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 or full academic year programs. For Winter Session, Spring Break Seminars and summer courses, 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 Program Deposit/Fee.
- Program Deposits/Fees, to be paid by check or money order payable to Slippery Rock University:
  - Student Teaching: A $375 program processing fee is required with the submission of your application. $25 goes toward the ISIC and $350 is the administrative fee.
  - All other programs: A $125 non-refundable program deposit is required with the submission of your application. $25 goes toward the ISIC and $100 toward your actual program costs.
- This entire packet and the program deposit/fee should be returned together.
- For semester, summer language, 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.
- General Application deadlines:
  - Summer and Fall Semester programs: March 15; be sure to confirm that host institution does not have an earlier date.
  - Spring Semester programs: October 15; be sure to confirm that host institution does not have an earlier date.
  - Seminar programs: the last day of spring semester registration (date will vary each year)
- Should your intentions change and you wish to withdraw, you must notify the Office for Global Engagement in writing. Note that financial penalties may apply.

SRU students:
- For semester, summer language, 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 International Services at the time of application. You cannot receive final study abroad approval without submission of this form.

Non-SRU students:
- A $25 non-refundable application fee must be paid in addition to the program deposit. Both fees can be paid in one check or money order for a total of $150, payable to Slippery Rock University.
- 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, 004 Spotts World Culture
1 Morrow Way
Slippery Rock, PA 16057

Phone: 724-738-2057
Fax: 724-738-2289

www.sru.edu/studyabroad
Study Abroad Application Form

PROGRAM INFORMATION:

Program for which you are applying: _____________________________________________________________  Program name or host university

City                                                                                               Country

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

BIOGRAPHICAL INFORMATION:

Your details:

Full name, as it appears on your passport: _____________________________________________________________  Last    First    Middle

Maiden or any other name previously used: _____________________________________________________________  Last    First    Middle

Rock ID # ___________________________________________  Citizenship: ___________________________________________

Date of birth: ___________________________________________  Gender: □ male □ female

Passport information:  Passport #: __________________    Date of issue: ________________  Date of expiration: ________________

Current address: ___________________________________________  Phone: __________________

Address valid until: __________________

Campus e-mail address: ___________________________________________

Permanent address: ___________________________________________  Phone: __________________

Alternate e-mail address: ___________________________________________

Emergency contact details:

Name: ___________________________________________  Relationship: __________________

Address: ___________________________________________  Phone: __________________

Phone: __________________  Alternate phone: __________________

E-mail address: ___________________________________________  Alternate e-mail address: __________________
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: ______________

Courses desired at host institution (semester, academic year and summer language 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:

Approval:

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: ______________________________________________________
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT:

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 inquie now and upon acceptance to the program about financial aid applicability and disbursement.

I understand and agree that the $125 deposit 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 lapse, 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.
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 International Services Office 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)
Supplemental Health Information Form

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: _________________________

  month/day/year

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 entitled 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.

Effective summer 2012, the card is **no longer** issued on-site, so 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**.

International Student I.D. Card Application Form