INSTRUCTIONS:

All applicants:
- Please print clearly or type all information.
- If you cannot answer a question, please explain why, such as “not applicable,” “passport not yet issued,” etc.
- Be sure to obtain the signature of your academic adviser for semester, summer language and culture, and full academic year programs.

For Winter, Spring Break, and Summer faculty-led programs, please obtain the signature of the program leader.
- The Supplemental Health Information Form must also be completed. Note, however, that information disclosed will not be used to determine eligibility for a study abroad program.
- SRU requires all study abroad participants to purchase an International Student ID Card (ISIC), providing supplemental health insurance, medical evacuation, repatriation and travel benefits. The cost is $25 and is included as part of your Application Fee.
- All students must submit a copy of the Passport photo page with their application form.
- This entire packet and the application fee should be returned together. See next page for fee information and deadlines.
- For semester, summer language and culture, and full academic year programs, a separate application form from the host institution may be required. Check with the Office for Global Engagement for details.
- Should your intentions change and you wish to withdraw, you must notify the Office for Global Engagement in writing. Note that significant financial penalties may apply.
- Please also note that program fees may fluctuate due to changing exchange rates.

SRU students:
- For semester, summer language and culture, and full academic year programs, the SRU Transient Clearance Form must be completed, approved by your academic adviser and all other appropriate signatories as requested on the form, and returned to Office for Global Engagement at the time of application. You cannot receive final study abroad approval without submission of this form.

Non-SRU students:
- An official transcript from all post-secondary institutions attended must also be submitted with your application form.
- It is your responsibility to obtain permission for the transfer of credits back to your home college/university.

All application materials as identified above must be returned to:
Slippery Rock University
Office for Global Engagement, 002 Spotts World Culture
1 Morrow Way
Slippery Rock, PA 16057
Phone: 724-738-2057
Fax: 724-738-2289
www.sru.edu/studyabroad
### Application Fees

Application fees are to be paid by check or money order payable to Slippery Rock University. Cash is not accepted.

<table>
<thead>
<tr>
<th>Term</th>
<th>Study Abroad Program</th>
<th>Application Fee</th>
<th>Application Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>Full semester (SRU Partner Institution)</td>
<td>$125 ($25 for ISIC included)</td>
<td>March 15</td>
</tr>
<tr>
<td>Fall</td>
<td>Full semester (Third Party Provider Affiliate)</td>
<td>$0</td>
<td>March 15</td>
</tr>
<tr>
<td>Fall</td>
<td>Full semester (Non-SRU Program)</td>
<td>$0</td>
<td>March 15</td>
</tr>
<tr>
<td>Fall</td>
<td>Ireland Student Teaching</td>
<td>$375 ($25 for ISIC included)</td>
<td>Contact College of Education</td>
</tr>
<tr>
<td>Winter</td>
<td>Third Party Provider Affiliate</td>
<td>$0</td>
<td>Varies by program-refer to OGE</td>
</tr>
<tr>
<td>Winter</td>
<td>Faculty Led</td>
<td>$125 ($25 for ISIC included)</td>
<td>Varies by program-refer to OGE</td>
</tr>
<tr>
<td>Spring</td>
<td>Full semester (SRU Partner Institution)</td>
<td>$125 ($25 for ISIC included)</td>
<td>October 15</td>
</tr>
<tr>
<td>Spring</td>
<td>Full semester (Third Party Provider Affiliate)</td>
<td>$0</td>
<td>October 15</td>
</tr>
<tr>
<td>Spring</td>
<td>Full semester (Non-SRU program)</td>
<td>$0</td>
<td>October 15</td>
</tr>
<tr>
<td>Spring Break</td>
<td>Faculty Led</td>
<td>$125 ($25 for ISIC included)</td>
<td>Last day of Spring registration (November)</td>
</tr>
<tr>
<td>Spring</td>
<td>Mexico Student Teaching</td>
<td>$375 ($25 for ISIC included)</td>
<td>Contact College of Education</td>
</tr>
<tr>
<td>Summer</td>
<td>Language and Culture</td>
<td>$125 ($25 for ISIC included)</td>
<td>Varies by program-refer to OGE</td>
</tr>
<tr>
<td>Summer</td>
<td>Third Party Provider Affiliate</td>
<td>$0</td>
<td>Varies by program-refer to OGE</td>
</tr>
<tr>
<td>Summer</td>
<td>Faculty Led</td>
<td>$125 ($25 for ISIC included)</td>
<td>Varies by program-refer to OGE</td>
</tr>
</tbody>
</table>

### Application Fees, to be paid by check or money order payable to Slippery Rock University:

- **Student Teaching:** A $375 nonrefundable program deposit is required with the submission of your application. $25 goes toward the ISIC and $350 is the administrative fee.
- **All other programs (excluding third party provider affiliates and non-SRU programs):** A $125 non-refundable application fee is required with the submission of your application. $25 goes toward the ISIC and $100 is the administrative fee. *(unless otherwise noted)*

