

Stritch Semester/Year Education Abroad Program Application Packet

**Application must be submitted for Spring Semester Abroad by October 1 and for Fall Semester Abroad by March 1.
For all other deadlines, please consult the International Education Office.**

Stritch Application Packet:

- Program Application
- Semester/Year Abroad Program Requirements
- Education Abroad Essay
- Re-Entry Project Proposal
- Two Stritch Faculty or Staff References
- International Medical History Disclosure
- University Release and Waiver Form
- Course Approval Form
- One Passport Size Picture and One Copy of your Passport Picture Page
- Copy of your transcript

Stritch applications are rolling and you may submit items of your application packet as you complete them. Your Stritch application packet is completed when all items have been submitted. Your Stritch application packet must be complete prior to applying to a foreign university, a CEA program, or an external study abroad related scholarship.

Program Application-----Please Print All Information Clearly !

Personal Information

Your Full Name _____
(*exactly as it appears or will appear on your passport*)

Student ID# _____ Male _____ Female _____

Current Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Your Current Phone _____ Cell Phone _____ Break/Summer Phone _____

Stritch E-mail _____ Alternate E-mail _____

Date of Birth _____ Citizenship _____ SS# _____
Date (mm/dd/yy)

Do you have a passport? Yes No Passport Number _____ Expiration Date _____
Date (mm/dd/yy)

Emergency Contact: _____
Name Telephone Relationship

Program Location

Foreign University/Provider Name _____ Country _____

If you are unsure please provide your country preferences _____

I would like to study abroad during (circle): Fall Spring Summer Year: _____

Academic Information

Academic Year Freshman Sophomore Junior Senior Current GPA _____ Grad Date _____
Date (mm/yy)

Major(s) _____ Minor(s) _____

Your Major/Faculty Advisor _____ Phone _____ E-mail _____

Semester/Year Abroad Program Requirements

Please confirm that you have read and understand the following education abroad requirements:

- Passport:** Applicants must possess a valid passport which will not expire in the timeframe of travel. Participants requiring a passport or visa are expected to submit the relevant applications to the respective authorities in a timely manner. Information can be found online at travel.state.gov.
- Financial Aid:** Applicants understand that while federal, state and external financial aid may be applied to approved education abroad programs, Stritch institutional aid will not be awarded. Exceptions to this policy include participation in an approved university exchange program and/or participation in the Palmer Scholarship program.
- Stritch Education Abroad Fee:** All semester abroad applicants (except exchange program participants) commit a **non-refundable \$500** Education Abroad fee to Stritch **once accepted** to a program abroad by the foreign partner university or an education abroad provider during the semester prior to departure. Programs abroad that are less than one semester (less than 12 credit hours) will pay a non-refundable \$230 Education Abroad fee. Exchange program participants submit a **non-refundable \$325 exchange program fee** to Stritch once accepted.
- Health Insurance: All Participants** must have proof of adequate health insurance coverage valid in a foreign country over the program timeframe. Participants will be enrolled in HTH Global medical insurance at \$36 per month outside of the US.
- Orientations:** Participants are required to attend all relevant, scheduled orientation and preparation meetings taking place at Stritch or at a partner university.
- Costs:** Education abroad costs (tuition, accommodation, etc.) are charged directly to the student's Stritch tuition account. Participants are required to pay all costs not covered by financial aid, prior to departure. Once a participant is officially accepted into a foreign university or CEA program, he/she is liable for all education abroad program costs billed to Cardinal Stritch University by the study abroad provider. Participants should also be aware that in the case of program withdrawal, federal and state financial aid will not apply to these costs.
- Upon Returning:** Participants must complete a Program Evaluation and Re-entry Project within one semester upon return to Stritch.

I confirm that I have read and understand the semester/year education abroad program requirements and that I am aware that confidential information may be shared with the Stritch International Education Office, the Dean of Students and the Stritch Health Center. Photos and videos which I submit may be used in future Stritch International Education print materials or on the Stritch website.

Name of Applicant (Please Print)

Applicant Signature

Date (mm/dd/yyyy)

Education Abroad Essay

Please type a 1-2 page essay.

