



Center for International Services and Programs (CISP)  
2121 Euclid Ave. MC 412  
Cleveland, OH 44115  
Phone: (216) 687-3910  
Fax: (216) 687-3965  
[www.csuohio.edu/csuea](http://www.csuohio.edu/csuea)

## Affiliate Programs: Pre-departure Forms Checklist

Once accepted by an affiliate program for study abroad, all students must submit the following required pre-departure paperwork. Paperwork is 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 exchanges or FLPA (faculty-led programs abroad). 1- 6 are REQUIRED; if using financial aid 9 is also REQUIRED.

1.  **Program Provider or Foreign University Acceptance**  
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 course 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.  **Budget worksheet/Cost of Attendance Agreement**  
Fill in all estimated costs and submit to CISP.
6.  **Flight/Travel Itinerary**  
Submit a copy of your flight itinerary with your departure and return date information.
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 when 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.

Please submit all forms to the CISP (either together or separately) by the deadline (Friday of exams week in the semester before study abroad). You may scan and email to [educationabroad@csuohio.edu](mailto:educationabroad@csuohio.edu) or send via mail or fax using the above contact information.



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## INDEPENDENT PROGRAM / AFFILIATE STUDY ABROAD PROGRAM

### ASSUMPTION OF RISK AND RELEASE OF CLAIMS FORM

*THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.*

Name of Participant: \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program: \_\_\_\_\_

I, \_\_\_\_\_, have requested that I to be allowed to participate in the above-referenced study abroad program (the "Program"). I identified and sought approval to participate in the Program and my participation is entirely voluntary. In consideration for being allowed to participate in the Program, and for other consideration, the sufficiency of which is acknowledged, I hereby agree as follows:

1. **Risks of the Program** I understand that participation in the Program involves risks not found in study at the University. These include, but are not limited to, risks involved in traveling to, within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions and potential unrest; different standards of design, safety and maintenance of buildings, public places, roads and conveyances; and local medical and weather conditions. I understand that such risks could lead to property loss, injury, or even death. I have reviewed the information at the U.S. Department of State website, [www.travel.state.gov](http://www.travel.state.gov), which is specific to the country or countries to which I will be traveling and have made my own additional investigation. I understand the risks and dangers present in participating in the Program and I accept these risks.

2. **Institutional Arrangements** I acknowledge that I identified the Program and sought permission to have credit from the Program transferred to CSU. I understand that the University has not independently researched the Program and has no responsibility for it. 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.

### 3. **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 that would prevent me from participating in the Program.

B. I am aware of all my personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs of payment for medical costs while I participate in the Program. I recognize that no personnel from the University will be present during the Program to assist me. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, including during travel to and from the Program, the University is not responsible for the cost or quality of such treatment or care.

### 4. **Standards of Conduct.**

A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, alcohol and drug use and other behavior. I recognize that conduct which violates those laws or standards could create a danger to me and harm the University's relations with that country and the institutions therein. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program, including during travel to and from the Program.

B. I will comply with the Program's rules, standards and instructions for student behavior. I understand that the University will not be involved in any discipline imposed upon me by the Program.



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C. I am solely responsible for 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.

5. **Independent Activity.** To the extent that I travel independently before, during or after the Program, I understand that the University is not obligated to, and will not, provide me any assistance. I accept all risks related to such activities.

6. **Assumption of Risk and Release of Claims.** Knowing the risks and with the understandings described above, I agree, on behalf of myself, my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program, including all losses, damages, injury or death. To the maximum extent permitted by law, I release and indemnify the 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, as a result of my participation in the Program including periods in transit to or from any country where the Program is being conducted.

I HAVE CAREFULLY READ ALL PROVISIONS OF THIS ASSUMPTION OF RISK AND RELEASE OF CLAIMS FORM AND I AGREE TO BE BOUND BY EACH AND ALL OF THEM, AS INDICATED BY MY SIGNATURE BELOW. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE PROVISIONS OF THIS AGREEMENT, HAVE BEEN MADE REGARDING THE SUBJECT MATTER HEREIN. THIS AGREEMENT SHALL BECOME EFFECTIVE UPON MY ACCEPTANCE INTO THE PROGRAM. THIS AGREEMENT 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.

x \_\_\_\_\_

\_\_\_\_\_

Signature of Participant

Date

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**TO BE COMPLETED IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE**

I am the parent or legal guardian of the above named participant in the Program. I have read all provisions of this Assumption of Risk and Release of Claims Form. I agree to be legally and financially responsible for the obligations and acts of the participant as described herein. **I further agree, for myself and the participant, to be bound by all terms, including without limitation, all understandings, representations, assumptions of risk and releases of claim**

x \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Legal Guardian

Date



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**EMERGENCY CONTACT FORM/ FERPA RELEASE**

Name of Participant: \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Program Director \_\_\_\_\_

In the event of an emergency during the time that I am a participant of the above-referenced study abroad program (the "Program") including times when I am traveling to or returning from the Program, I hereby give permission to representatives of the University to notify the following named persons of my whereabouts and condition and to provide any and all additional information requested from them.

First Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Second Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

x \_\_\_\_\_

Signature of Participant

Date

x \_\_\_\_\_

Signature of Parent or Legal Guardian (if Participant is under 18)

Date



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## Tentative Course Pre-Approval for Study Abroad & Evaluation/Transfer of Credit

Name of Student	Email Address
Student ID Number	Major/Degree/College
Telephone No.	GPA
Title of Study Abroad Program (University name)	City Abroad
Program Provider	Country Abroad
	Term Abroad
	Begin/End Dates (M/DD/YYYY)

**I. Approval of Plan for Study Abroad:** List your tentative study abroad course selection below (affiliate or exchange programs). Obtain signed or emailed approval from CSU chair, or director whose academic department would teach the course if it were offered at CSU (or email printouts attached) if you are seeking major/minor or upper division (300/400 level) equivalency approval. Indicate in the space below how the course should apply to CSU degree requirements per Grad Express Degree Audit or transcript. Approval must be sought for any course counting towards major/minor/upper division requirements. General education requirements (University requirements) do not require a signature, but will be reviewed by Registrar. Final credit equivalencies will be determined upon successful completion of study abroad and evaluation of courses. See II Evaluation & Transfer of Credit. All enrolled courses abroad must be taken for a letter grade.

Study Abroad Course Title	Dept/ Course #	Credits	CSU Requirement Being Met or Equivalent Course	Dept. Chair's Printed Name	Dept. Chair's Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature of Study Abroad Adviser \_\_\_\_\_ Date \_\_\_\_\_

**Financial Aid Applicant Statement:** "I, the undersigned, understand that I am contracting to complete \_\_\_\_ credit hours from the course listing above. I understand that failure to meet contracted minimum credit hours may result in partial or full repayment of the financial aid which has been disbursed to me."

Signature of Student Applicant \_\_\_\_\_ Date \_\_\_\_\_

**II. Evaluation and Transfer of Credit:** Submit original transcript with official English translation (if necessary) to CISP. Credit is accepted for courses in which the student earns a D or above. Major requirements may require a higher grade (see department). Number of credits will be assessed and added to student's CSU academic record on a pass/fail basis. If credit is to apply to degree or departmental requirements, the student may be requested to submit documentation and obtain signatures as outlined above. Level of credit may be evaluated and approved by faculty/chairperson in appropriate departments or by the Office of the University Registrar. If the student earned credit in several subjects, approvals must be obtained from all departments indicated.

Study Abroad Course Title	Dept/ Course #	Credits	Final Letter Grade Achieved	Dept. Chair's Printed Name	Dept. Chair's Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature of Study Abroad Adviser \_\_\_\_\_ Date \_\_\_\_\_



## Budget Worksheet / Cost of Attendance

Please complete the budget worksheet below. This should reflect the total cost of attendance at your education abroad program for your length of stay (term). Some of the costs are fixed and charged up front before you leave, while others will only be estimates of the costs that you will incur abroad. By signing at the bottom of this form you are affirming that you understand that you are responsible for all of your study abroad related expenses and agree to pay them. You may use all eligible loans, scholarships, grants, etc.

Full Name: (as in your passport) \_\_\_\_\_

CSU Student ID# \_\_\_\_\_ Email \_\_\_\_\_

Education Abroad Program \_\_\_\_\_

EA Program Location \_\_\_\_\_

Education Abroad Term & Year (ex. Fall 2014, Summer 2015, etc.) \_\_\_\_\_

**Estimated Costs in US dollars per Term: Use a check mark (✓) if it's included or not applicable (N/A)**

Tuition or Program Fee	
Roundtrip, International Airfare to/from home to Host Country	
CSU CISP Admin Fee	\$150
Room (rent)	
Board (food)	
Passport	
Visa or Residence Permit, if applicable	
Transportation upon arrival in country to and from the airport	
Entry and Exit Taxes, if applicable	
Cell phone	
Local Transportation (to school and around town)	
Health Insurance with international coverage (if not included in Program fee)	
Special Course Fee(s), if applicable	
Entertainment / Going out	
Additional Lodging (intersession)	
Books and Supplies (art, paper, etc.)	
Non-refundable Housing Deposit , if applicable	
Independent Travel, site seeing	
Toiletries, Laundry, Postage, Gifts, etc.	
Special Needs (Immunizations, medications, etc.)	

**Total Expenses (total cost of attendance)** \$ \_\_\_\_\_

**Anticipated Financial Aid award for the Term** \$ \_\_\_\_\_

**Scholarships I am applying for:** \_\_\_\_\_

The above is a true and accurate list of the actual and estimated costs of my program abroad. I know that I am responsible for all of these expenses and I agree to pay all of them.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



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## *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.

**Directions: Student completes Section I submits form. The Center for International Services and Programs is responsible for Sections II & III**

### **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.

I understand that I am responsible to clear all balances owed to my Study Abroad institution. An official transcript should be issued to CSU 30 days after the end of the Study Abroad term. If the transcript is not received by the end of the next semester of enrollment at CSU, your financial aid will be removed and you will be billed for all aid that you received for your semester abroad.

---

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

---



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**II. CSU Study Abroad Advisor-Related Information:**

**Term of Study Abroad:**     Fall                       Spring                       Summer                       Academic year: \_\_\_\_\_

**Type of Program:**         Affiliate             Reciprocal Exchange Program         Faculty-led Program Abroad

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

**III. 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
_____ Tuition/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

Please submit to: Cleveland State University, Financial Aid Office  
 2121 Euclid Avenue, Cleveland, OH 44115  
 (f) 216-687-9247  
 fao@csuohio.edu

For In-person inquiry, please visit Campus 411, MC 116.

<http://www.csuohio.edu/financialaid>

Phone: 216-687-5411

8/2016