**Non-SRU students:**

A $25 non-refundable application fee must be paid in addition to the existing application fee. Both fees can be paid in one check or money order for a total of $150 or $400, payable to Slippery Rock University.
Program for which you are applying: ________________________________________________

Program name or host institution

City
Country

Term(s) for which you are applying: Fall 20_____ Spring 20_____ Winter 20_____ Summer 20_____
ACADEMIC INFORMATION:

Please list all post-secondary institutions and dates attended, including your current college/university:

_______________________________________________________________

_______________________________________________________________

Current Class Standing: ☐ 1st  ☐ 2nd  ☐ 3rd  ☐ 4th  ☐ 5th  ☐ post-bac  ☐ grad  ☐ non-degree

Academic major: ____________________________________________  Academic minor: ____________________________________________

Cumulative grade point average: ________________________

Note: a minimum of a 2.5 GPA is required for all programs except Faculty-Led Programs, which require the student to be in good academic standing.

Courses desired at host institution (semester, summer language and culture, and full academic year programs only)

1. ____________________________________________  6. ____________________________________________

2. ____________________________________________  7. ____________________________________________

3. ____________________________________________  8. ____________________________________________

4. ____________________________________________  9. ____________________________________________

5. ____________________________________________  10. ____________________________________________

Please explain why you would like to study in the program that you selected (REQUIRED FOR ALL PROGRAMS):

Approval: (advisor and disciplinary record)

ACADEMIC ADVISOR OR PROGRAM LEADER:

Permission to study overseas: ________________________________  Date: ________________________________

Signature of program leader for short term program -- or --
Academic Advisor for semester, year or summer language program

Printed name and title of program leader or advisor: ________________________________

DISCIPLINARY RECORD:

Please read and sign the release of information on the following page. A copy of your disciplinary files (if any) will be released to the Office for Global Engagement as part of the study abroad approval process.
RELEASE OF INFORMATION

I hereby release all of the documents and information contained in my disciplinary files to The Office for Global Engagement. That is, he/she may speak to any official to disclose the information contained in my disciplinary file and/or can send copies of any and all documents, reports, etc., contained therein.

______________________________  __________________________
Student Signature               Date

______________________________  __________________________
Witness/Title                   Date

Revised 12/18/2012
Please read the waiver very carefully since it does limit your rights. Should you have any questions, please contact your attorney.

I acknowledge that I voluntarily chose and applied to participate in the program noted at the top of my application form. I am aware that participating in this program and its activities involves the risk of injury to my person and property. I voluntarily accept all risks of personal injury and property damage arising from my participation in the program, including traveling to and from the US.

If the program that I am applying for is based at a foreign educational institution and requires my university records, I acknowledge and consent that Slippery Rock University may release my transcript to the host institution.

I accept the conditions of the program as well as the financial responsibilities. In the event that I need financial support in addition to my own personal funds, it is my responsibility to inquire now and upon acceptance to the program about financial aid applicability and disbursement.

I understand and agree that the application fee is non-refundable. I further understand and agree that I am responsible for any unrecoverable expenses incurred by Slippery Rock University of Pennsylvania (hereinafter “SRU”), prior to and during the program, on my behalf.

I understand that changes may be made to the itinerary or program at any time and without notice, at the sole discretion of SRU. I understand that specific housing assignments are at the discretion of the university abroad and/or the individual or organization coordinating the program overseas. The program may also be cancelled at any time before or after departure should safety and security become compromised.

I understand that SRU does not represent or act as an agent for, and cannot control the acts or omissions of any host institution, host family, transportation carrier, hotel or other accommodation, tour organizer or other provider of goods or services involved in the program. I understand that SRU is not responsible for matters that are beyond its control and hereby release SRU from any injury, loss, damage, accident, delay, or expense arising out of matters that are beyond SRU’s control.

I understand that SRU does not provide any medical or life insurance to cover accidental injuries, illness, or loss of life, nor coverage for personal property damage. I hereby agree that I will maintain appropriate accident, health and property insurance, and if such policies lapses, I recognize that no liability rests with SRU or its agents. I further certify that I am in good health and physically capable of undertaking this program. If, in the opinion of SRU or anyone acting on its behalf, I appear to need emergency medical and/or surgical care, I hereby give permission for such care and agree to pay all costs involved, either directly to the suppliers of such care or to SRU if it has paid such charges on my behalf.

Waiver, Release and Indemnification Agreement, continued:
I realize that, if I am a person with a disability and require any form of assistance in the form of a helper, I must arrange for such an individual who is capable of providing such assistance and that I am totally responsible for such. I further understand that I must arrange for such assistance prior to departing for the program. I understand that accommodations for disabilities are not the same outside of the US and that services and support that I receive at SRU may not be available to me on this program.

