prior to semester of participation)	

Application Deadlines:

- There are exceptions to the program deadlines. We urge students to check the program flyer for specific deadlines and pertinent information.
- Independent/Non-ISU programs must meet the application deadline of the program sponsor and/or the host institution abroad.

Fall Semester – 1st Monday in April

Spring Semester – 1st Monday in October

Summer - Programs vary (please see program flier for specific deadline information)

Payment Schedule (Amount collected by OISP)

ISU and non-ISU students are billed through Student Accounts

Fall, Spring & Summer \$150.00*	Non-refundable application fee billed when application is received
Balance	Fall Semester – 1 st week in June
	Spring – 1 st week in December
	Summer – 1 st week in May (see program fliers for exceptions)

❖ **STUDY ABROAD COSTS must be paid in full BEFORE you go on the study abroad program.**

*The application fee is fully refundable only if you are not accepted into the program. Otherwise, we reserve the right to retain the \$150 application fee and any other expenses that we have incurred on your behalf (i.e. housing, insurance, etc.).

Financial Aid: Most aid applies to Study Abroad Programs just as it would if you were staying at ISU, but again there are exceptions. Specific concerns should be directed to the Financial Aid Office, Fell 236

Non-ISU Student Information

We welcome and encourage non-ISU students to participate in the available study abroad programs. Please note the following:

- If you want an ISU transcript upon completion of the study abroad program, you must be admitted to Illinois State University (temporarily). The website where you can obtain the ISU Admissions Application is <http://www.arr.ilstu.edu/admissions/>; you will need to print out the paper version. **DO NOT APPLY ON-LINE.** Send the completed ISU Admission Application (and required paperwork) to the Office of International Studies and Programs, Campus Box 6120, Normal, IL 61790-6120. Upon completion of your study abroad program, you will then have to request a transcript from the Registrar's Office (there is a small fee required for this service).
- ISU's Financial Aid Office can only process aid for ISU degree-seeking students. Being admitted to ISU, for the study abroad program, will NOT entitle you to this service. You must make appropriate arrangements with your home institution.

Study Abroad Application Notes:

- ✓ Recommendations are required for some programs. When applicable, please choose one faculty/staff to write a recommendation on your behalf. You may want a reference from a faculty/staff member in your major department. For programs that require a foreign language background, the instructor of your most recent language class should complete the reference.
- ✓ GPA and Class Standing Requirements vary with program selected. For the required GPA, see the program flier.
- ✓ Application materials should be turned in **only** when fully completed. The exception would be faculty staff recommendations, which are often sent directly to OISP
- ✓ **The Office of International Studies and Programs will conduct two (2) pre-departure orientations (mandatory).** The first orientation meeting will be with the study abroad coordinator shortly after you have been accepted into the program and acceptance packets given out. The second orientation is a group meeting (parents/guardians/family members invited) which is designed to give you all the pertinent details of your study abroad program.

Passport Information

ALL U.S. citizens traveling outside the U.S. must have a valid passport!

TO APPLY FOR A NEW PASSPORT:

- You MUST apply in person.
- Provide Application for Passport, Form DS-11
- Present Proof of U.S. Citizenship
- Present Proof of Identity
- Provide TWO Passport Photos
- Pay the Applicable Fee
- Provide a Social Security Number

Local Facilities:

Circuit Court Clerk (McLean Co.)
104 W. Front St.
Bloomington, IL 61701

Bloomington Post Office (Eagle Station)
1211 N. Towanda Ave.
Bloomington, IL 61701

Illinois State University STUDY ABROAD APPLICATION

Date of application	Country	Program
Are you an Illinois State University student? _____ Yes _____ No*	Semester and Year	2 nd and 3 rd choices (if applying for exchange)
Session (Italy, Limerick, Stirling - Summer only)		Program Provider (Independent only)

Personal Information

Your name as it would appear on your passport	University ID #	Gender	Date of Birth
Local Address			
Local Phone Number		E-mail:	
Permanent Address			
Permanent Phone Number		Passport #	Citizenship
Class Standing While Abroad (i.e., JR)	Major	Minor	GPA

To allow communication of program information, please provide your Parent(s)/Guardian(s)/Family Information. (If parents live at same address, list once with both names)

Name	Relationship	Work Phone Number	Home Phone Number
Address			
E-mail Address			

Name	Relationship	Work Phone Number	Home Phone Number
Address			
E-mail Address			

***If you are NOT an Illinois State Student, remember you must contact the Office of International Studies and Programs for an Illinois State University Admission Application.**

FOR OFFICE USE ONLY		
date received _____	_____ certification	_____ health insurance certification
faculty approved _____	_____ release	_____ course placement sheet
accepted _____	_____ emergency/withdrawal	_____ recommendation (if required)
gpa checked _____	_____ financial statement	_____ essay (if required)

