



## **Exchange Programs Form Package & Checklist**

Once accepted by an 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 independent (non-CSU) program participants or CSU faculty-led program participants.

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 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.
4.  **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.
5.  **International Student Identification Card (Form & Supporting Materials)**  
Complete International Student Identity Card application form. Pay \$25 USD to CSU Cashier's Office in Main Classroom (MC) for the "ISIC" card. Submit \$25 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.
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. Limited repatriation and evacuations insurance are included with the ISIC card.
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 while 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 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

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Name of Applicant

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Student ID Number

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Name of Parent/Legal Guardian (If Under 18)

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Date of Birth

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Program

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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



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

Name of Student	Email Address
Student ID Number	Major/Degree
Telephone No.	Year/Class
Title of Study Abroad Program	GPA (Minimum 2.5 Required)
Program Provider	Verification (S.A. Advisor)
	City & Country of Program
	Begin/End Dates (M/DD/YYYY)

**I. Approval of Plan for Study Abroad:** To be completed by all students going abroad on approved non-CSU programs. Form must be signed by department chair for which courses are being considered for CSU requirement in major/minor or upper division approval. General education requirements do not require signature but will be reviewed by Registrar. Final credit will be determined upon completion and evaluation of courses. See II. Evaluation & Transfer of Credit. All courses 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 Advisor \_\_\_\_\_ 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 student earned a D or above. Number of credits will be assessed and added to student's academic record. If credit is to apply to degree or departmental requirements, student must submit documentation and obtain signatures as outlined above. Level of credit will be evaluated and approved by faculty/chairperson in appropriate departments. If 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 Advisor \_\_\_\_\_ Date \_\_\_\_\_

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



## Medical Statement 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



## 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 \$25!

### 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](mailto: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 stationary 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



## **Statement of Health Insurance for Study Abroad**

The undersigned certifies that he/she has *health* and *hospitalization* insurance which is applicable overseas. Students are required to purchase the ISIC card which provides *evacuation* and *repatriation* insurance only. Students on CSU faculty-led programs receive the ISIC card as part of their program fees. Please attach a photo copy of insurance card or other proof of enrollment in an appropriate health insurance programs.

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### **I. Student Information**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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### **II. Insurance Provider Information**

\_\_\_\_\_  
Name of Insurance Provider

\_\_\_\_\_  
Claims Department Phone No.

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Member Number



## **Health & Wellness Form (Optional)**

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 faculty-director of my above named CSU program abroad.

\_\_\_\_\_  
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:





## **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)

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### **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

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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