

CLARION UNIVERSITY

Clarion University of Pennsylvania
Office of International Programs (OIP)
414 Becht Hall

STUDY ABROAD & IAC AWARD APPLICATION

APPLICATION CHECKLIST

_____ **Completed Study Abroad & IAC Award Application**

_____ **Applicants must submit a typed, single-sided, double-spaced, not to exceed a 5-page proposal to be formatted with the following sections:**

- A. Objective of the study abroad experience.
- B. Project Plan – How will you accomplish the objective stated above? What countries will you visit? What is the length of time you will be studying abroad? Explain the nature of your study abroad program.
- C. Project Significance – Why is this particular experience important to your program of study?
- D. Future Plans – What are your career plans? How will this experience enhance them?
- E. Budget – What is your proposed budget? Please use the budget sheet provided.
- F. Other funding sources - do you have outside funding sources?

_____ **TWO RECOMMENDATION FORMS**

Applicants must submit **two** recommendations forms, one of which should be from your academic advisor, and the other from a faculty/staff sponsor who can validate the legitimacy of the intended study abroad experience. Recommendations must be submitted electronically via the following link:

www.clarion.edu/studyabroadrecommendation

_____ **DISCIPLINARY CLEARANCE FORM**

You must complete this online form at least two weeks before the 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

_____ **BUDGET SHEET (only if you are applying for the IAC Award)**

Budget sheet, outlining clearly what your expenses will be (tuition, room and board, classroom materials, transportation, etc.)

_____ **COURSE TRANSFER REQUEST FORM (only if you are transferring courses from another university)**

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

<http://www.clarion.edu/academics/registrar-office/documents-and-forms/Request-to-take-classes-off-campus.pdf>

_____ **COPY OF PICTURE PAGE OF PASSPORT**

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

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

Student ID#: _____ Current GPA: _____

Current Major 1: _____ Current Major 2: _____

Current Minor: _____ Expected Graduation Date: _____

Academic Status at the time of this application: ___ Freshman ___ Sophomore

___ Junior ___ Senior ___ Graduate

Current _____ Telephone: _____

Address: _____
_____ CU Email: _____

Gender: ___ Male ___ Female Date of Birth: _____

Study Abroad program or University for which you are applying for: _____

City and Country: _____

Semester or year of proposed study abroad: _____

Dates of program abroad: _____

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

Faculty Sponsor Name: _____

Department: _____

Other University awards or honors: _____

Will you be receiving academic credit for this experience? Yes No

Have you studied abroad previously while studying at Clarion University? Yes No

If yes, describe the programs in which you participated: _____

Do you have a U.S. Passport? _____ (If no, please list your country of citizenship: _____)
(If you do not have a passport, you may still apply for a Study Abroad program, but you should submit a passport application immediately.)

PASSPORT NUMBER: _____ Expiration Date: _____ - _____

Please sign below to authorize use of this information in a press release:

Signature of applicant: _____ 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/ Have 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.

The purpose of this form is to help Clarion University be of maximum assistance to you should the need arise during your study abroad experience. It is important that you inform the program coordinator of any medical or emotional problems, past or current, that may affect you in a foreign study context. Information you provide will remain confidential, and will be shared with program staff, faculty, or appropriate professionals only if it is pertinent to your well-being. This information will not affect your being admitted to the program.

I, _____ (student), hereby give consent to Clarion University of Pennsylvania to release any and all records it may have in its possession to _____ (affiliated entity) if such records are requested and required in order to prove my qualifications to enter into the _____ program or for other valid educational purposes. I realize that such records may include and not be limited to academic, health and disciplinary records, as well as my social security number for identification/security purposes. This release will expire at the end of the spring semester of the academic year in which it is signed or after the end of my participation with the study abroad program, whichever is later.

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 _____

International Scholar Budget

If you studied abroad previously, while studying at Clarion University, please indicate if any of the Program(s) had been funded by an International Scholar Award: _____

Are you applying for the supplemental \$500, beyond the Basic International Scholar Award?
 Yes No (If yes, please enclose all relevant documentation of your financial need, obtained from the office of Student Financial Services - Financial Aid).

Please outline clearly what your expenses will be (tuition, room, board, transportation, etc.)

PROPOSED BUDGET		
	Item	Estimated Cost
		Bried justification
	Total Budget	
	Total Requested from International Scholar Award: (Max. \$1,000 or \$1,500 with proof of financial need)	