

Illinois State University

Office of International Studies and Programs

Study Abroad Application Procedures

Eligibility Criteria:

Before applying for any program, please discuss your interests and options with a study abroad advisor, your academic advisor and Faculty Director (if applicable)

To be considered for a study abroad program, you must:

- Must be in good academic standing with a cumulative GPA of at least 2.5 (*Note: some programs require a higher GPA, see specific program flyer for details*)
- Have completed at least two (2) college semesters prior to term of participation (*If a transfer student, at least 30 hours of transfer credit or after completing one (1) full semester at ISU*)
- Complete a Study Abroad Application (type or print legibly in **ink**)
- Submit two (2) faculty/staff recommendations (*some programs also require a personal essay*)
- Submit completed application and required documentation to Fell Hall 308 or mail to Illinois State University, Office of International Studies and Programs, Campus Box 6120, Normal, IL 61790-6120 by applicable deadline (see below)

Application Deadlines: (*See program flyers for exceptions*)

Fall semester – March 15th

Spring semester – October 1st

Summer term – Program deadlines vary, please see flyer for specific deadline information

Once accepted you are required to attend these **mandatory sessions:**

”Acceptance Workshop” – dates TBA

“Pre-Departure Study Abroad Orientation Seminar”

Spring 2010 programs – 23 October 2010

Summer 2011 programs – 26 March 2011

Fall 2011 programs – 9 April 2011

Payment Schedule

- Application fee of \$150.00 (non-refundable) will be billed through Student Accounts upon receipt of completed application (*Exception: fully refundable only if you are not accepted into the program or program is cancelled*)
- Additional OISP Administration/Implementation fee is non-refundable after the mandatory Pre-Departure Study Abroad Seminar
- ISIC card fee is non-refundable after card has been issued
- Balance of program cost due for the **fall semester** – 1st week in July, **spring semester** – 1st week in December, and **summer term** – 1st week in May (*see program flyers for exceptions*)
- **STUDY ABROAD COSTS** must be paid in full BEFORE you depart for your study abroad program
- 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 Financial Aid Office, Fell 236

Non-ISU Student Application Instructions

- Submit current transcript along with Study Abroad Application and recommendations
- If you want an ISU transcript upon completion of the study abroad program:
 - Submit an ISU Admissions Application (PAPER COPY ONLY), available at <http://www.admissions.ilstu.edu/apply/>. DO NOT APPLY ON-LINE.
 - Upon completion of your study abroad program, request a transcript from the ISU Registrar’s Office
- Financial Aid: 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.



Summary of Pre-Departure Paperwork and Processes

- Meet with Study Abroad Advisor, Academic Advisor, and Faculty Director (*if program is faculty directed*)
 - Meet with Financial Aid (Fell 236) and discuss in detail, program costs with parents (*highly recommended*)
 - Submit completed Study Abroad Application along with two (2) faculty/staff recommendations before application deadline
 - Ensure you have a valid passport (*apply early!!*)
 - Notification of official acceptance into the OISP Study Abroad Program will be sent by e-mail from studyabroad@IllinoisState.edu after the application deadline
 - Attend mandatory Acceptance Workshop (dates/times given in the acceptance e-mail). You will receive information about your program and be given the following forms:
 - Program (site-specific) material - *host university application, housing registration, etc.*
 - Health Statement (Physical)
 - ISIC (International Student Identity Card) Application
- Submit these forms and legible copy of passport within two (2) weeks of your Acceptance Workshop, to the OISP Office*
- Explore the country and city you will be visiting by going to the host program university's website
 - Attend mandatory Pre-Departure Study Abroad Seminar (parents/guardians are welcome & encouraged to attend)
 - If visa is required, make plans to obtain the visa after acceptance letter from host institute is received
 - Make flight arrangements (**OISP does not make flight arrangements, it is suggested that you speak with other program participants to discuss flying as a group**)
 - Register your stay on the State Department's website <https://travelregistration.state.gov/ibrs/ui/>
 - Submit "Flight Itinerary" to OISP office
 - Finalize payment for the study abroad program
 - Pack your bags!
 - Study hard; enjoy your host university/site! (Send us pics of you in your Roam'n Reggie Shirt!!)
 - Land stateside, register with Abroad101, and fill out the **REQUIRED** program evaluation

