



Approved Non-CSU Program Form Package & Checklist

Once accepted by an approved non-CSU program, all students must submit the following required pre-departure paperwork. All forms are due no later than the Friday of exam week in the semester prior to study abroad. Required forms are included in this package. Please use the checklist below to keep track of the forms you have filled out. This list is not intended for exchange program participants or CSU faculty-led program participants.

1. **Program Provider or Foreign University Acceptance Letter**
Submit a copy of your acceptance letter.
2. **Copy of ID Page of Passport (and Student Visa)**
Apply for a passport and if necessary, a student visa. Submit a copy to CISP when you turn in your forms.
3. **Assumption of Risk & Release (Form)**
Read the form, sign and submit to CISP.
4. **Course Pre-Approval for Study Abroad (Form)**
Fill in top section of the approval form. Then fill in the tentative list of courses that you plan to take abroad. Make appointments to meet with the academic department chairs of the courses from your list (if the courses were taught at CSU) to get their signed approval and indication on how the course should transfer back into CSU (ex. upper division credit, major or minor credit). In consultation with the Registrar, general education courses can be reviewed and approved by CISP.
5. **Flight/Travel Itinerary**
Submit a copy of your flight itinerary with your departure and return date information.
6. **International Student Identification Card (Optional)**
Complete International Student Identity Card application form. Pay \$22 USD to CSU Cashier's Office in Main Classroom (MC) for the "ISIC" card. Submit \$22 USD receipt, application form and one passport-sized photo to CISP. Limited repatriation and medical evacuation insurance are included in the ISIC card as well as major discounts for food and services around the world.
7. **Health & Wellness Form (Optional)**
Help us help you to better prepare for your experience abroad by disclosing any medications and or your health history. If you are currently seeing a therapist, please talk to him/her regarding your trip abroad. In general problems at home are exacerbated abroad, not the other way around.
8. **Power of Attorney Statement (Optional)**
Submit a copy of your Power of Attorney notarized statement. POA is useful when it comes to things like financial aid disbursement or working with the Financial Aid Office while you're out of the country.
9. **Consortium Agreement (Optional)**
Submit a copy of your Consortium Agreement. This form is used for students who are planning to use financial aid for their study abroad experience.

Health Insurance: Approved Non-CSU program participants are not required to show CSU proof of having passed a medical exam or to provide CSU with proof of medical insurance. However, this does not mean that "independent" study abroad students are not responsible for these items. We recommend that all study abroad students be medically evaluated by a health care professional for travel abroad prior to their departure and carry medical insurance. All students studying abroad are required to have insurance that provides medical coverage outside the U.S. Please check with your insurance provider whether your policy applies outside of the U.S., what the policy will cover during the period abroad, and how payments will be made to the hospital/doctor. If you need to purchase short-term study abroad medical insurance, please contact us for a list of options or you can visit the pre-departure section of our website.

Please submit all forms to our offices either together or separately by the deadline (Friday of exams week in the semester before study abroad). Our mailing address is:

Study Abroad, Center for International Services and Programs
2121 Euclid Ave. MC 106
Cleveland State University
Cleveland, OH 44115



Assumption of Risk and Release Form for Study Abroad

Name of Applicant

Student ID Number

Name of Parent/Legal Guardian (If Under 18)

Date of Birth

Program

Sponsoring Institution

I hereby agree as follows:

1. **Risk of Study Abroad:** I understand that participation in the Cleveland State University Study Abroad Program, herein referred to as "the Program" and as specified above, involves risk not found in study at the University. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places and conveyances; local medical services; local weather conditions; and other matters described on a separate Program Risk Advisory which I have received, reviewed, and initiated, and which is incorporated by reference in this Release Form. I have made my own investigation and am willing to accept these risks.
2. **Institutional Arrangements:** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of or any such matters.
3. **Independent Activity:** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.
4. **Health and Safety:**
 - a. I have consulted with a medical doctor with regard to my personal medical condition and needs. There are no health related reasons or problems which preclude or restrict my participation in this Program.
 - b. I am aware of all the applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the US during the Program, the University is not responsible for the cost or quality of such treatment or care.
 - c. The University is not obligated to but may take any actions it considers warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.
5. **Standards of Conduct:**
 - a. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug and alcohol use, and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards in each country to or through which I will travel during the Program.
 - b. I also will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under such direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
 - c. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the program, for violation of these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, and other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing, and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.
 - d. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.



