



**FLORIDA ATLANTIC UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS
STUDY ABROAD PROGRAMS**

CHECKLIST FOR STUDY ABROAD

Return paperwork to:

*Dr. Rupert Rhodd, Fleming West 101 (COB Graduate Advising Office) or
Dr. Eric Chiang, Kaye Hall 137 (Dept. of Economics Main Office)*

All paperwork must be turned in prior to departure; failure to turn in required paperwork will result in your not being allowed to participate in the program.

1. ____ Study tour/field experience application
2. ____ Copy of the picture page of your passport
3. ____ Unofficial transcript

Have questions? Write them down below:



STUDY ABROAD APPLICATION
FLORIDA ATLANTIC UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS (OIP)
 777 Glades Road, GS 212Q, Boca Raton, FL 33431
 Tel: 561-297-1208 Fax: 561-297-2850
 goabroad@fau.edu

PART A: Personal Data

Name _____ Birth date _____
Last First Middle MM DD Y YYYY

FAU e-mail _____ Alternate e-mail _____

Cell number (_____) _____ Telephone number (_____) _____

FAU student Z # _____ Male Female

Are you a Florida resident? YES NO Will you be using Florida Prepaid? YES NO

Do you pay in-state tuition? YES NO

Citizenship _____ Passport # _____ Exp. Date _____
MM DD YYYY

Non-US Citizens _____
Visa type Permanent resident alien # Expiration date

Have you studied abroad before? YES NO If yes, please provide the name of the program, location, and date(s):

Current Mailing Address (Valid until _____)
MM DD YYYY

Street Apt. #

City State Zip

Permanent Mailing Address (if different from above)

Street Apt. #

City State Zip

PART B: Academic Information

University currently enrolled in _____

FAU College currently enrolled in _____

Major _____ Minor _____

Current Academic Status: Freshman Sophomore Junior Senior Graduate Non-degree

Are you an Honors College student? YES NO

Are you within your last 30 credit hours at FAU? YES NO

If yes, you will need to submit a petition to your college if participating in a non-FAU program.

Are you graduating the semester your program concludes? YES NO

If no, which semester and year do you expect to graduate? _____

PART C: Emergency Contact Information

Primary emergency contact

Name _____
Last First Relationship

Street Apt. #

City State Zip

Home telephone number (____) _____ Email address _____

Cell telephone number (____) _____

Secondary emergency contact

Name _____
Last First Relationship

Street Apt. #

City State Zip

Home telephone number (____) _____ Email address _____

Cell telephone number (____) _____

PART D: Study Abroad Program and Course information

Study Abroad Program name _____

Program Provider name (if non-FAU program)/Overseas Institution _____

Study Abroad Country _____ Study Abroad City _____

Program term:

FALL _____ SPRING _____ SUMMER (1, 2, 3) _____ INTERSESSION _____ SPRING BREAK _____

Program Year: 2012 2013

Course(s) you will take abroad:

Course number Title

Name of your academic advisor _____ Telephone _____

FEES, REGISTRATION, TRANSCRIPTS

It is the student’s responsibility to notify the OIP of any changes to their study abroad program course schedule during the first week of classes at the overseas institution. **Failure to do so could result in a \$100.00 late registration fee for classes added or dropped after the published deadlines and a \$100.00 late payment fee. Students may also be held liable for tuition for those courses that are dropped or added late.** This pertains to all students who are registered at FAU for overseas programs. **Overseas transcripts must be sent to the OIP for processing. FAU reserves the right to request a professional transcript evaluation if deemed necessary at the student’s expense. Course petitions must be complete prior to departure.**

The grade students earn abroad is the grade transferred to your FAU GPA.

OIP will not guarantee credit for courses that were not approved for credit. It is the student’s responsibility to notify OIP in writing of any schedule changes and to wait for notice that the course(s) have been approved for credit before changing their schedule. Making changes without prior approval could result in those courses not being recognized for credit.

PART E: Financial Aid

Financial aid: Students may be able to use their financial aid for study abroad. The amount of the financial aid awarded and its availability will be determined by the Office of Financial Aid. A student needs to have a current FAFSA on file in order to apply for funding. If funding is awarded the student must go online and accept his/her award. It is the student's responsibility to ensure that all paperwork required by financial aid has been completed prior to their departure; this includes but is not limited to signing their promissory note. Further, any student using financial aid must notify the Office of International Programs of their award and provide a copy of the award letter. **Course approvals, transient forms, and petitions must be completed prior to departure for your aid to release. For more information on how FAU financial aid works for study abroad, please consult the guidebook located at: http://www.fau.edu/finaid/special_programs/study_abroad.php**

Which type of financial aid do you receive? Bright Futures Pell Grant Loans FAU Scholarship Other
If other, please describe _____

Have you completed your FAFSA form for this academic year? YES NO

Will you be requesting a parent plus or alternative loan? YES NO

If attending a Summer Program, do you have a summer financial aid application on file? YES NO

Non-FAU students should consult their Financial Aid Office for information on what aid is applicable to study abroad.