Applications and required documentation must be submitted to:

Office of International Studies and Programs
Illinois State University
Fell 308
Campus Box 6120
Normal, IL 61790-6120

Our Contact Information:

Phone: 309-438-5276

Fax: 309-438-3987

Email: studyabroad@IllinoisState.edu

Website: www.internationalstudies.IllinoisState.edu

Illinois State University STUDY ABROAD APPLICATION

Type or Print legibly in INK

Date of application	Country	Program/Host University
Are you an Illinois State University student? _____Yes _____No*	Term(s) and Year of Participation	2 nd and 3 rd choices (if applying for exchange)
Session - <i>Summer only</i> (Italy - city and session; Limerick & Stirling - session)		Program Provider (<i>Independent programs only</i>)

Personal Information

First Name	M.I.	Last Name	University ID #	Gender	
Permanent Address (<i>if different from Parent/Guardian</i>)			City	State	Zip Code
Phone Number (<i>Cell preferred</i>)		E-mail:			
Passport #	Citizenship		Date of Birth	T-Shirt size	
Class Standing While Abroad (i.e., JR)	Major	Minor	GPA		

Primary parent(s)/Guardian(s)/Family Information – will be used to communicate program information and to contact in case of emergency

Name(s)	Relationship	Primary Phone Number	Secondary Phone Number	
Address		City	State	Zip Code
E-mail Address				

Emergency Contacts (If parent/guardian(s) cannot be reached):

Name	Relationship	Work Phone Number	Home Phone Number
Name (optional)	Relationship	Work Phone Number	Home Phone Number

***If you are NOT an Illinois State Student, remember you must also submit an Illinois State University Admission Application and an official transcript from your home university.**

Applications available at http://internationalstudies.illinoisstate.edu/study_abroad_nse/study_abroad/students/non-ISU.shtml

FOR OFFICE USE ONLY:

_____ Date Received	_____ Certification	_____ Health Insurance Certification
_____ GPA Verified	_____ Release	_____ 2 Faculty Recommendations
_____ Faculty Reviewed	_____ Emergency/ Withdrawal	_____ Essay (<i>if required</i>)
_____ Accepted	_____ Financial	_____ *(ISU Undergraduate Application)
		_____ *(Non-ISU Official Transcript)

Other Information:

Please note that all answers are subject to verification with the proper authorities

Have you ever been convicted of a felony or criminal offense, or are charges current pending? _____ Yes _____ No If yes, please explain further:
Have you ever been placed on academic probation, or are charges currently pending? _____ Yes _____ No If yes, please explain further:
Have you ever been placed on disciplinary probation, deferred suspension, suspension, dismissed, or are charges currently pending? _____ Yes _____ No If yes, please explain further:

Racial Ethnic Group:

The information in this section is voluntary and will not be used in the admission decision or result in adverse treatment. The purpose of the request is to provide data in compliance with state and federal reporting requirements.

- American Indian or Alaska Native** (a person having origins in any of the original peoples of North, Central, or South America who maintains a tribal affiliation or community attachment)
- Asian** (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American** (a person having origins in any of the black racial groups of Africa)
- Hispanic/Latino** (refers to people of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)
- Native Hawaiian or Pacific Islander** (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White** (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- Other**

CERTIFICATION

I, _____ hereby indicate my desire to participate in a Study Abroad Program
(First name) (MI) (Last Name)
sponsored by Illinois State University at host institution of _____ in _____
(Host University/Program) (Country)
for the _____ term(s) of 20 _____.
(fall/spring/summer/winter) (yr.)

Please initial each line as an indication that you have read and understand each point

_____ I certify that the information given on this application is true and complete.

_____ I certify that my participation is voluntary, and I have chosen to do so with informed consent.

_____ I certify that I have read, understand, and agree to the terms of Illinois State University's Code of Student Conduct and understand that I am bound by the Code the entire time that I am a student including while participating in this Study Abroad Program

Full text available at: <http://www.deanofstudents.ilstu.edu/downloads/CodeofStudentConductRevisedDecember2009.pdf>

_____ 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 Student Conduct
- 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, total forfeiture of all fees paid to the program, and loss of all course credit.
- in violation of the foreign country's civil and/or criminal statutes
- I understand that as an American citizen in a foreign county, 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, 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.

