ALVERNIA UNIVERSITY

Study Abroad Checklist

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

_____ 1. Visit www.arcadia.edu/abroad/alvernia to learn about study abroad options.

_____ 2. Meet with the Alvernia Study Abroad Coordinator to obtain the Alvernia Study Abroad Application, discuss program fees/costs, and review the application process.

_____ 3. 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.)

_____ 4. Apply online to the Arcadia University College of Global Studies (CGS) by completing the Arcadia Application to Study Abroad (or other host institution's application).

_____ 5. At the same time you are completing the Arcadia Application to Study Abroad, begin the Alvernia Study Abroad Application. *Do not wait until you have been accepted by Arcadia to begin the Alvernia application process.*

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

_____ 6. 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.

_____ 7. Submit to the Alvernia Study Abroad Office a signed Study Abroad Course Approval Form, listing each course you plan to take, and a Study Abroad Graduation Plan Form that shows how the courses taken abroad will help you complete your Alvernia degree. Your Academic Advisor, your Department Chair, and the Alvernia University Registrar must sign the Course Approval form and your Academic Advisor must sign the Graduation Plan form.

_____ 8. If the Graduation Plan Form 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.

_____ 9. 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. Also, complete the Arcadia Financial Aid Arrangements Form and return to Arcadia University / CGS. File a copy of both with the Alvernia Study Abroad Office with your Alvernia Study Abroad Application.

_____ 10. 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.

_____ 11. (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.

_____ 12. Your Alvernia University Study Abroad Application is not complete until a copy of your completed Arcadia Application for Study Abroad (or other host institution's application) is on file with the Alvernia Study Abroad Office.

_____ 13. After your applications have been approved by both Alvernia University and Arcadia University College of Global Studies, you must meet all deadlines and requirements for bill payment, deposits, orientation events, and pre-departure procedures / information.

Study Abroad Coordinator: _____ **Date:** _____
(Signature indicates that student has completed the requirements on the checklist (and is aware of #13).

ALVERNIA UNIVERSITY

FORMS Checklist for Study Abroad

Alvernia University Forms

TO APPLY:

_____ Alvernia *Study Abroad Application* ($100. non-refundable deposit toward Alvernia Study Abroad Fee is required at time of application)
_____ *Study Abroad Course Approval Form* with attached course descriptions for each course (4-5 preferred courses plus 2-3 alternates)
_____ *Study Abroad Graduation Plan Form* & (if applicable) *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 *Arcadia Financial Aid Arrangements Form*
_____ Copy of *Arcadia Study Abroad Advisor Form*
_____ Copy of *Arcadia Application for Study Abroad*, when completed
_____ Copies of Passport and any Visas
_____ Copies of forms from Arcadia or other program's Host Institution:
- _____ Confirmation of semester abroad *Course Registration* form or plan from Arcadia or other host institution
- _____ *Acceptance letter* from Arcadia or other host institution
- _____ *Program Contact Information* for particular program site
- _____ *Program Costs* Information from Arcadia Passport or other host institution
- _____ Copy of *Arcadia Application for Study Abroad form* when completed online

Arcadia University College of Global Studies Forms

TO APPLY: All Arcadia Forms / Instructions are available here: www.arcadia.edu/abroad/forms

_____ *Arcadia Application for Study Abroad* (apply online and print copy of application when complete for Alvernia Study Abroad Office)
($50. non-refundable application fee to Arcadia University)
_____ *Arcadia Inventory of Goals and Expectations*
_____ Official Alvernia University Transcript – mailed to:
Arcadia University - The College of Global Studies, 450 S. Easton Road, Glenside, PA 9038-3295
_____ *Arcadia Study Abroad Advisor Form* (Online approval done by Alvernia Study Abroad Coordinator upon receiving your application, **not** by Academic Advisor)
_____ *Arcadia Recommendation Form* – Faculty reference form done online via Arcadia email
_____ 8 Passport photographs (see Arcadia instructions)
_____ *Arcadia Financial Aid Arrangements Form* (can be scanned/emailed or faxed)
_____ *Arcadia Preliminary Course Form*
_____ Internship programs: Have additional application requirements. Check with Arcadia.

