Study Abroad Checklist

Name: _________________________________  Major: _________________________________
Cell: _________________________________  Home Phone: _________________________________
Email: _________________________________  Year in College (circle): FR  SO  JR  SR
Semester/Year of Interest: ________________  Academic Advisor: _______________________
Host Program: __________________________  Host Country and City: ______________________

___ 1. Meet with the Alvernia Study Abroad Coordinator to obtain the Alvernia Study Abroad Application, discuss program fees/costs, and review the application process.

___ 2. Select a program. Research and identify 7-8 potential courses you would like to take through the host institution (4-5 first choices and some alternates.)

___ 3. Apply online to the BCA or other host institutions, and pay application fees.

** Important Note: You must be approved for study abroad by both Alvernia University and by BCA or other host institution **

___ 4. Meet with your Alvernia Academic Advisor to receive tentative approval for course selections, and to discuss a tentative plan of study at your host school.

___ 5. Meet with the Alvernia Office of Student Financial Planning to create a Financial Aid plan for your study abroad semester, and complete the Financial Aid Details Form.

___ 6. If the graduation plan indicates that studying abroad will result in the need to add an additional semester or more at Alvernia to meet your degree requirements, you must file an Extended Plan of Study Form, signed by the Alvernia Office of Student Financial Planning, after discussing the financial implications of this with their staff.

___ 7. Submit to the Alvernia Study Abroad Office a signed Study Abroad Course Approval Form, listing each course you plan to take, Your Academic Advisor, your Department Chair, and the Alvernia University Registrar must sign the Course Approval form.

___ 8. Apply for a passport as soon as possible (8 or more passport photos will be necessary). Determine need for student visas – check with host program. Visas can take 2-3 months to be issued, so start early.

___ 9. (Seniors only) Determine the need for residency waiver for final credits at Alvernia. If a waiver is needed, file a senior year Residency Waiver Form with the University Registrar.

___ 10. Your Alvernia University Study Abroad Application is not complete until a copy of your completed BCA application or other host institution’s application is on file with the Alvernia Study Abroad Office.

___ 11. After your applications have been approved, you must meet all deadlines and requirements for bill payment, deposits, orientation events, and pre-departure procedures / information.

Study Abroad Coordinator: _________________________________  Date: ______________________
FORMS Checklist for Study Abroad

Alvernia University Forms

TO APPLY:

_____ Alvernia Study Abroad Application

_____ Study Abroad Course Approval Form with attached course descriptions for each course (4-5 preferred courses plus 2-3 alternates)

_____ Extended Plan of Study Form

_____ Financial Aid Details Form

_____ Trip/Program Waiver Form for off-campus study

_____ (Seniors only) Residency Waiver Form, if required

_____ Copy of BCA or other host institutions application

_____ Copies of Passport and any Visas

WHEN ACCEPTED:  File with Alvernia Study Abroad Office

_____ Alvernia Policy and Procedures agreement reviewed and signed

_____ Student Contact Information while abroad

_____ Travel (Flight) Information and dates of departure and return

_____ Final approval of course registration by Alvernia staff

Student Statement

I, ________________________________, certify that I have received a completed Financial Aid Form and a list of additional costs for the following study abroad program ________________________________

__________________________ from the Study Abroad Coordinator

on __________________________. I understand that the additional cost amounts on the Financial Aid Form are based on estimates and therefore are subject to change.

****KEEP A COPY IN RECORDS****
Application for Study Abroad

1. Personal Information

NAME (please print) ____________________________________________________________

First

Middle

Last

EMAIL ________________________________________________________________ BIRTH DATE (mm/dd/yyyy) _____________

CELL PHONE ___________________________ HOME PHONE ___________________________

LOCAL ADDRESS _____________________________________________

Apt, Street

City, State

Zip Code

HOME ADDRESS _____________________________________________

Apt, Street

City, State

Zip Code

COUNTRY OF CITIZENSHIP ____________________________ ALVERNIA ID# _____________

PASSPORT NUMBER ____________________________ EXPIRATION DATE _____________

COUNTRY OF ISSUE ________________

☐ CHECK HERE IF YOU ARE CURRENTLY APPLYING FOR A PASSPORT

Note: If you do not have a current passport, you should apply or renew your passport immediately

Note: Check with your program provider concerning visa requirements

2. Emergency Contact Information

Our normal practice is to share general information with the primary emergency contact and parent/guardian listed in this section. If you do not want this to happen, please indicate by checking the box below the address.

A. Primary Emergency Contact:

NAME __________________________

RELATIONSHIP __________________________

ADDRESS __________________________

HOME PHONE __________________________

CELL PHONE __________________________

WORK PHONE __________________________

EMAIL __________________________

B. Parent/Guardian (If not listed in A)

Otherwise, Second Emergency Contact:

NAME __________________________

RELATIONSHIP __________________________

ADDRESS __________________________

HOME PHONE __________________________

CELL PHONE __________________________

WORK PHONE __________________________

EMAIL __________________________
3. Academic Information

I am currently a:  □ Freshman  □ Sophomore  □ Junior  □ Senior  □ Grad Student

I am currently in good disciplinary standing at Alvernia University:  □ Yes  □ No

CUMULATIVE GPA __________________ GRADUATE DATE (mm/yyyy) __________________

MAJOR __________________________________ MINOR ________________________________

ACADEMIC ADVISOR ____________________________________________________________

NUMBER OF CREDITS COMPLETED ______________________________________________

4. Program Information (Select semester of study abroad)

ACADEMIC YEAR 20_____ to 20_____

□ FALL 20______ □ SPRING 20______ □ SUMMER 20______

PROGRAM CHOICE #1____________________ PROGRAM CHOICE #2 ______________________

5. Student Signature (Required)

I certify that the information I provided on this application form is correct. I understand that I must keep the Study Abroad Office updated on any changes to my study abroad plans and / or my status at Alvernia University, as well as updated on changes to any emergency or home contact information. If accepted, I understand that I am responsible for informing the host study abroad program staff of any medical or other personal needs I may have that could require accommodation while abroad. I have discussed the academic and financial implications of my decision to study abroad with my academic, financial, and study abroad advisors.