If parent(s) or guardian(s) cannot be reached, list others who can be notified in case of emergency:

Name	Relationship	Work Phone Number	Home Phone Number
Name	Relationship	Work Phone Number	Home Phone Number

Other Information:

<p>Have you ever been convicted of a felony or criminal offense, or are charges current pending? _____Yes _____No</p>
<p>Have you ever been placed on academic or disciplinary probation, or are charges currently pending? _____Yes _____No</p>
<p>How do you plan to cover the expenses of your program abroad? (Indicate approximate percentages for each source.)</p> <p>_____Parents _____Own Savings _____Financial Aid _____Scholarship</p> <p>_____Other:_____</p>

Demographic Information:

The information in this section is voluntary and will not be used in the admission decision and will not result in adverse treatment. The purpose of the request is to provide data to the federal government under the Title VI compliance.

___ American Indian-Alaskan Native	___ Asian or Pacific Islander
___ Black Non-Hispanic	___ White Non-Hispanic
___ Hispanic	___ Other_____

PLEASE TURN IN COMPLETED PAPERWORK ONLY TO:

Illinois State University
 International Studies Office (Fell 308)
 Normal, IL 61790-6120
 (309) 438-5276

CERTIFICATION

I, _____ hereby indicate my desire to participate in a Study Abroad Program
(print name)
sponsored by Illinois State University at host institution of _____ for the semester
(name of institution/country)
of _____ 200____.
(fall/spring/summer) (yr.)

My participation is voluntary, and I have chosen to do so with informed consent.

1. **I certify that the information given on this application is true and complete.**
2. **I also understand that if I am accepted to this study abroad program, the Office of International Studies and Programs (OISP) reserves the right to revoke this privilege or dismiss me from the program if my conduct is:**
 - in violation of Illinois State University's Code of Campus Affairs and Regulations
 - in violation of the rules and guidelines of the sponsoring institution
 - I understand that I will be subject to the rules and regulations of the host university, including refraining from using, possessing or selling any illegal drugs. I understand that possession of any illegal drugs is grounds for immediate expulsion from the program, without refund.
 - in violation of the foreign country's civil and/or criminal statutes
 - I understand that as an American citizen in a foreign country, I will be subject to the laws of that country, I agree to comply with those laws and should I have any legal problems in the host country, that I will be responsible for all legal costs incurred as a result.
 - in violation of rules and guidelines set forth by the overseas resident director.
3. **I agree to enroll in a full-time course of study while studying abroad.** I understand that this is an academic program, and will follow the rules set for class attendance and participation by each professor, including doing all assigned work and taking all examinations. I realize that noncompliance with these rules may result in a failing grade which will be reflected by my GPA and on my ISU transcript. I am aware that I will receive no academic credit for a failing course.
4. **I understand and acknowledge that there are inherent health risks associated with traveling abroad.** I agree that I am personally responsible for obtaining all health information, instruction, medical procedures, immunizations and medications, appropriate to my intended travel. I recognize that the University is not responsible for any of my medical or medication needs and I assume all risk and responsibility therefore.
5. **I understand that if I choose to travel independently during my free time in the Program, such travel will be unsupervised by the University, its agents or employees.** I agree that the University, its agents and employees shall have no responsibility or liability for any injury, damage or loss suffered by me during such periods of independent travel. I agree that in the event that I become detached from the group due to failure to meet the group at an assigned time, I bear all responsibility to seek out, contact, and reach the group at its next available destination, and I understand that I will bear all the costs involved in contacting and reaching the group.
6. **I understand that if my participation in the Program is terminated by the Program Director, I will be sent home with no refund of fees.** If am sent home before completion of the Program, I agree that I will be responsible for any and all costs and expenses associated with my return home. I also understand that if I leave the Program voluntarily for any reason, including illness, I will be responsible for any and all costs and expenses associated with my return home and that there will be no refund of any fees.
7. **I agree to assume financial responsibility for the program fees as determined by OISP and for my own personal expenses while overseas.**
8. **If I am accepted to this program, I agree to allow the OISP to distribute my name, address, email address, and telephone number to other participants in this program.** Please check YES _____ NO _____
9. **If I am accepted to this program, I agree to allow OISP to distribute my name, address, email address, and telephone number to other students who are thinking about studying abroad.** Please check YES _____ NO _____

Student Signature

Date

Parent/Guardian (if applicant is under 18 years old)

Date

ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

This Assumption of Risk and Release from Liability pertains to travel to _____
during _____ Semester of 200____.