_____ 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 in my GPA and on my ISU transcript. I am aware that I will receive no academic credit for any failed course.

_____ I agree to assume financial responsibility for the program fees as determined by OISP and for my own personal expenses while overseas.

_____ 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.

_____ 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.

_____ I have read and understand the withdrawal/refund policy set forth in this application. 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 and 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.

_____ I have made provision (either myself or through my parent/guardians) to have adequate health/accident insurance coverage sufficient to cover any medical obligations for the entire period of participation. If I have chosen to forego the Illinois State University Student Health Insurance option, I have verified that the coverage is valid overseas for the duration of my travel and have provided complete information to OISP of my private coverage. I understand that it is my responsibility to cancel the Illinois State University Student Health Insurance through the Student Insurance Office.

_____ If I am accepted to this program, I understand that OISP may share my name and email address with other participants, or students interested, in this program.

Student Signature

Date

WAIVER OF LIABILITY, ASSUMPTION

Waiver: In consideration of being permitted to travel in a Study Abroad Program to _____
during _____ term(s) of 20____. I, _____, for myself,
(Country)
(fall/spring/summer/winter) (yr.) (First name) (MI) (Last Name)
my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of Illinois State University, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death) and property loss arising from this Program.

Student Signature

Date

Assumption of Risks:

1. Travel to _____ is not required as part of any course or degree program in which I am enrolled or
(Country)
as a condition of current or future employment and that, therefore, my decision to travel to _____ is
(Country)
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
(Country)
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.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the travel to _____. I hereby assert that my participation is voluntary and that I knowingly
(Country)
assume all such risks.

Indemnification and Hold Harmless: I agree to indemnify, hold harmless, release and forever discharge the Board of Trustees of Illinois State University, its employees, agents, assigns and cooperating institutions and their offices and agents (if any) from any and all claims, actions, suits, procedures, costs, expenses, damages and/or liabilities, including attorney's fees, brought as a result of my involvement in this Study Abroad Program.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnify agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Student Signature

Date

(First name) (MI) (Last Name)

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 accompanying faculty/staff or a representative from the host institution 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 accompanying Illinois State University faculty/staff member(s) or a representative from the host institution, at my expense, to secure any necessary treatment or hospital care, including administration of an anesthetic and/or surgery, and such medication as may be prescribed in the best judgment of a licensed physician. It is further agreed that, if my condition so requires, I may be returned to the United States, at my expense.

I hereby release, waive, discharge, and covenant not to sue the Board of Trustees of Illinois State University, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death) and property loss 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

.....

PROGRAM WITHDRAWAL/REFUND POLICY

If for any reason, I must withdraw my application for the _____ Study Abroad
(Host University/Program)

Program, for the _____ term(s), I understand the following:
(fall/spring/summer/winter) (year)

- A. **Once the completed application is received by OISP, a \$150 NON-REFUNDABLE application fee will be billed through Student Accounts. This will be the first billing.**
- B. After the date of the mandatory Pre-Departure Study Abroad Seminar the OISP Administration/Implementation fee is NON-REFUNDABLE. The date of this seminar is noted on the „Study Abroad Application Procedures“ page attached to the front of this application.
- C. If I cancel after any payments have been made on my behalf by OISP (i.e., ISIC, instructional costs, overseas accommodations, tours, or other program-related charges), I will be held liable for these and 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
- D. I understand that in the event of my suspension or expulsion from ISU or from the Study Abroad Program I forfeit all fees related to the program.