WHEN ACCEPTED: **File with Alvernia Study Abroad Office**

_____ *Alvernia Conditions of Participation for Study Abroad* 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
_____ Alvernia Study Abroad Fee: $700. for semester / year; $350 / summer programs (Remainder of fee after deposit is paid will be billed to student's Alvernia account to help fund student international travel insurance, administrative and other costs.)

PROGRAM COSTS: Vary by host country and program; see Study Abroad Coordinator.

Updated 5/8/12

ALVERNIA UNIVERSITY

400 St. Bernardine St.
Reading, PA 19607-1799
Telephone: (610) 790-1982
Fax: (610) 790-1968
jennifer.dalton@alvernia.edu

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

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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 _____

☐ **DO NOT CONTACT**

B. Parent/Guardian (If not listed in A) Otherwise, Second Emergency Contact:

NAME _____

RELATIONSHIP _____

ADDRESS _____

_____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL _____

☐ **DO NOT CONTACT**

ALVERNIA UNIVERSITY

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Fax: (610) 790-1968
jennifer.dalton@alvernia.edu

Application for Study Abroad

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 _____ **I WILL GRADUATE IN (mm/yyyy)** _____

MAJOR _____ **2ND MAJOR** _____

ACADEMIC ADVISOR _____ **ACADEMIC ADVISOR-2ND Major** _____

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** _____

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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)

A. STUDY ABROAD COORDINATOR/ADVISOR 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** _____

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

B. ACADEMIC ADVISOR APPROVAL

SIGNATURE _____ **TODAY'S DATE** _____

C. DEPARTMENT CHAIR APPROVAL

SIGNATURE _____ **TODAY'S DATE** _____

D. ALVERNIA UNIVERSITY REGISTRAR APPROVAL

SIGNATURE _____ **TODAY'S DATE** _____

ALVERNIA UNIVERSITY

Financial Aid Details Form For Study Abroad

(To be completed by an Alvernia Office of Student Financial Planning Administrator)

Student's Name: _____ **Program Choice** _____
Study Period: **Academic Year**_____ **Fall**_____ **Spring**_____ **Summer**_____

The student named above is applying for financial Support toward the cost of a study abroad program through the Alvernia University Study Abroad Office. Please complete the requested information requested below, and also on the reverse side if applying to Arcadia University partner programs. (All Arcadia program fees and incidental expenses are listed here: http://www.arcadia.edu/abroad/default.aspx?id=6753)

Host Institution's Current Annual Cost of Attendance: $_____
(Tuition, fees, room and board)
Host Institution's Cost of Attendance for the Term: $_____
Estimated Additional Costs of Attendance for the Term: $_____
(Airfare, extra meals, books, living expenses, etc.
Student's Expected Family Contribution (from FAFSA)* $_____
*based upon the FAFSA for a 9 month academic year, regardless of duration of study abroad time period.

Financial Aid Expected for the Term Indicated Above:

(Check if Estimated)		**Amount**	**Study Abroad-**
Grants:			**Eligible Award**
Federal Pell Grant	_____	_____	_____
Federal SEOG Grant	_____	_____	_____
State Grant	_____	_____	_____
College Merit Awards	_____	_____	_____
College Need-Based Grants	_____	_____	_____
Other (please list)	_____	_____	_____
Total Grants:	_____	_____	_____
Loans:			
Federal Sub Stafford Loan	_____	_____	_____
Federal Unsub. Stafford Loan	_____	_____	_____
Federal Perkins Loan	_____	_____	_____
Institutional Loan(s)	_____	_____	_____
Federal PLUS Loan	_____	_____	_____
Other (please list)	_____	_____	_____

Administrator Name: _____ Signature: _____ Date: _____

(NOTE: if applying to Arcadia University, please fill out reverse side as well and fax a copy to them.)