I, _____, wish to travel to _____ and hereby state that:

1. Travel to _____ is not required as part of any course or degree program in which I am enrolled or as a condition of current or future employment and that, therefore, my decision to travel to _____ is entirely voluntary.
2. I understand that certain risks are inherent in any foreign travel experience and I fully accept those risks. These risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.
3. I have been advised that no one can guarantee my safety in _____ and I have been strongly advised to have adequate insurance before my departure, which should include medical evacuation, repatriation of remains and life insurance. I have been advised that if I am currently included on my family's insurance policy, that I should make sure that the coverage is valid overseas for the duration of my travel.
4. I fully understand the above risks involved in the proposed travel and I agree to assume the risks of this travel, up to and including the risk of catastrophic injury or death.
5. I agree to indemnify, hold harmless, release and forever discharge the Board of Trustees of Illinois State University, its Trustees, employees, agents, assigns and cooperating institutions and their offices and agents (if any) from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to travel to _____ or suffered by me.

Student's Signature _____ Date _____

Name (printed) _____

This form was approved by Illinois State University General Counsel on 11/13/06

PERMISSION FOR EMERGENCY TREATMENT

On occasion, emergencies may arise which require medical care, hospitalization, or surgery for a participant. So that such treatment can be administered without delay, we ask that each participant sign the following statement authorizing Illinois State University's Resident Director, or the appointed official abroad to secure, at the expense of the participant, any treatment deemed necessary.

In the event of injury or illness, if I am unable to do so myself, I hereby authorize the Resident Director, or other appointed official of Illinois State University, at my expense, to secure any necessary treatment, including administration of an anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so requires, I may be returned to the United States, at my expense.

I hereby release and forever acquit The Board of Trustees of Illinois State University, its officers, employees, agents, and assigns from any and all claims, injuries, demands, causes of actions, or judgments, whether past, present, or future, whether in contract or in tort, or for any personal injuries that may arise as a result of the representative abroad providing any necessary treatment, including the administration of an anesthetic and/or surgery.

Student Signature

Date

Parent/Guardian (if applicant is under 18 years old)

Date

.....

PROGRAM WITHDRAWAL/REFUND POLICY

If for any reason, you must withdraw your application for the _____
City and School Abroad
Study Abroad Program, for the _____ semester, please understand the following:
Fall, Spring, Summer/Year

A. Upon receipt of your application, a \$150 non-refundable application fee is automatically assessed. This fee is for administrative and material costs and is NON-REFUNDABLE. This will be your first billing.

B. If you cancel after payments have been made on your behalf by OISP for ISIC, instructional costs, overseas accommodations, tours, or other program-related charges, you may be liable for other charges including, but not limited to:

1. Cancellation penalties charged by airlines, hotels, tour agencies, etc.
2. Loss incurred through unfavorable currency exchange.
3. Bank fees, overseas wire charges or other expenses needed to secure our refund

IMPORTANT! You must complete a WITHDRAWAL NOTICE FORM to formally withdraw from a Program. Until we receive this formal notice, OISP reserves the right to assume participation and consequently you will be responsible for the costs mentioned above.

Student Signature

Date

Parent/Guardian (if applicant is under 18 years old)

Date

STATEMENT OF FINANCIAL RESPONSIBILITY
FOR PAYMENT OF
STUDY ABROAD PROGRAM COSTS

COMPLETE either A. or B.:

A. I, _____, University ID # _____ have completed the Financial Aid Application Form to determine if I am eligible for financial assistance.

I understand that if I am granted full, partial, or no financial aid, I am still responsible for payment of my Study Abroad Program Costs as they become due and payable.

I further understand that for the purpose of my financial request, it is my responsibility to work with Financial Aid Office personnel, respond to their requests for additional information and/or documentation, and insure that my responses are complete, accurate and timely.

I also understand that in the event I am granted full or partial financial aid, the award may not be available until after the bill is due. I therefore will accept any late charges assessed by Student Accounts.

Student's Signature

Date

or

B. I, _____, University ID # _____ will **not** be seeking financial aid for my Study Abroad Program Costs. I am responsible for the payment of my Study Abroad Program Costs as they become due and payable.

Student's Signature

Date

INSURANCE INFORMATION AND HEALTH INSURANCE CERTIFICATION

One of the requirements for participation in a Study Abroad program at Illinois State is that each student must have adequate health/accident insurance coverage in force during the **entire period of participation**. Coverage can be privately procured or obtained through Illinois State's Student Health Insurance plan. Students who register for study abroad hours are **automatically assessed** an Illinois State Student Health Insurance fee. Students may apply for a refund of that fee each term by demonstrating equal coverage and completing a written application at the Student Insurance Office. A program fee for an International Student/Teacher ID Card (ISIC/ITIC), which provides additional coverage is also, assessed each study abroad participant.