*******Note: If you do not have a current FAFSA on file for the Academic year you plan on studying overseas, or if you have not completed a summer financial aid application for summer study, you will not qualify for any financial aid funding. Please ask about these requirements if you are not sure of your situation.**

PART F: Accommodations/Dietary Needs

In compliance with the Americans with Disabilities Act (ADA) students who require special accommodations, due to a disability, to properly execute coursework must register with the Office for Students with Disabilities (OSD) located on the Boca Campus, SU 133, (561) 297-3880, on the Davie Campus, MD I (954) 236-1222, on the Jupiter Campus, Office of Diversity Services, SR 117, (561) 799-8585, or on the Treasure Coast Campus, Assistant Dean of Student Affairs, JU 113, (772) 873-3305, and follow all OSD procedures.

Do you have a special diet (i.e. vegetarian or food allergies)? YES NO

If yes, please specify _____

Do you have any allergies? YES NO

If yes, please specify _____

PART G: Passport/Visa

All students are required to have a valid passport for traveling abroad. It is the student's responsibility to obtain a passport. U.S. students can apply for a passport by visiting <http://travel.state.gov> to download an application form (Allow four to six weeks for processing). Note: Passport must be valid for 6 months from the date of return from your program.

All students should inquire via the relevant consulate whether or not a visa is required for their program. All international students must let the OIP know they are international students when they turn in their applications as this may affect your tuition rate and visa requirements.

PART H: Application Fee/Payment Options

A \$75 application fee will be paid as part of your application through the College of Business.

PART I: Cancellation/Refund policy

Cancellation Policy

FAU and The Office of International Programs (OIP) consider student safety one of its highest priorities. Therefore, it is Florida Atlantic University's policy to cancel any previously planned FAU-sponsored intersession/summer/semester/academic year/spring break program in a location that is considered unsafe by the University or for which the U.S. State Department has issued a Travel Warning. The OIP reviews the U.S. State Department information regularly at <http://travel.state.gov> and monitors other sources such as announcements from the Overseas Security

Advisory Council (OSAC) to have the most current information about the countries where FAU students are or will be studying. FAU further reserves the right to cancel any program for any reason at our sole discretion, including without limitation under-enrollment.

No refund will be issued to students who do not possess a valid passport or visa stamp at the time of departure.

If FAU cancels a program for any reason, the OIP will make reasonable efforts to refund recoverable costs to the participants. OIP cannot guarantee that any recoverable costs can be provided. If a program is canceled after the program has started instruction overseas, OIP will make reasonable efforts to assist students to complete the coursework for the program. It is recommended that students purchase trip cancellation insurance that can be obtained through many travel agents or insurance companies. Policies vary on when trip cancellation insurance must be purchased, so please check with the insurance provider for more details.

Refund Policy

Once OIP has reached an adequate enrollment level and a commitment has been made to run the program as advertised, OIP will notify students of their fiscal obligation to the program. If a student needs to withdraw from a program for any reason they must do so in writing as soon as they have made the decision to withdraw. Students who withdraw will be responsible for the application fee, any deposit, and any other expenses that have been paid on their behalf and are not recoverable. This means if the student has not yet paid the full program balance or does not attend the program, he/she may still be responsible for paying those unrecoverable program costs in addition to any deposit.

For students on FAU summer programs and/or FAU semester/academic year programs:

- If OIP cancels a program prior to the start date, the application fee and any deposit will be refunded to the student.
- If a student cancels prior to the start of the overseas program they will forfeit the application fee, any deposit, and any other fees expended or committed on the student's behalf, which are not recoverable by OIP. The university may consider exceptional circumstances on a case-by-case basis.
- If a student cancels, withdraws or is dismissed from their program after its commencement for any reason, including without limitation academic reasons, health matters or misconduct, no refunds will be given. The university may consider exceptional circumstances on a case-by-case basis.
- No refunds will be given if a student does not participate in mandatory or non-mandatory program activities (such as field trips, excursions, cultural events, included meals, etc.).
- If a student is suspended prior to the departure of their study abroad program and is no longer permitted to go under the university's academic policies, it does not release the student from their financial obligations.