Part One: Why and where do you want to study abroad?

- Please **list** meaningful trips and/or educational program experiences you have participated in both domestically and internationally.

For Example:

Domestic / International Trip Experience	Location: City / Country	Approximate Dates and Duration (mm.yyyy)
<i>Volunteer Church Trip to Mexico</i>	<i>Puebla, Mexico</i>	<i>From 06.2005 To 07.2005</i>

- What do you believe you have gained from these previous experiences?
- Describe your chosen education abroad program, country and university. What factors led you to select this program, location, institution and duration of study?
- Why do you wish to study abroad in a foreign country and what factors led you to this decision?
- How do you expect your study abroad experience to compliment your academic aspirations? How will it fuel your professional growth and eventual career goals? And how do you expect your international experience to impact your personal development?

Re-Entry Project Proposal

Your international experience will make you a special resource to the Cardinal Stritch community including your student colleagues, faculty and the International Education office. This project *proposal* is due before studying abroad.

Stritch students are required to carry out a re-entry service project upon their return to the U.S. and to Stritch which promotes your specific education abroad program and Stritch International Education at Stritch and/or in your community. Semester abroad participants will receive **\$100** on their Stritch accounts once the project is complete. All other students (short term/exchange participants) will receive **\$50**.

Projects should be able to be completed in approximately one semester and have obtainable goals.

Please include a short proposal with the following information:

- Briefly outline your proposed project to promote your program and Stritch International Education.
- What are your specific project goals?
- How will this project impact your home university or home community?
- What is your target population and how will your project impact this group?
- How will you integrate the impact of your experiences abroad into your project?
- What if any campus departments, student organizations and/or community organizations will you collaborate with in promoting your education abroad program and Stritch International Education? Have you already made contact with these groups?

EDUCATION ABROAD REFERENCE FORM

Note: Reference forms should be submitted to the International Education Office (Box 335 or BH1070) by October 1 for Spring applicants, March 1 for Fall applicants.

Program Applicant Print Name	Semester Abroad Program	Date (mm/dd/yyyy)
------------------------------	-------------------------	-------------------

Applicant Waiver

Consistent with the provisions of the Family Education Rights and Privacy Act 1974, Cardinal Stritch University undertakes to uphold your right of access to this Academic Recommendation Form when completed. However, under the Act you may elect to waive your right of access and by doing so to render this a confidential recommendation. If you decide to waive your right of access please signify by signing the following waiver. **"I understand that the completed recommendation below will be used solely for the purpose of my application to study abroad and on that understanding I hereby waive my right of access to it."**

Program Applicant Print Name	Applicant Signature	Date (mm/dd/yyyy)
------------------------------	---------------------	-------------------

The student named above is an applicant for a semester study abroad program. The program involves a full schedule of academic work at a foreign institution. To benefit from this experience a student must be highly motivated, emotionally mature and able to adapt easily to people with different cultural and social backgrounds. All participants have strengths and weaknesses relevant to their participation in semester study abroad programs. We would appreciate your thoughtful and candid appraisal of this applicant. We greatly appreciate your cooperation.

1. Basis and extent of your acquaintance with the applicant:

2. Academic Attributes:

	EXCELLENT 5	GOOD 4	FAIR 3	POOR 2	UNKNOWN 1
Competence in Major:	_____	_____	_____	_____	_____
Academic Interest & Motivation	_____	_____	_____	_____	_____
Capacity for Independent Study	_____	_____	_____	_____	_____

3. Non-Academic Attributes:

	EXCELLENT 5	GOOD 4	FAIR 3	POOR 2	UNKNOWN 1
Ability to relate well to others	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Open-Mindedness	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

4. Please state your opinion of this candidate's chances for a successful overseas study experience (both academically and in adapting to another culture).

