



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

Reciprocal Exchange: Pre-departure forms Checklist

Once accepted by a reciprocal exchange partner university, 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 affiliate program participants or FLPA faculty-led programs abroad. Note: some items are OPTIONAL

1. **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
2. **Assumption of Risk & Release (Form)**
Read the form, sign and submit to CISP.
3. **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.
4. **Budget worksheet**
Fill in all estimated costs and submit to CISP.
5. **Medical Statement (Form)**
Meet with your physician or CSU Health and Wellness Center. Discuss your plans for study abroad and ask them to complete the Medical Statement Form.
6. **Statement of Health Insurance with International Coverage (Form)**
All students studying abroad are required to have insurance that provides medical coverage outside of 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 study abroad medical insurance, please contact us for a list of options or you can visit the pre-departure section of our website.
7. **Flight/Travel Itinerary**
Submit a copy of your flight itinerary with your departure and return date information.
8. **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.
9. **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.
10. **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 mail or fax to the above contact information.



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GENERIC UNIVERSITY 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: _____

Program Dates: _____ Program Director _____

I, _____, have requested that I to be allowed to participate in the above-referenced study abroad program (the "Program"), for which 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, that 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 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 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 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.

C. In the case of a medical emergency, I authorize the University, through the program director or other program representative, to secure for me any necessary emergency medical treatment that the University considers warranted under the circumstances. However, I understand that the University may not be able to, and is not obligated to, authorize such emergency medical care. I agree to pay all expenses relating to any emergency medical.

4. **Standards of Conduct.**



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- 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 University's rules, standards and instructions for student behavior.
- C. I agree that the University has the right to enforce the standards of conduct described above, and that it will impose sanctions, up to and including termination of my participation in the Program, for violating these standards or for any behavior detrimental to or incompatible with the interests of the University, the Program, or other participants. I recognize that due to the circumstances of programs abroad, procedure for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If my participation in the Program is terminated, I will return home at my own expense with no refund of fees.
- D. 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, including when I am otherwise separated or absent from University-supervised activities, 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. **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 University or Program. If the Program is canceled or changed, or if my participation in the Program is terminated 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 or other services, or due to sickness, weather, strikes, or other unforeseen causes.
7. **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 OR TO THE PROGRAM.



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x _____

Signature of Participant

Date

EMERGENCY CONTACTS / 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 Form

Name of Student		Email Address	
Student ID Number	Telephone No.	Major/Degree/College	GPA
Title of Study Abroad Program (University name)		City Abroad	Country Abroad
Program Provider		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 _____

Submit signed form to Center for International Services and Programs

II. Post-Study Abroad: Evaluation and Transfer of Credit: Submit original transcript in a sealed envelope to CISP. Credit is accepted for courses in which the student earns a D or above. List courses below if different from courses listed in Part I. 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 _____



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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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Medical Statement and Travel Clearance Form

To be completed and signed by student's physician (preferably non-relative).

1. Does the student have allergies to medications? If so, specify.

2. Does the student have other allergies? Please specify.

3. Is the student currently taking prescription medication? If so, specify.

This statement is to verify that _____ is in good health and is able to participate in Study
 Abroad activities. (Name of Student)

Name of Physician

Street Address

City State Zip

Telephone No.

Signature

Date

Clinic, Hospital, or Physician's Office Address Stamp

Submit signed form to Center for International Services and Programs



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Statement of Health Insurance for Study Abroad

The undersigned certifies that he/she has *health* and *hospitalization* insurance which is applicable overseas. Students who work with the Center for International Services and Programs are automatically eligible to use the services of the *International SOS* institutional membership which provides *evacuation* and *repatriation* insurance only (plus a 24-hour helpline). Please attach a photo copy of insurance card or other proof of enrollment in an appropriate health insurance program that provides international health insurance.

I. Student Information

Name of Student

Student ID Number

Signature

Date

Parent/Guardian's Signature (If Under 18 Years of Age)

Date

II. Insurance Provider Information

Name of Insurance Provider

Claims Department Phone No.

Group Number

Member Number

Submit signed form and photocopy of card to Center for International Services and Programs



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(Optional) Health & Wellness Form

The purpose of this form is to help Cleveland State be of assistance to you should the need arise during your study abroad experience. Mild physical or psychological conditions can become more serious under the stresses of life while traveling abroad. Moreover, the system of US health care is unlikely to be replicated in your host country. It is therefore *extremely* important that we be made aware of any medical or psychological/psychiatric conditions, previous or current, that you may (have) suffer(ed) from so that the faculty director abroad will be better able to respond appropriately should any such condition become exacerbated in a foreign study context.

Please answer the following questions as honestly and completely as possible. Providing the information requested by this form is not absolutely mandatory, but given the particular stresses and risks involved in study abroad, your refusing to do so could hinder your success in the program or that of others. The information will only be used in circumstances where it is judged by the faculty director to be essential to your well-being. Please indicate "N/A" if the question is not applicable to you.

I, the understated, consent to sharing my medical history information with the staff of CISP and the relevant staff of my study abroad program.

Name of Student

Student ID Number

Signature

Date

Parent/Guardian's Signature (If Under 18 Years of Age)

Date

1. Please describe any chronic conditions (such as asthma, diabetes, epilepsy, depression, bi-polar disorder, etc.) that you may suffer from, even if currently controlled by medication:

2. Please give details of any hospitalizations within the past three years:

3. If you are currently receiving, or have received in the past three years, counseling for the treatment of any emotional problem, drug addiction, alcoholism, psychiatric condition, or eating disorder, please describe:

4. Please describe any other physical or mental health conditions or concerns you may have:



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5. 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.)

6. Please list all allergies (including drug allergies)

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

Submit signed form to Center for International Services and Programs



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(Optional) Limited Power of Attorney

I, _____ SSN: _____ permanently residing at:
_____ with the telephone number of
(____) ____-_____, certify that I am studying outside the United States of America and do hereby make, constitute
and appoint: _____ residing at:
_____ with the telephone number of
(____) ____-_____, my true and lawful attorney for me and in my name, place and stead, and for my use and benefit
to act as my legal representative during my participation in study abroad. The hereby designated Power of Attorney is
authorized to:

- | | | | | |
|-----|--------------------------|----|--------------------------|-----------------------------------------------------------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Receive checks made payable to me for educational expenses. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Sign and deposit checks made payable to me. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Handle issues related to my financial assistance. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Access information in my student account and/or financial assistance files. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Process banking transactions on my behalf. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Process insurance transactions on my behalf. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Pay bills on my behalf. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other Actions: |

This Power of Attorney terminates on: _____

IN WITNESS THEREOF, I have hereunto set my hand and seal on: _____

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

Submit a photocopy ONLY to the Center for International Services and Programs



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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.

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

Student completes section I and the Center for International Services and Programs completes sections II & III

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:

- _____
- _____
- _____
- _____
- _____
- _____

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



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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
_____ 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