For students on NON-FAU programs:

- Students on non-FAU programs must follow and abide by their program's cancellation and refund policies and may or may not have their fees refunded depending on the policy. Be sure that you know what the cancellation deadlines and policies are if you are on a non-FAU program.
- Students on non-FAU programs that cancel prior to the start of the overseas semester will forfeit the application fee.

PART J: Agreement and General Release

I, the undersigned, an applicant for the Study Abroad Program (the "Program") of Florida Atlantic University, in exchange for permission given to me by the University to participate in the Program, hold harmless and release from any and all claims, demands, damages, actions, suits in equity of whatever kind or nature or causes of action against the State of Florida, Florida Atlantic University Board of Trustees, Florida Atlantic University and their respective agents, officers, volunteers and employees (referred to in this Release collectively as "FAU") for any injury, death, damage or loss of any kind, whether caused by my action or negligence or the action or negligence of FAU or third parties in connection with the Program, including, but not limited to, the following: any vehicle, war, weather, strike, sickness, quarantine, government restriction or regulation, any act or omission of any airline, railroad, hotel, restaurant, bus company, taxi service, school, university, or any other person, firm, agency (government or private), company or individual which is associated with FAU, directly or indirectly, in connection with the Program. I also hold harmless, release, and agree to defend and indemnify FAU with regard to any financial obligations or liabilities of any kind that I may incur personally or any damage resulting from my participation in the Program, whether caused by my action or negligence or the action or negligence of FAU or third parties in connection with the Program.

I understand that all travel involves some risk, and I voluntarily agree to assume all the risks, expected or unexpected, that are inherent with domestic and foreign travel as a condition of my acceptance for participation in the Program.

I grant FAU full authority to take whatever action it may consider to be reasonably warranted under the circumstances concerning my health and safety, and I fully release FAU from any liability for any such decision or action or inaction as may be taken in connection therewith. I authorize FAU, at its discretion, to place me, at my own expense (or the expense of one or both of my parents or guardians) and without my further consent, in a hospital within or outside the United States of America for medical services and treatment. If deemed necessary or desirable by FAU, I authorize it to transport me back to the United States of America by commercial airline, and I assume responsibility for the expenses involved. I understand that FAU is not undertaking any affirmative obligation in these areas on my behalf. I agree that any funds advanced to me for any purpose will be reimbursed upon demand by either me or my parents or guardian. I have been advised that I must be covered by health and accident insurance during the entire period of my participation in the program, which will include coverage for major medical, hospitalization, medical evacuation, and repatriation.

I agree to comply fully with the rules, regulations and policies of FAU and the host institution and/or host facility. I understand that FAU does not operate the Program at the host institution. I agree that FAU and the host institution have the right to enforce their standards of conduct and that, should I fail to comply with them, FAU has the right to terminate my participation in the Program with no refund of monies paid. In the event of termination, I agree to be sent home at my own expense or the expense of one or both of my parents or guardians. I waive and release any and all claims against FAU arising out of my failure to comply with any such rules, standards, and instructions.

It is my further understanding and I agree that FAU is not responsible for any injury, death, damage, or any loss whatsoever sustained by me during any period of independent travel (which I understand is at my own expense and may be arranged by me separate from the Program) or during any absence from the Program or other supervised activities. On group tours, field trips, excursions, or other activities arranged by FAU, I will accept the will of the majority whenever a matter of choice is presented to the group. I understand that from time to time, FAU publicity material may include statements made by its students, or their photographs, or both and I consent to the use of my comments and photographic likeness. I understand that FAU reserves the right to make changes in initial campus assignments, academic centers, or like matters and to make alterations in the Program and itineraries as may be required. I understand that Program charges are based on applicable tariffs and government regulations and are subject to change depending on regulations in effect at the time of departure.

All references in this Release to FAU include, but are not limited to, all officers, directors, staff members, campus directors, chaperones, program leaders, employees, advisors, volunteers and agents. All references to a "parent" shall include the legal guardian or other adult responsible for me.

I have read the terms and conditions set forth in the University's descriptive information of the Program and I agree that they constitute a part of my agreement with FAU. I understand and agree to all of the University's terms as set forth in the descriptive information (which is incorporated by this reference) and in this Release. I further understand that this Release and Agreement shall only take effect upon my acceptance by FAU into the Program.