Strengths:

Weaknesses:

5. IF A FOREIGN LANGUAGE IS REQUIRED FOR PROGRAM PARTICIPATION and you have knowledge of the student's capabilities, please indicate your opinion of the applicant's present language ability in each of the following categories:

	Listening Ability	Speaking Ability	Reading Ability	Writing Ability
Limited, Basic Ability	_____	_____	_____	_____
Intermediate, Some Inconsistency	_____	_____	_____	_____
Advanced, Can Use Complex Structures	_____	_____	_____	_____

Additional Comments:

6. Do you: _____ Strongly recommend this student for semester abroad overseas study
 _____ Recommend this student for semester abroad overseas study with some reservations
 _____ At this time, do not recommend this student for semester abroad overseas study

Name of Evaluator (please print) Evaluator Signature Department Title Date (mm/dd/yyyy)

EDUCATION ABROAD REFERENCE FORM

Note: Reference forms should be submitted to the International Education Office (Box 335 or BH1070) by October 1 for Spring applicants, March 1 for Fall applicants.

Program Applicant Print Name	Semester Abroad Program	Date (mm/dd/yyyy)
-------------------------------------	--------------------------------	--------------------------

Applicant Waiver

Consistent with the provisions of the Family Education Rights and Privacy Act 1974, Cardinal Stritch University undertakes to uphold your right of access to this Academic Recommendation Form when completed. However, under the Act you may elect to waive your right of access and by doing so to render this a confidential recommendation. If you decide to waive your right of access please signify by signing the following waiver. "I understand that the completed recommendation below will be used solely for the purpose of my application to study abroad and on that understanding I hereby waive my right of access to it."

Program Applicant Print Name	Applicant Signature	Date (mm/dd/yyyy)
-------------------------------------	----------------------------	--------------------------

The student named above is an applicant for a semester study abroad program. The program involves a full schedule of academic work at a foreign institution. To benefit from this experience a student must be highly motivated, emotionally mature and able to adapt easily to people with different cultural and social backgrounds. All participants have strengths and weaknesses relevant to their participation in semester study abroad programs. We would appreciate your thoughtful and candid appraisal of this applicant. We greatly appreciate your cooperation.

1. Basis and extent of your acquaintance with the applicant:

2. Academic Attributes:

	EXCELLENT 5	GOOD 4	FAIR 3	POOR 2	UNKNOWN 1
Competence in Major:	_____		Resourcefulness		_____
Academic Interest & Motivation	_____		Reliability		_____
Capacity for Independent Study	_____		Integrity		_____

3. Non-Academic Attributes:

	EXCELLENT 5	GOOD 4	FAIR 3	POOR 2	UNKNOWN 1
Ability to relate well to others	_____		Level of Maturity		_____
Emotional Stability	_____		Self Confidence & Self Esteem		_____
Open-Mindedness	_____		Ability to adapt to new or Unstructured circumstances		_____
Integrity	_____				_____

4. Please state your opinion of this candidate's chances for a successful overseas study experience (both academically and in adapting to another culture).

Strengths:

Weaknesses:

5. IF A FOREIGN LANGUAGE IS REQUIRED FOR PROGRAM PARTICIPATION and you have knowledge of the student's capabilities, please indicate your opinion of the applicant's present language ability in each of the following categories:

	Listening Ability	Speaking Ability	Reading Ability	Writing Ability
Limited, Basic Ability	_____	_____	_____	_____
Intermediate, Some Inconsistency	_____	_____	_____	_____
Advanced, Can Use Complex Structures	_____	_____	_____	_____

Additional Comments:

6. Do you: _____ Strongly recommend this student for semester abroad overseas study
 _____ Recommend this student for semester abroad overseas study with some reservations
 _____ At this time, do not recommend this student for semester abroad overseas study

Name of Evaluator (please print) Evaluator Signature Department Title Date (mm/dd/yyyy)

STRITCH INTERNATIONAL HEALTH SELF-DISCLOSURE FORM (PAGE ONE)

Traveling abroad can be an enriching but also a physically and mentally challenging experience. Mild or pre-existing health concerns can become serious while transitioning into an unfamiliar environment. For your health and safety, we require full self-disclosure of your health status.