Assumption of Risk and Release Form for Study Abroad (Cont.)

6. **Program Changes:** The University has the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the Program may be cancelled due to insufficient number of students and that conditions may force a change in itinerary, schedules, and programs. I understand that the University's fees and program changes are based on current airfares, lodging rates, and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane or train or become sick or injured, I will, at my own expense, seek out, contact, and reach the Program group at its next available destination.
7. **Assumption of Risk and Release of Claims:** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify Ohio, Cleveland State University and its trustees, officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted.)
8. I understand that future Study Abroad Program promotional materials may include statements and /or photographs of participants, and I consent to the use of my comments and/or photographs.

I carefully have read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application by Cleveland State University at its offices in Cleveland, Ohio and shall be governed by the laws of the State of Ohio, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

Signature of Applicant

Date

If Student is under 18 years of age, please continue.

I a) am the parent or legal guardian of the above Applicant; b) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility; c) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release Form; and d) agree, for myself and for the Applicant, to be bound by these terms.

Signature of Parent/Legal Guardian

Date



International Student Identification Card Form

The International Student Identity Card (ISIC) is the most widely accepted proof of international student identification; the card helps save hundreds of dollars at home and abroad with incredible discounts only available to ISIC holders! ISIC also comes with a comprehensive travel insurance policy and ISICConnect, a complete communication tool with both calling card and cell phone options, all for the price of just \$22!

Instructions

1. Complete the information below and sign. **Type or write legibly in pen to ensure there are no typos transferred to your card.**
2. Attach an ID sized photo. The photo must be on photo paper; write your full name on the back of the photo. JPEG photos may be submitted to: studyabroad@csuohio.edu.
3. Attach a receipt of payment. To pay for the card, go to the Cashier's counter on the First Floor of the Main Classroom building and let the Cashier know you are paying for an International Student Identification Card. The Cashier will give you a receipt for your payment. **Students going on CSU faculty-led programs do not need to pay for the card at the Cashier's counter nor should they attach a receipt of payment to this form, because the ISIC cost is already included in the program fees.**
4. Non-CSU students should supply a proof of enrollment, such as a valid University ID card or current transcript/report card. Teachers should supply a proof of employment, such as a valid University ID card or a letter on school stationery from a school official verifying faculty status.

Name of Applicant

Date of Birth (Month Day, Year)

Street Address

City State Zip

Email Address

Phone No.

Name of Home University

Indicate which card you are applying for:

- International Student Identification Card
- International Teacher Identification Card

Begin/End Dates (Month Day, Year)

I would like to:

- Pick up my card at the International Center. Please call me when it is ready.
- Pick up my card at the International Center. Please Email me when ready
- Mail the card to the mailing address provided.
- I am on a faculty-led program and will receive my card at the last pre-departure meeting.

I hereby certify that this information is true and understand that any false statements on my part may result in the forfeiture of any benefits associated with the card.

Signature of Applicant

Date

Submit signed form to Center for International Services and Programs, MC 106

For Office Use Only:

ISIC Number

Issue Date

Issuer Initials



Health & Wellness Form (Optional; Cont.)

- Please list any prescription or over-the-counter medications you are currently taking. If possible, include the generic name of the drug. (Be sure to take a sufficient supply of critical, prescription medications to last for the duration of your stay abroad.)

- Please list all allergies (including drug allergies)

Emergency Contact Information

Name of Contact No. 1

Relationship

Street Address

City State Zip

Main Telephone No.

Optional Telephone No. – and/or – Email Address

Name of Contact No. 2

Relationship

Street Address

City State Zip

Main Telephone No.