Applicant Name (Print) _____ Program Name _____

Signature _____ Date _____

If applicant is under 18:

I certify that I am the parent or legal guardian of the above applicant, that I have read the foregoing Release, and that I examined the information in the Program description. I join in each and every part of the Release (including such parts as may subject me to personal financial responsibility for the applicant), and release any claim that I may have against FAU, both on my own behalf and in my capacity as legal representative of the applicant, including without limitation any claim arising as a result of the applicant's leaving the supervision of FAU.

Name of Parent or Guardian (print) _____

Signature _____ Date _____

PART K: Insurance -HEALTH, ACCIDENT, MEDICAL, HOSPITAL, AND REPATRIATION-

Students are required to purchase travel insurance for accident/illness related medical expenses, repatriation of remains, and emergency evacuation. The required coverage is provided by Cultural Insurance Services International, Inc. (CISI). Students may view the [Schedule of Benefits](#) as well as the [Description of Coverage](#) provided by CISI, including its limits and restrictions.

Basic Insurance Benefits Summary

\$100,000	Medical Expense (Accident/Sickness) with \$0 - Deductible per Injury/Illness
\$100,000	Emergency Medical Evacuation
\$100,000	Comprehensive Security Evacuation
\$50,000	Repatriation/Return of Mortal Remains
\$1,500	Emergency Medical Reunion
\$5,000	Mental/Nervous Coverage (inpatient)
\$500	Mental/Nervous Coverage (outpatient)
\$500	Pre-existing Condition
\$2,500	Medical Quarantine Benefit

It is recommended that students consider purchasing trip cancellation/interruption insurance which can be obtained through travel agents or insurance companies. Policies vary on when trip cancellation/interruption insurance must be purchased, so please check with the insurance providers for more details.

COMMENT(S)

Please write down any additional information that you feel we need to know about you.

PART M: Image Release

PHOTO/VIDEO RELEASE

I hereby give permission for the name, photo, video, likeness, and biographical material of the participant listed below to be used solely for the purposes of Florida Atlantic University-related promotional material and publications and waive any rights of compensation or ownership thereto.

Name of Participant (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Participant's Signature: _____ Date: _____

Phone number: _____ Email: _____



FLORIDA ATLANTIC UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS
STUDY ABROAD PROGRAMS

DISCIPLINE POLICY FORM

-REQUIRED-

Last Name: _____	First Name: _____	Middle Initial: _____
Student ID: _____	Date of Birth: _____	Sex: _____
Semester Abroad and Year: _____		
Program Title and Site: _____		

Florida Atlantic University faculty and the Florida Atlantic Study Abroad staff hope that you will have a wonderful and rewarding international experience. As ambassadors of Florida Atlantic University and the United States you are expected to behave in a manner that keeps with the laws of your destination country and the policies of Florida Atlantic University.

I, _____ (PRINT YOUR NAME),

Understand that the following is unacceptable behavior:

1. Violence or physical attack on any other person.
2. Destruction of personal, program, or vendor property.
3. Possession or use of illegal substances (drugs).
4. Violation of the honor code (Plagiarism, Cheating etc.).
5. Unexplained absences or disappearances from the program.
6. Refusal to attend program activities such as excursions, group dinners, and required classes.
7. Any behavior that the program or faculty consider dangerous to yourself or others.
8. Rowdy, offensive public behavior due to alcohol, stress, or any other cause.
9. Overnight guests in the student apartments.

Any violations of Florida Atlantic University's Student Code of Conduct Policy may result in the following consequences. These include, but are not limited to:

1. Written or public apology for behavior.
2. Loss of letter grade for academic offenses (missed classes, visits, academic dishonesty, etc.).
3. Monetary compensation for damage to property.
4. Turning over the case to Florida Atlantic University's Dean of Student Affairs Office for further discipline action after your return to FAU.
5. Notation in your permanent record.
6. Expulsion from the program and a trip home at your own expense (NO REFUNDS).

Consequences will be discussed and decided by the Florida Atlantic University faculty leading the program or program director, and legal counsel where appropriate.

I understand and agree to abide by the above disciplinary policies. Further, in the event that I might be removed from the Florida Atlantic University, I authorize my Florida Atlantic University officials, including my study abroad advisor, and Florida Atlantic University staff to contact my parents regarding changes in my study or travel program and plans.