I understand that laws and social customs differ from country to country and that SRU’s Office for Global Engagement and/or the agent in charge of the overseas program has the authority to dismiss me from the program if I violate SRU’s Student Code of Conduct as well as the laws of the host country. In this case, I must leave the group, return to the US at my own expense, and am not entitled to a refund of fees associated with this program. I am also responsible to pay for damage that I may cause to the property of others.

If my program includes group travel and I become separated from the group, fail to meet departure for bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact and reach the program group at the next destination.

I acknowledge that SRU is not responsible for any injury or loss that I may suffer for any travel, independent or as part of a group, that I may take.

I hereby agree to defend, indemnify and hold harmless SRU, employees and agents, the colleges and universities hosting the program, and the professors leading the groups, from any claims or lawsuits arising out of my actions while on the program.

I attest that I am legally of age, or if not that this waiver is being signed and dated by my parent or legal guardian on my behalf.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the Commonwealth of Pennsylvania, and applies to SRU, the Pennsylvania State System for Higher Education, and the Commonwealth of Pennsylvania. If any portion hereof is held invalid, the balance shall continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

_________________________  _______________________
Student Signature  Date

_________________________  _______________________
Parent/Guardian Signature  Date
(Only if student not of legal age)

7/16 revision
NOTE: Information disclosed on this form will not be used to determine eligibility for a study abroad program. It is provided to host institutions and/or program leaders after program acceptance for their use in the event that you require medical attention.

Your full name, as it appears on your passport: ____________________________________________________________

Date of birth: ___________________________     Program for which you are applying: __________________________

Immunization history:

☐ Tetanus      ☐ Measles, Mumps & Rubella      ☐ Meningitis   ☐ Influenza      ☐ Hepatitis B

Note: It is your responsibility to determine if specific immunizations are required or recommended for the country to which you will be traveling, and also to obtain such immunizations at your cost.

Medical insurance information:

Name of subscriber: ____________________________________________________________

Address of subscriber: ______________________________________________________________________________________

Employer of subscriber: ______________________________________________________________________________________

Insurance company: ______________________________________________________________________________________

Address of insurance company: ________________________________________________________________________________

Insurance ID number: ___________________________ Insurance group number: ___________________________

Note: It is your responsibility to understand if and how your medical insurance can be utilized outside of the US. If you feel additional coverage is needed, further information can be obtained from the Office for Global Engagement.
Health history:

Please list any prescription medicine that you take, also identifying how often: ________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Please list any allergies and the reaction that you have to medications: ________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Please list any over-the-counter medications that you take, also identifying how often: ________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Please explain any physical disabilities that you have: ________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Please explain any professional counseling that you have participated in over the last 12 months: ________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Please explain any other health information that you feel is important to share: ________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
The International Student Identity Card (ISIC) provides travel and supplemental health insurance benefits, and for this reason, Slippery Rock University **REQUIRES** that all study abroad students purchase one. Additionally, it is an internationally recognized proof of your student status entitling card-holders to special discounts on travel, accommodations, tours, plus reduced or free admission to many museums, theaters, historical and cultural sites, and online purchase discounts at selected vendor websites. The ISIC can also be used as a debit MasterCard should you be interested in preloading money. While this is optional, note that all cards whether or not used for debit will have the MasterCard logo when issued. Note also that only cards used for debit will need to be activated; all others are valid upon receipt.

**IT IS IMPERATIVE THAT YOU CAREFULLY FOLLOW THESE INSTRUCTIONS AND NOTE THE TIMELINES:**

- $25 of your Program Deposit/Fee goes to the ISIC, as detailed on the first page of the Study Abroad Application Form. If you have a **valid** ISIC from another study abroad program, this $25 will go towards your program costs.

- SRU’s Office for Global Engagement will enter your data into the ISIC database after we have confirmed your participation in the study abroad program. Within 24 hours of this submission, you will receive an e-mail asking you to upload a color photo.
  - **Please provide your e-mail address to be used for this purpose:**

  ________________________________

  **BE SURE TO WATCH FOR THIS E-MAIL MESSAGE AND THEN PLEASE UPLOAD YOUR PHOTO IMMEDIATELY.**

- Once you have uploaded your photo, the card will be issued and sent to you within about two weeks via US mail to the address you identify below. Remember that you will need this card when you travel, so select an appropriate address where you can receive the card.
  - **Please indicate the address where you want the card sent:**
    - [ ] Current address as noted on front of Study Abroad Application form
    - [ ] Permanent address as noted on front of the Study Abroad Application form
    - [ ] Other address: ________________________________

- Additional health insurance coverage is available for an extra $74 for Premium or $184 Explorer. Please check with our office for details in each plan. The additional cost will be added to your SRU account for billing purposes.
  - [ ] Please check here if you would like to purchase *Premium Coverage for $74.*
  - [ ] Please check here if you would like to purchase *Explorer Coverage for $184.*

*Please note that if you have an ISIC card from a previous program, they expire after one year and you may be required to order a new one.*