If you are a Stritch student attending classes in Milwaukee, please make an appointment with the Stritch Student Health Center to review this completed form. **If you are not a Stritch student attending classes in Milwaukee** (College of Business students, staff, faculty, alumni, etc.) please submit this form to the Cardinal Stritch University Student Health Center, 6801 N. Yates Rd, #505, Milwaukee, WI 53217).

Additional information may be requested in order to help you develop a health management plan appropriate for your international experience. We strongly encourage you to discuss any health issues with your health care provider before participating in this international program. Please be aware that this form will be shared with the Stritch Student Health Center, Center for Counseling & Mental Wellness, and the International Education Office. Program Coordinators of short-term group-based programs and personnel from Stritch host organizations abroad may also have access to this information.

Family/Last Name _____ First Name _____ Birth Date ____/____/____

Program Location(s) _____ Program Dates ____/____/____ to ____/____/____

Home Address _____

Home Phone # _____ Cell Phone # _____ Email _____

Emergency Contact _____ Relationship _____ Phone # _____ Email _____

Primary Care Physician _____ Telephone # _____

Health Insurance Provider _____ Policy # _____

HEALTH CONDITIONS (Check where applicable)			
<input type="checkbox"/> Alcoholism/Drug Addiction	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Compromised Immune System	<input type="checkbox"/> Currently Pregnant
<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Fainting/Dizziness	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Insomnia (Sleep disorder)	<input type="checkbox"/> Migraines	<input type="checkbox"/> Specific Psychological Disorder	<input type="checkbox"/> Walking/Lifting Impairments
<input type="checkbox"/> Vision or Hearing Loss	Other conditions of which Coordinators should be aware while arranging logistics or in case of emergency?		

MEDICATIONS CURRENTLY BEING USED: PLEASE CHECK AND LIST MEDICATION AND DOSAGE

- None
- Over the Counter: _____
- Prescriptions including oral contraceptives: _____
- Vitamins/Herbal: _____
- Sleep Aids: _____
- Other: _____

DIETARY RESTRICTIONS (religious or otherwise) _____

SEVERE ALLERGIES (include physical reactions): _____

STRITCH INTERNATIONAL HEALTH SELF-DISCLOSURE FORM (PAGE TWO)

- A. Has your physical activity been restricted during the past 5 years? If yes, provide reasons and duration below. No Yes
- B. In the last 5 years, were you treated by a physician, psychiatrist/psychologist, drug/alcohol counselor, or other health practitioner (excluding routine check-ups)? If yes, provide details including any medications prescribed below. No Yes
- C. In the last 5 years, have you been hospitalized? If yes, provide details below. No Yes
- D. Have you ever had a serious acute illness? If yes, provide details below No Yes
- E. Do you have any chronic/recurrent illness or any permanent/chronic injury or physical limitation? If yes, provide details below. No Yes
- F. Have you had any serious physical reaction to a prescription, over-the-counter medicine or immunizations? If yes, provide details below. No Yes
- G. Do you have a history of asthma or any other respiratory ailment? If yes, provide details below. No Yes
- H. Are you currently receiving antigen/immunotherapy injections or prescription medication for an allergy? If yes, provide details below No Yes
- I. Have you ever experienced a period of depressed, anxious or irritable mood that lasted nearly every day for weeks?
If yes, provide details below. No Yes
- J. Have you ever experienced a time in which you were unable to attend school or work because of stress, anxiety or depression?
If yes, provide details below. No Yes
- K. Have you ever been so upset that you have harmed yourself, or been afraid that you might harm yourself?
If yes, provide details below. No Yes

Health Details: (use back as needed)

As an applicant to a Cardinal Stritch University international program, in the event of an emergency, I hereby authorize the release of this medical record or any medical information pertaining to me to Cardinal Stritch University personnel, to the host organization personnel as well as to emergency medical personnel in the hosting country. In the event of an emergency, I also authorize the release by Cardinal Stritch University of my medical records or other medical information pertaining to me to my designated emergency contact.

Although in most cases administration of an anesthetic, treatment of an injury, or surgery upon an individual cannot be conducted without consent of the patient, in order to prevent a dangerous delay in an emergency situation where Cardinal Stritch University is either unable to contact my designated emergency contact, or if I am unconscious or otherwise unable to give my consent, I hereby authorize the Cardinal Stritch University representative and the host organization representative to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery.