Signature: _____ **Date:** _____



**INTERNATIONAL STUDENT ID CARD
(CISI) APPLICATION FORM**

**Attach
photo
here**

What is your academic standing?:

- Student
- Faculty
- Non-FAU student (School: _____)

Last Name: _____ **PRINT CLEARLY** First Name: _____ **PRINT CLEARLY**

Current Address Information:

Street: _____
City: _____ State: _____
Zip code: _____

Cell Phone: _____

E-mail address: _____

Semester going abroad:

Year:

- Fall
- Spring
- Summer
- Spring Break
- 2012
- 2013

Study Abroad Program name: _____

What country will you visit abroad? _____

Signature: _____

Date: _____



Understanding The Family Educational Rights and Privacy Act of 1974 (FERPA)

Family Educational Rights and Privacy Act (FERPA) sets out requirements designed to protect the privacy of students *and* parents. The law requires Florida Atlantic University to provide a parent access to their dependent child's educational records.

Independent students who are currently or formerly enrolled at Florida Atlantic University are protected under The Family Educational Rights and Privacy Act. This means that non-directory information *may not be disclosed* except under specific exemptions.

EXEMPTIONS

The student's consent is NOT required to disclose information to:

- Florida Atlantic University faculty, staff & administrators with a legitimate educational interest,
- Parents of a *dependent* student (the parents claim the student with the IRS),
- Financial Aid processors,
- Comply with a judicial order or subpoena, and
- in a health or safety emergency.

DIRECTORY INFORMATION

Florida Atlantic University may disclose what is known as "directory information" on a student without violating FERPA.

Directory Information includes a student's name, address, telephone number, date and place of birth, major, dates of attendance, degrees and awards received, status (full time, half-time, etc) and recent previous school attended.

So, what does this mean for *you*?

With specific exceptions (listed above), a signed and dated consent by the student must be provided before disclosure of non-directory information can be made to your parents or any other third party.

You are not required to sign the waiver below, and it can be cancelled at any time by your request; however, Florida Atlantic University *cannot* discuss your records with your parents (or any other third party) unless we have a signed FERPA waiver naming that person in your file or unless your parent claims you as a dependent on their most recent years federal tax return (a copy of the tax return will be required to verify this condition). Fill out the Consent to Release Confidential Student Record Information (waiver) form below. The student must bring the signed form or a copy of the parent's most recent federal tax return to the Office of the Registrar or any University Department/Office.

If you have any questions regarding your FERPA rights or the FERPA waiver, please contact the Registrar's Office at (561) 297-3050.

Florida Atlantic University
Office of the Registrar
777 Glades Road
P.O. Box 3091
Boca Raton, Florida 33431-0991
Email: registrar@fau.edu

Please FAX the form to the Registrar's Office at: (561) 297-2756

or mail it to: Registrar's Office
777 Glades Road, SU 144
Boca Raton, FL 33431

Florida Atlantic University (Optional)

CONSENT TO RELEASE CONFIDENTIAL STUDENT RECORD INFORMATION (WAIVER FORM)

Rev: 01/01/2009

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. § 1232g), also known as the Buckley Amendment, and Florida Statutes § 1002.22, Florida Atlantic University may not release personally identifiable information from education records without the written consent of the student. Exceptions to this rule include health or safety emergencies, educational authorities, school officials, parent(s) who claim the student as a dependent on the most recent year's federal tax return (a copy of the tax return will be required to verify this condition), and other exceptions as provided by law.

Student's Authorization to Release Information

Student's Name: Z#: _____

I authorize the release of personally identifiable information from the above student's education record maintained by the following custodians at Florida Atlantic University: (Initial next to each area you wish to authorize.)

Office of Student Affairs	_____
Office of the Registrar	_____
Office of Academic Advising	_____
Office of Financial Aid/Admissions	_____
Office of the Controller	_____
Office of International Programs	_____
Athletics Department	_____
Housing and Residential Life	_____
Other: _____	_____
Other: _____	_____

-Or-

ALL student education records maintained by Florida Atlantic University _____

NOTE: Student Health/Counseling records require separate release authorizations available at Student Health and Counseling Service offices.

To the following person(s) or organization(s):

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

For the following purpose: _____

I understand my personally identifiable information from education records may be released orally or as copies of written records, as preferred by the requester. I have a right to receive copies of any written records released upon request. I acknowledge that this consent will be in effect and honored until such time that I revoke this authorization. This consent form will be retained on file at the Office of the Registrar.

I understand that I may revoke this consent at any time by submitting a request in writing to the Office of the Registrar.

Student Signature: _____ Date: _____