ARCADIA UNIVERSITY
THE COLLEGE OF GLOBAL STUDIES

Financial Aid Arrangements

This form, completed by your financial aid officer, gives Arcadia University official verification of financial aid funds which may be applied toward your program fees. If you will not be receiving aid, or if your tuition fees will be billed to you by your home college or university, then you do not need to complete this form. If you have any questions about this requirement, please contact Jennifer Darvas, Student Accounts Manager, by telephone (866-927-2234 x2148) or e-mail at darvasj@arcadia.edu.

Your Name: _____

Overseas Study Abroad Program Choice: _____

Academic Time Period: _____

Your Home School: _____

TO BE COMPLETED BY YOUR FINANCIAL AID OFFICER:

Financial Aid Officer: _____

Telephone Number/Email address: _____

Financial Aid Officer's Signature: _____ Date: _____

Est. Amount	Type/Source of Funding	Est. Date to be Sent	Funds Sent To
			☐Arcadia ☐Student
			☐Arcadia ☐Student
			☐Arcadia ☐Student
			☐Arcadia ☐Student

PLEASE NOTE: Please visit our website for a listing of payment deadlines under the **Financial Information Policies** section. If we receive written verification of the amount and release date of your aid from each of your financial aid sources, we will give you temporary credit for that amount and expect you to pay only the remaining balance due by the scheduled payment deadline. You are, however, ultimately responsible for payment of the full program fee, including any promised aid that we do not receive.

450 S. Easton Rd., Glenside, PA 19038-3295
toll-free: 1-866-927-2234 telephone: 215-572-2901 fax: 215-572-2174

Updated 5/8/12

STUDY ABROAD GRADUATION PLAN – SAMPLE ONLY

(Example is for Criminal Justice Major) Please Submit New Plan in the Student's Major with Faculty Advisor

COMPLETE THE GRID BELOW TO INCORPORATE THE COURSES TO BE TAKEN ABROAD.

ALL CORE, MAJOR, AND ELECTIVES MUST BE ACCOUNTED FOR IN THE REVISED PLAN BEFORE SIGNING THIS FORM

****a minimum of 123 CREDITS are REQUIRED FOR GRADUATION****

Semester 1		**Course Taken/To be Taken and total credits**	**Semester 2**		**Course Taken/To be Taken and total credits**
COL 110/160: First Year Seminar	2		CJ 175: Criminal Investigation	3	
CJ 101: Introduction to CJ	3		FOUNDATION CORE	3	
FOUNDATION CORE	3		FOUNDATION CORE	3	
FOUNDATION CORE	3		FOUNDATION CORE	3	
FOUNDATION CORE	3		FOUNDATION CORE	3	
FOUNDATION CORE	3				
	17			15	

Semester 3		**Course Taken/To be Taken and total credits**	**Semester 4**		**Course Taken/To be Taken and total credits**
CJ 201: Criminal Law	3		CJ 275: Criminology	3	
CJ 221: Research Methods I for CJ	3		CJ 216 or 218 (or elective)	3	
CJ 216 or 218 (or elective)	3		CJ 272 or 274 (or elective)	3	
CJ 272 or 274 (or elective)	3		FOUNDATION CORE	3	
FOUNDATION CORE	3		200-LEVEL THE/PHI	3	
	15			15	

Semester 5		**Course Taken/To be Taken and total credits**	**Semester 6**		**Course Taken/To be Taken and total credits**
CJ 302: Judicial Process & Proc.	3		CJ 309 or 301 (or elective)	3	
CJ 309 or 301 (or elective)	3		CJ 377: Juvenile Justice System	3	
CJ ELECTIVE	3		CJ 403: Senior Seminar	3	
AREA II CORE	3		AREA II CORE	3	
200-LEVEL THE/PHI	3		FOUNDATION CORE	3	
			ELECTIVE	3	
	15			18	