By signing this form I hereby verify that all of the information contained in this form (page 1-2) is accurate and complete. I acknowledge that any failure to provide accurate and complete information, including notification to Cardinal Stritch University of changes in the health information contained in this form, may result in my dismissal from the program and the corresponding costs relating to this program change. I agree to notify Cardinal Stritch University of any material changes in my health that occur prior to the start of the program or during the program period.

Participant Printed Name _____

Participant Signature _____

Date ____/____/____

Office Use Only	
Health plan recommended? (Initials)	
SHC <input type="checkbox"/> No <input type="checkbox"/> Yes ()	
CCMW <input type="checkbox"/> No <input type="checkbox"/> Yes ()	
Health plan completed?	
SHC <input type="checkbox"/> No <input type="checkbox"/> Yes ()	
CCMW <input type="checkbox"/> No <input type="checkbox"/> Yes ()	
By PCP <input type="checkbox"/> No <input type="checkbox"/> Yes ()	

Release and Waiver of Liability: Part A

Program Name:

Program Dates:

I hereby acknowledge that my participation in this approved international university program experience and all related activities associated with the program are completely voluntary and are in no way required by Cardinal Stritch University, its employees or representatives. Representatives of Cardinal Stritch University include, but are not limited to, the individual organizations and individuals who compose the planning coalition on the Cardinal Stritch campus.

I understand that Cardinal Stritch University, its employees, and representatives are not in any way responsible for insuring the safety of any activities I choose to undertake. Any decisions I make regarding participation are my own responsibility.

I am fully aware that international travel may be dangerous and involve risks and dangers of my being seriously injured or hurt, including my being killed. In addition to physical injury, I am fully aware that international travel involves risks and dangers of financial injury and loss. I am further aware that such risks of physical and financial injury exist in the university program. Despite such risks of injury involved in the international university program experience, I freely choose to be involved, assuming the risks of injury.

Because I am not required to participate in this program, and because I understand that Cardinal Stritch University, its employees, and representatives have no duty to insure my safety, and because I understand and assume the risks of injury involved in this university program, I hereby waive any and all legal claims that I, my assignees, heirs, distributees, guardians, legal representatives and/or successors may have against Cardinal Stritch University, its employees and representatives for any and all injuries or damages that I incur as a result of my participation in this university program experience. Such injuries or damages for which I am releasing liability may result from the negligence of Cardinal Stritch University, its employees or representatives; my own negligence; or the negligence of any third party while I am participating in the university program experience.

Such injuries and damages for which I am releasing liability may result from, but are not limited to, the following activities: any accident, whether by motor vehicle or airplane, during my transportation to, within, or from my foreign destination; any political or civil unrest in a foreign country; any criminal assault or abduction while participating in the university program; any illness or disease contracted while in the foreign country; and any theft, destruction, or other loss of my personal property while on the international university program.

I acknowledge that this Release and Waiver of Liability is being relied upon by Cardinal Stritch University in allowing me to participate in this university program.

I CONFIRM THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CARDINAL STRITCH UNIVERSITY, AND SIGN IT OF MY OWN FREE WILL.

Printed Name of Participant

Signature of Participant

Date (mm/dd/yyyy)

Release and Waiver of Liability: Part B

Program Postponement or Cancellation

I acknowledge and agree that Cardinal Stritch University, through its faculty and staff, has the authority to cancel, suspend or postpone any or all international travel if it believes that the current international situation, including but not limited to war or terrorist or criminal activity, poses a unique or special danger to participants. Participants will bear the responsibility for any financial losses associated with such cancellation, suspension or postponement.

Health and Medical Care

I also grant any of the international university program supervisors, officers or agents full authority to take whatever action is deemed warranted regarding my health and safety. This authority gives full permission to the program supervisor, officers or agents, at their discretion, to place me in a hospital at any point, at my own expense, for medical services and for medical treatment or, if no suitable facility is available, to place me under the care of a local medical practitioner for treatment. The program supervisor, officers and agents are further authorized to medically evacuate me at my own expense for medical treatment if local medical authorities deem it to be necessary.