Important!!! You must complete a WITHDRAWAL NOTICE FORM (last page of your Pre-Departure Guidebook) to formally withdraw from a Study Abroad 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

HEALTH INSURANCE CERTIFICATION

One of the requirements for participation in a Study Abroad program at Illinois State University is that each student must have adequate health/accident insurance coverage in force during the **entire period of participation**. Coverage must either be privately procured or obtained through the University's Student Group Health Insurance plan. Your signature below attests to your acknowledgement 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, its Board of Trustees, or their agents or employees. I understand that it is my responsibility to pay any expenses, which may not be covered.

I understand that if I register for nine (9) or more credit hours by the 15th calendar day of the Fall/Spring term or for six (6) or more credit hours by the 8th day of the summer term, I will automatically be assessed for and be included in the student group insurance plan for Fall/Spring or summer term. I understand that I am eligible to apply to expand the coverage period by direct payment of the premium for the previous or subsequent term, dependent upon program dates and requirements. If I am registered for fewer hours, I am eligible to purchase student group insurance.

I will be issued an International Student Identity Card (ISIC). The program cost covers the fee for this card. The ISIC provides supplemental insurance. The level of insurance coverage with the ISIC is NOT comprehensive, so this will not be considered primary health insurance coverage.

CHECK THE ONE THAT APPLIES:

_____ I will be covered for the entire period of my participation by ISU student insurance because I will register for study abroad hours for the participating term(s) _____.
(fall/spring/summer/winter) (year)

_____ I choose not to be covered by ISU student insurance because I have examined my private insurance policy and determined that it will provide adequate coverage while I am overseas. I understand it is my responsibility to apply for a refund* of the insurance fee from the Illinois State Student Insurance Office. I have supplied the following information as evidence of my coverage:

Name of Insurance Carrier: _____

Policy/ID Number: _____

Group Number: _____

Plan Codes: _____

Claims Address: _____

Telephone: _____

_____ I have both ISU's student group plan and another policy for maximum protection. I have supplied the above information as evidence of my alternate coverage.

Student Signature

Date

(First name) (MI) (Last Name)

*If you are assessed an insurance fee and don't want the ISU policy, you need to complete a request to cancel and submit evidence of other insurance, in room 230 Student Services Building or phone 309-438-2515 to accomplish this by mail. Cancellation requests must be approved by before the 15th calendar day Fall/Spring term; 8th day for Summer term.

BUSINESS PROGRAMS: Course Articulation Form

This form is required for all participants interested in applying to the following programs:

Semester Programs

Shanghai University – China	ESSCA (Angers) – France	ICN Business School – France
University of Paderborn –Germany	ESSCA (Budapest) – Hungary	Waterford Institute of Tech – Ireland
ITESM – Mexico	Universidad Nebrija – Spain	Thammasat University – Thailand

Summer Programs

OCDF Internships – China	Bristol – England and Brussels	ESSCA (Angers) – France
ICN Group – France	Chuo University – Japan	ITESM – Mexico
CAPA Internships – Spain		

Submit completed form along with OISP application.

Student Name (First, MI, Last): _____

University ID Number: _____

ISU Email: _____

ISU Catalog Year: _____

Major: _____

Minor: _____

Academic Advisor: _____

Study Abroad Program: _____

Term and Year of Program: _____

To Be Completed by student

To Be Completed by Advisor

Course #	Course Title	ISU Equivalent	Credits	Advisor’s Initials

Signatures Required

Academic Advisor: _____

Interim IBI Director: _____

Dr. Jim Jawahar

For Evaluations Use Only: FICE _____

ESSAY

Essay to be completed for all Business and Foreign Language programs.

Name: _____

Study Abroad Program: _____

Term: _____
(Fall, Spring or Summer) (Year)

Please type your answers to the following questions, use additional pages as necessary. Each response should be one (1) to three (3) paragraphs. This is a formal essay. Therefore grammar, spelling, punctuation and organization should be used accordingly. ***If you are applying for a foreign language-based study abroad program, please submit your essay in the language appropriate to your program.***

1. Why are you a good candidate for studying abroad?
2. How will this experience contribute to meeting your overall academic plans and/or life goals?
3. While living in another country, you will often be confronted with living situations, academic environments, and social customs unlike those in the United States. What do you think it will take for you to have a successful experience abroad?
4. Do you have any other comments and/or explanations that you would like to add to this application?