SIGNATURE ___________________________________________ TODAY’S DATE _____________

STUDENT NAME (PLEASE PRINT) _____________________________

6. Approvals (All signatures required)

ACADEMIC ADVISOR APPROVAL

I approve this student’s study abroad plan, and we have discussed how it fits into their academic requirements and goals

SIGNATURE ___________________________________________ TODAY’S DATE _____________

STUDY ABROAD COORDINATOR APPROVAL

I approve this student for Study Abroad, certifying that their application is complete and that they are in compliance with campus community standards and in satisfactory academic standing:

SIGNATURE ___________________________________________ TODAY’S DATE _____________
STUDY ABROAD COURSE APPROVAL FORM

1. List each course you plan to take during your semester abroad and its Alvernia equivalent.
2. Indicate how the course will help you complete your Alvernia degree (major requirement, core, elective, etc.).
3. List alternative courses should a change of registration be necessary.
4. Demonstrate how courses taken abroad are part of your 8-semester graduation plan by completing the reverse side of this form with your advisor.
5. Obtain all required signatures and submit to the Registrar for final approval.

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<th>STUDY ABROAD PROGRAM - LOCATION AND UNIVERSITY</th>
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<td>STUDENT LAST NAME</td>
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<th>ABROAD COURSES</th>
<th>ALVERNIA COURSE EQUIVALENT</th>
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<th>ALTERNATE ABROAD COURSES</th>
<th>ALVERNIA COURSE EQUIVALENT</th>
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TOTAL CREDITS FOR TERM ABROAD __________

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<td>Registrar’s Signature</td>
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INTENDING TO BE LEGALLY BOUND, I, the undersigned, hereby release and discharge Alvernia University, its Trustees, agents, officers and employees (collectively, the “University”) from all claims, responsibilities and any liabilities for any injuries, illness and/or loss (physical or economic), which may result from or arise out of, or be connected with my voluntary participation in the following:

__________________________________________________________________________________

__________________________________________________________________

__________________________________________

__________________________________

(the “Trip / Activity”)

By signing below, I acknowledge that participation in the Trip / Activity may be dangerous and may result in harm to my property and to me that may not be known to me or readily foreseeable at this time. Furthermore, I acknowledge that participation in the Trip / Activity may expose me to hazards or risks that may result in illness, personal injury or death whether caused by my own actions or inactions, the actions or inactions of others and/or the actions or inactions of the University. I understand and appreciate the nature of such hazards and risks.

In consideration of my voluntary participation in the Trip / Activity, the sufficiency of which is hereby acknowledged, I hereby voluntarily accept and assume the hazards, risks and dangers associated therewith and forever indemnify and hold harmless the University from any and all liability to me, my personal representatives, estate, heirs, next of kin and assigns, as well as any other third parties, for any and all claims and causes of action arising out of my participation in the Trip / Activity. I agree to reimburse the University with respect to any and all such claims, demands, causes of action, losses, damages, liabilities, costs (including reasonable attorneys' fees and expenses, court costs and costs of appeals) asserted against or incurred by the University by reason of or arising out of my participation in the Trip / Activity, whether caused by the negligence of the University, or otherwise.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof in affiliation with my voluntary participation in the Trip / Activity. The provisions of any State, Federal, Local or Territorial law or statute providing in substance that releases shall not extend to claims, demands which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

I further promise, covenant and agree not to bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States, or in any State thereof, or elsewhere, against the University for personal injury, property damage or any other type of loss, arising out of, or in any way connected with my participation in the Trip / Activity.

I further understand and agree as follows: (1) that I may revoke this agreement at any time; (2) that this agreement is binding upon me and my heirs, executors, administrators, personal representatives and next-of-kin; (3) that this agreement shall be interpreted and governed by the laws of the Commonwealth of Pennsylvania; (4) that if any provision of this agreement shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of this agreement; (5) that, in the event of an emergency, I
I further understand and agree as follows: (1) that I may revoke this agreement at any time; (2) that this agreement is binding upon me and my heirs, executors, administrators, personal representatives and next-of-kin; (3) that this agreement shall be interpreted and governed by the laws of the Commonwealth of Pennsylvania; (4) that if any provision of this agreement shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of this agreement; (5) that, in the event of an emergency, I authorize University personnel or representatives to approve emergency medical treatment for myself in the event of injury or illness during my participation in the Trip / Activity; and (6) that I am at least eighteen (18) years of age and am fully competent to sign this agreement.

I further acknowledge that I have had ample time to review this agreement along with the opportunity to have this agreement reviewed by an attorney and that a qualified employee of the University was available to discuss and answer questions regarding this agreement with me.

IN WITNESS WHEREOF, intending to be legally bound, I have hereunto set my hand this _____________ day of _________________________________, 20____.

___________________________________  __________________________________
Signature of Participant                Signature of Witness

___________________________________  __________________________________
Printed Name of Participant             Printed Name of Witness

IF PARTICIPANT IS UNDER THE AGE OF 18:

___________________________________  __________________________________  _____________
Signature of Parent/Guardian             Printed Name of Parent/Guardian                      Date Signed

EMERGENCY CONTACT INFORMATION

_______________________________  ________________________________
Who to Contact in Case of an Emergency    Relationship

___________________________________  ________________________________
City and State                                Phone Number