Semester 7		**Course Taken/To be Taken and total credits**	**Semester 8**		**Course Taken/To be Taken and total credits**
CJ 422: Crisis Management	3		CJ 408: Agency Practicum	6	
AREA II CORE	3		CJ ELECTIVE	3	
ELECTIVE	3		ELECTIVE	3	
ELECTIVE	3		ELECTIVE	1	
ELECTIVE	3				
	15			13	

Student Signature _____ Date _____

Advisor Signature _____ Date _____

ALVERNIA UNIVERSITY

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 case 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.

_____	_____	_____	_____
Student Last Name	Student First Name	Student ID	College/University Abroad
_____	_____	_____	_____
Major 1	Major 2	Minor	Term student will study abroad

ABROAD COURSES	**ALVERNIA COURE EQUIVALENT**	**TOTAL CREDITS FOR TERM ABROAD**
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	_____

ALTERNATE ABROAD COURSES	**ALVERNIA COURSE EQUIVALENT**
1. _____	_____
2. _____	_____
3. _____	_____

Advisor _____
Print

Chair _____
Print

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Chair's Signature _____ Date _____

Registrar's Signature _____ Date _____

ALVERNIA UNIVERSITY
400 St. Bernardine Street | Reading, Pennsylvania 19607

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, COVENANT NOT TO SUE AND INDEMNIFICATION AGREEMENT

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 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 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

INTRUCTIONS FOR REQUESTING A FACULTY RECOMMENDATION

I. For Arcadia Partner Programs: (Completing the required "Arcadia Recommendation Form")

Arcadia University College of Global Studies requests that a faculty reference completes a form online. Please read the general instructions below for requesting all faculty recommendations "For All Programs", and then complete this procedure:

1. Complete the Arcadia Study Abroad Application online: www.arcadia.edu/abroad/alvernia.
2. Print out a copy for Alvernia's Study Abroad Office.
3. Within 1-3 days Arcadia will issue you an online "Arcadia Passport" which will tell you which forms you still need to complete on their behalf for your program of choice.
4. Locate the "Arcadia Recommendation Form" and fill in the name, title, and email address for the faculty member who has agreed to complete your recommendation.
5. Arcadia will issue an email to that faculty member with the link for completing their online form. Please ask your faculty member to watch for the email from Arcadia University with "Study Abroad" and your name in the heading, so he or she doesn't overlook it.
6. Once completed, the Arcadia Passport will indicate that the form is done. Feel free to remind your faculty member of the deadline if it is approaching.
7. Thank the faculty member for supporting you in your goal of studying abroad!

II. For All Programs:

1. Learn the submission deadline for the completed study abroad application and forms for your chosen program and print out all necessary directions and forms.

2. Chose a faculty member who knows you well and is in a position to comment on some of your academic strengths, interests, accomplishments, and personal qualities. For freshmen, this may be your FYS Instructor/Advisor.

3. Request a recommendation from your chosen faculty member and inform them that it is for Studying Abroad in _____ (country), through _____ (host institution such as Arcadia University), in _____ (semester and year).

4. Feel free to remind him/her of any significant projects or class assignments you may have worked on while in their classes/activities. If you have a resume, you may share it with them (optional).

5. Be sure to tell him/her the deadline for when you need their application completed, which should be at least week or two before the deadline for applying to the program with all forms completed. That way you have time to follow up with the faculty member if they haven't completed it yet.

6. Give them all required information regarding the recommendation and the correct address and method of returning the form (email, scan, online form, fax, or regular mail). If by regular mail, provide a stamped and pre-addressed envelope for them. Most programs request either online applications and/or that the recommendation be on your university's official letterhead.

7. If your faculty member returns to you a sealed envelope to mail, DO NOT OPEN IT. Forward it to the correct address immediately.

8. Thank your faculty member for providing the reference and supporting your goal of study abroad.