

CLARION UNIVERSITY

Office of International Programs

414 Becht Hall

Phone: 814-393-2340

STUDY ABROAD PROGRAM APPLICATION

Please enter all information completely and legibly by typing or printing in ink.

Name: Mr. ___ Ms. ___ _____
(last) (first) (middle)

Student ID#: _____

Clarion University program/country
for which you are applying: _____

Semester or year of study: _____

Current _____ Cell Phone: _____
Address: _____

_____ CU Email: _____

Valid until: ____ - ____ - ____

Gender: Male Female

Date of Birth: _____

Current GPA: _____

PASSPORT NUMBER: _____ Expiration Date: ____ - ____

U.S. Passport? _____

(If you do not have a passport, you may still apply for a Study Abroad program, but you should submit a passport application immediately)

Academic Status while abroad: ___ Sophomore ___ Junior ___ Senior ___ Graduate

Major (or intended major): _____ Expected Graduation Date ____ - ____

HEALTH INFORMATION

The following information will not be used to determine admission. It will be used to assist on-site personnel if you have a health emergency.

Do you take any prescription medicine? _____
Please list

Do you have any allergies _____
Please list

Family Doctor Name and Phone _____

Is there other health information you think we need to know? _____
explain (attach sheet if necessary)

Vaccination: tetanus and diphtheria _____ measles, mumps, rubella _____

Hepatitis _____ (only if traveling to a developing country)

In case of emergency, contact _____
full name *relationship*

Address _____
street *city* *state* *zip*

Home phone () _____ Work phone () _____

Medical insurance carrier name _____

Policy # _____

Emergency Evacuation and Repatriation policy - **REQUIRED** Yes _____ No _____

Purchase of International Student Identity Card or comparable insurance policy is required as proof of Emergency Evacuation and Repatriation insurance. Student must provide proof of medical insurance coverage for entire length of study abroad program. Students must have valid passport. Students holding non-U.S. passports are responsible for their own visa arrangements.

For information on section 438 of the Family Educational Rights and Privacy Act (FERPA) of 1974 as it applies to release of student information, see WWW.CLARION.EDU/STUDENTRECORDS.

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I understand that Clarion University of Pennsylvania (herein referred to as CU) is one of fourteen universities in the Pennsylvania State System of Higher Education. Please read the waiver very carefully, since it does limit your rights, and then contact your attorney if you have any questions.

I understand and agree that my application is subject to acceptance or rejection by CU, at the sole discretion of CU. I further understand that my participation in the program is totally voluntary and in consideration of being permitted to participate in the program, I hereby agree that CU has the right to provide information to my parents or guardian or the appropriate university officials as deemed necessary. Such information may be other than directory.

I understand that the University reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the participant or the University makes a flight arrangement. Any additional expense resulting from the above will be paid by the participant. The University reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.

I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage to property, bankruptcies of airline or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier beyond the University's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotels, transfers, meal costs or other expenses. My baggage and personal property is transported at my risk entirely and that baggage insurance is strongly recommended. The University reserves the right to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, I understand that I may be required to leave the Program in the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program. The right is reserved by the University in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University's sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States, if the University determines or believes that any person is or will be in danger if the program or any aspect thereof is continued.

I will not hold the airlines involved responsible for any acts or omissions or events during the time I am not aboard. The passenger's contact ticket in use when issued shall constitute the sole contact between the airlines and me. The services of any IATA or ATC carrier or other regularly scheduled or charter carrier may be used in connection with the program.

If, in the opinion of CU or anyone acting on its behalf, I appear to need 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 CU if it has paid such charges on my behalf.

I realize that, if I am handicapped and require any form of assistance, I must be accompanied by a helper who is capable of and totally responsible for providing such assistance. I understand that, due to space limitations, wheelchairs and walkers cannot be carried on motorcoaches or subway trains and that there may be a lack of other programmatic and/or architectural accommodations.

While CU is not obligated to do so, if CU does advance any money to me or does pay for any goods and/or services on my behalf, I will repay CU within three weeks of the conclusion of the program.

I understand and agree that prices quoted for land arrangements in the program information are for the year dated below, and that CU may raise the price at any time prior to departure, to the extent currency exchange rates go against the dollar and/or tariff increases are imposed upon CU. In such a case, the increase will be paid to CU by me prior to departure. I understand and agree that all itineraries, accommodations, and other details are subject to change without notice at the sole discretion of CU.

I attest that I, the participant, am at least 18 years of age; or if not, this waiver is being signed and dated by my parent or legal guardian on my behalf. CU will take whatever reasonable precautions CU deems necessary, but unless you are willing to assume all of the above risks, you should not apply for the program.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Pennsylvania, U.S.A.; and applies to CU, the State System for Higher Education, and the Commonwealth of Pennsylvania. If any portion hereof is held invalid, the balance hereof shall, notwithstanding, 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 _____

PROFESSOR'S RECOMMENDATION FORM FOR STUDY ABROAD

Applicant's Name _____
(please type or print) last first M.I.

Study Abroad Program _____

Semester /Year of participation: _____

Check ONE of the following statements and then sign below:

I hereby forgo any claim to access this letter of reference written on behalf of my application to the Clarion University study abroad program.

*I do **NOT** wish to forgo any claim to access this letter of reference written on behalf of my application to the Clarion University study abroad program.*

Signature of Participant _____ Date _____

1. In what capacity and how long have you known the applicant? _____

2. Academic attributes:

	Excellent	Good	Fair	Poor
Competence in major or specialization				
Academic interest and motivation				
Capacity for independent study				
Resourcefulness				
Reliability				
Integrity				

3. Non-Academic attributes:

	Excellent	Good	Fair	Poor
Level of maturity				
Self-confidence and self-esteem				
Emotional stability				
Open-mindedness				
Ability to adapt to new or unstructured circumstances				

Please return this form to the Office of International Programs, 414 Becht Hall

4. Please state frankly (**on the reverse side or attach an additional sheet**) your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program, weighing both strong and weak points.

Evaluator's Name (print) _____ Department _____

Signature _____ Date _____

ADDITIONAL FORMS TO BE COMPLETED:

1. Clarion University - Disciplinary Clearance Form

You must complete this online form at least two weeks before the stated application deadline. The Judicial Affairs Office will return this form to the Office of International Programs.

https://cm.maxient.com/reportingform.php?ClarionUniv&layout_id=11

Please make sure you complete the following fields:

I agree to the terms of this Request for Release of Student Conduct Information *(Required)*

I agree to the terms and wish to waive my privacy rights based on information I provide below

I wish for the Office of Judicial Affairs to release my student conduct information to the following person or persons I have listed below. *(Required)*

Office of International programs, Study Abroad Coordinators

Please use the contact information listed below for the person or persons listed. *(Required)*

Dr. William Naugle
Marcy Schlueter

I request the following information be released: *(Required)*

- Disclosure of information related to this case or situation only
- Disclosure of all information in my student conduct file
- I wish for this person or persons to have the ability to discuss student conduct information freely in the future with the Assistant Director of Judicial Affairs or designee

One last step ...

2. Clarion University – Course transfer request form

Please go to the link below to complete the course transfer form. **It must be approved by your adviser.**

<http://www.clarion.edu/academics/registrars-office/academic-forms/course-transfer-request-form-12122017.pdf>