Optional Telephone No. – and/or – Email Address

Additional comments or concerns that you wish the study abroad staff to be made aware of regarding your participation:



Limited Power of Attorney Form (Optional)

I, _____ SSN: _____ permanently residing at: _____
(Name of Student) (Street Address)

_____ with the telephone number of (_____) _____ - _____, certify that I am studying outside the
(City, State, Zip Code) (Permanent Telephone No.)

United States of America and do hereby make, constitute and appoint: _____
(Designee's Full Legal Name)

residing at: _____ with the telephone number of
(Street Address) (City, State, Zip Code)

(_____) _____ - _____, my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to act as my
(Permanent Telephone No.)

legal representative during my participation in study abroad. The hereby designated Power of Attorney is authorized to:

Yes No Receive checks made payable to me for educational expenses.

Yes No Sign and deposit checks made payable to me.

Yes No Handle issues related to my financial assistance.

Yes No Access information in my student account and/or financial assistance files.

Yes No Process banking transactions on my behalf.

Yes No Process insurance transactions on my behalf.

Yes No Pay bills on my behalf.

Yes No Other Actions:

This Power of Attorney terminates on: _____
(Month, Day, Year)

IN WITNESS THEREOF, I have hereunto set my hand and seal on: _____
(Month, Day, Year)

SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature of Student

Date Signed

Printed Legal Name of Public Notary Officer

Date Signed

Signature of Public Notary Officer

Acknowledged Date



Consortium Agreement for Study Abroad

A consortium agreement is a contract between the student, Cleveland State University and the visiting school. The agreement permits the Cleveland State University Financial Aid Office to process student aid based on the combined registered hours at both schools for the semester. **Please return this form no later than 15 business days prior to the start of the semester at CSU for which you are enrolling.** You are required to **submit a copy of your grades at the end of this term from the school listed below** before any future financial aid disbursements will occur.

I. Student Information & Agreement:

Under this consortium agreement, I understand: I must be enrolled in a degree-seeking program, be registered for at least six hours at CSU to report deferment eligibility to my guarantor / lender and receive campus-based awards. This agreement will not be honored after the published drop / add dates. I will notify the Financial Aid Office of enrollment changes. If a change of enrollment occurs, my aid may be adjusted and I will be billed. My financial aid will be calculated on the combination of registered hours at both schools. If I am entitled to a refund check, the Office of Treasury Services will mail the check to my home address. It is my responsibility to make payment arrangements with the host school.

Name of Student

Student ID Number

Street Address

City State Zip

Phone No.

Email Address

Year/Academic Level (Undergraduate, Graduate, Law, etc)

Graduation Date

Signature of Student

Date Signed

After section one is completed, please submit the form to the Center for International Services and Programs, KB 1150.

II. CSU Study Abroad Advisor-Related Information:

Term of Study Abroad: Fall Spring Summer Year of: _____

Type of Program: Independent Study Abroad Exchange Program CSU Faculty-led Program

List of Course(s) the Student will take at the host school that are transferable to his/her program at CSU and their CSU equivalent:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

The above Course(s) will be acceptable for transfer and will count toward the student's degree requirements at CSU.

Signature of Study Abroad Advisor

Date Signed

Telephone No.

Email Address

After section one is completed, please submit the form to the Host School's Financial Aid Office.



Consortium Agreement for Study Abroad (Cont.)

II. Host School's Financial Aid Office-Related Information:

Under this Consortium Agreement, the Host School agrees not to award any financial aid.

Begin/End Dates of Enrollment	Term	Hours Registered
Tuitions/Fees	Room/Board (Commuter)	Books & Supplies
Personal Expenses	Transportation Costs	Other Costs
		Total Cost
Officer's Printed Name & Title	Email Address	Telephone Number
College or University's Name	Street Address	City, State, Postal Code
Signature of Financial Aid Officer		Date Signed

Mail to: Cleveland State University, Financial Aid Office
2121 Euclid Avenue, Cleveland, OH 44115
- or - Fax to: 216-687-9247

For In-person inquiry, please visit Campus 411, MC 116.
<http://www.csuohio.edu/financialaid>
Phone: 216-687-5411