Personal Behavior and Standards of Conduct

I acknowledge and agree that this supervised program is fully under the purview and authority of Cardinal Stritch University, and, as a participant, I am expected to conform fully to the standards and procedures articulated in the Cardinal Stritch University Student Handbook. Cardinal Stritch University and the program supervisor reserve the right to terminate my participation in the program if it deems my conduct is detrimental or incompatible with the interests, harmony, comfort or welfare of the program as a whole. If my participation is terminated, I understand that there will be no financial refund or reimbursement of any kind.

Independent Activity

I acknowledge and agree that Cardinal Stritch University is not responsible for any injury or loss that I may suffer when traveling independently or am otherwise separated or absent from any University-sponsored activities. I further acknowledge and agree that any independent activity or travel outside of the official university program whether prior to the program or after the program or during the official dates of the university program will be at my personal expense and risk.

Summary

I agree that Cardinal Stritch University and the program supervisor have the right to make cancellations, changes or substitutions in emergencies or changed conditions in the interests of participants; to alter the cost prior to departure in order to meet unexpected changes in tuition, accommodation, meals, airfare rates, transportation, etc. I understand that the announced fees, schedules and rates are based on information available at the time program plans are developed and are subject to change.

Printed Name of Participant

Signature of Participant

Date (mm/dd/yyyy)

Release and Waiver of Liability: Part C

Health & Safety

I will have read and received health & safety information from the [U. S. State Department](#) Consular Information Sheet and the [Center for Disease Control and Prevention](#) and I agree to read its contents.

Printed Name of Participant

Signature of Participant

Date (mm/dd/yyyy)

Program Orientation

I will attend any and all relevant education abroad program orientation sessions and I fully understand the information I have received as well as the necessary steps I still need to complete before my departure.

Printed Name of Participant

Signature of Participant

Date (mm/dd/yyyy)

Stritch Education Abroad Pre-Departure Course Approval

Host Institution: _____ **Program Dates (mm/dd/yy) from** ___/___/___ **to** ___/___/___

This completed course approval form must be submitted with your Stritch program application packet. Your Major Advisor(s), your One Stop Counselor, the International Education Office must sign this form in order to complete your Stritch application packet and prior to applying to a CEA program or foreign university. Foreign course descriptions and syllabi should be provided by the student to the appropriate Stritch academic departmental chairs together with this form to ensure Stritch course credit will be granted for each foreign course listed.

Please Print All Information

Personal Information

Your Full Name _____ Student ID# _____

Phone Number: _____ Cell Phone or Break Phone: _____ E-Mail Address: _____

Academic Information

I will be abroad for: Fall Semester Spring Semester Year Summer Register me as: **FRGN100** **FRGN200**
(Office use only)

Major _____ Minor _____

Academic Transcripts will be issued by _____
(US Partner University or Foreign University or Study Abroad Organization)

	Course Titles (please print) For Example: ESP 320: Spanish Conversation FOT 402: Digital Photography	# of Credit Hours	In Lieu of Stritch Course #	Signature of Stritch Department Chair Authorizing Course Credit
1				
2				
3				
4				
5				
6				
7				
8				

Note: Please rank your foreign courses in the order that you need to take the course from most crucial to least crucial. Please ensure you have at least 8 courses approved by the appropriate Stritch academic department in the case that you need to select an alternate course upon arriving at the foreign university. Ensure that your one stop counselor has authorized elective credit above if a course has not been approved by a specific Stritch academic department.

Major Advisor(s) _____ Date (mm/dd/yyyy) ___/___/___

One-Stop Counselor _____ Date (mm/dd/yyyy) ___/___/___
(signed only after reviewing all approved courses with student)

International Education _____ Date (mm/dd/yyyy) ___/___/___
(signed only after all courses have been approved to the right above)

Registrar _____ Date (mm/dd/yyyy) ___/___/___
(signed only after all courses have been registered)