STUDENTS WHO CHOOSE TO BE PRIVATELY INSURED NEED TO:

- ✓ Review your policy's coverage to determine its adequacy for overseas study.
- ✓ Complete the back of this form, sign, and date it.
- ✓ Submit proof of your insurance to the Office of International Studies; a photocopy of your current insurance card will suffice.
- ✓ To avoid being charged ISU insurance (but also forfeiting this additional coverage), you must formally cancel it by working directly with the ISU Student Health Insurance Office.*

STUDENTS WHO CHOOSE TO BE INSURED BY ISU NEED TO:

- ✓ Complete the back of this form, sign, and date it.

STUDENTS/PARTICIPANTS WHO ARE NOT SEEKING ACADEMIC CREDIT NEED TO:

- ✓ Review your private insurance policy's coverage to determine its adequacy for overseas study.
- ✓ Complete the back of this form, sign, and date it.
- ✓ Submit proof of your insurance to the Office of International Studies; a photocopy of your current insurance card will suffice.

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**Please sign and date the reverse side of this form
after reading all information carefully.**



*Students may visit or call the Student Insurance Office to acquire the paperwork for cancellation. Student Insurance is located in Room 226 of the Student Services Building, phone (309) 438-8655.

HEALTH INSURANCE CERTIFICATION

Your signature below attests to your acknowledgement and acceptance of the following statements:

I understand that any medical or dental expenses incurred while participating in a study abroad program are my sole responsibility not that of Illinois State University, the Board of Trustees, or their agents or employees. I understand that it is my responsibility to pay any expenses, which may not be covered by insurance payment made on behalf.

I understand that if I register for any Fall/Spring semester or summer study abroad hours, I will automatically be assessed for and included in the student group insurance plan for Fall/Spring or summer semester.

CHECK ALL THAT APPLY

I will be covered for the entire period of my participation by Illinois State University insurance because I will register for study abroad hours for the participating term(s). I will **not** apply for a refund of the insurance fee for my participating term(s).

Fall Early Bird

I will be a fall participant in a program that begins before the ISU fall semester;
 I understand that I must also purchase ISU Summer Insurance through Illinois State Student Insurance Office in order to be covered under the Illinois State Student group insurance plan for the entire period of my participation.

Spring semester only (extended term)-

I will be a spring participant in a program with an extended term;
 I understand that I must also purchase ISU Summer Insurance through Illinois State Student Insurance Office in order to be covered under the Illinois State Student group insurance plan for the entire period of my participation.

One semester term abroad spans parts of 2 ISU semesters

I will be a participant in a ONE-semester program that takes place in part of TWO ISU semesters.
 I understand that I must purchase ISU Insurance for the second half of my program.

I choose not to be covered by ISU student insurance for the participating term(s) because I have examined my private insurance policy and determined that it will provide adequate coverage while I am overseas. **I will give OISP a copy of my insurance card (front & back) as proof of insurance.** I understand it is my responsibility to apply for a refund of the insurance fee from the Illinois State Student Insurance Office.

Participants who will not be earning academic credit for study abroad

I will not be registered for academic credit and understand that consequently I will not be covered by ISU insurance. I have attached verification of the privately secured insurance that will cover me for the entire period of my participation. I have examined this policy and determined that it will provide adequate coverage while I am overseas.

Applicant's Signature

Date

Parent or Guardian Signature if applicant is under 18 years old

Date

City, Country of Study Abroad Program

Semester of Participation

FACULTY/STAFF RECOMMENDATION FORM

Student Name _____

Desired Study Abroad location _____

Recommendation needed by _____

To the student: Your application will not be considered until it is complete and the recommendation letter (if applicable) has arrived. It is YOUR responsibility to make sure that your letter of recommendation arrives to our office. Make arrangements with your faculty/staff reference accordingly. Language programs require one recommendation from the Department of Languages.

Please note: under the Family Rights and Privacy Act of 1974, you have the right to review this recommendation, or to waive your right to access. If you wish to waive your right, please sign below.

I waive my right to review this recommendation _____

Student Signature

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To faculty/staff: Please address the following questions relating to the student's ability to have a successful study abroad experience. If you wish, you may address these questions on a separate sheet, which you could staple to this form. Unless the student has signed above, the student is entitled to review this recommendation under the Family Rights and Privacy Act of 1974.

During what period have you known this student? From _____ to _____.
What is/was your relationship with her/him?

What is your evaluation of her/his intellectual competence? If applicable, please also speak to the student's competency in the foreign language.

How would you rate this student in terms of emotional maturity, stability, and the ability to relate to other people?

Do you think this applicant would be a good candidate for participation in this program? More specifically, do you think the applicant has the capacity to positively represent Illinois State University and the United States of America while abroad?

Please detail any other information you think is pertinent.

Signature _____

Date _____

Printed Name and title _____

Phone number _____ Email _____

Please return the recommendation form TO THE STUDENT who will submit it to the Office of International Studies and Programs. If the student has signed The Family Privacy Act above, return this recommendation TO THE STUDENT in a signed and sealed envelope. Thanks!