

# Study Abroad Application Packet

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## Application Procedures

Students must complete the following Governors State University (GovState) study abroad application requirements in order to receive approval for study abroad. Students must also meet admission requirements set by their chosen study abroad program and be accepted into the program. GovState faculty make the final decision on students participating in their program. The Office of International Services (OIS) approval does not guarantee admission into any study abroad program outside of GovState. Please check the GovState website for study abroad requirements

**Step I** - Make a Study Abroad Advising Appointment with the Office of International Services to discuss your plans. To schedule an appointment, please email [studyabroad@govst.edu](mailto:studyabroad@govst.edu) or call 708.235.7611.

**Step II** - Submit the Following Documents to the Office of International Services:

- Completed Study Abroad Application
- Non-refundable deposit (amount depends on program)
- Copy of photo page of passport (students without a passport must apply for one)
- Completed Study Abroad Course Approval Form (for students attending study abroad programs that offer credit outside of Governors State University.)

**Step III** - Apply for the GSU Study Abroad Scholarship. The scholarship application can be found in Scholarship Universe. Please email [studyabroad@govst.edu](mailto:studyabroad@govst.edu) to request link for the scholarship application. To be considered for the scholarship, students must submit the following in the application:

- Completed Study Abroad Scholarship Form
- 2 Academic or Professional Letters of Recommendation
- 500-1000 Word Statement of Purpose Essay with Follow-on Project
- Resume

Please return all items to the Office of International Services, GMT 168 with attention to Study Abroad, GMT 151. Incomplete or late applications will not be considered for the scholarship. Check the GovState website or contact [studyabroad@govst.edu](mailto:studyabroad@govst.edu) for the latest Study Abroad Scholarship Application deadlines.

OIS recommends that you copy all of your documents for your records.

Passports MUST be valid at least 6 months BEYOND your arrival date back in the United States.

It is your responsibility to know if you need a visa to travel to another country. Please check with the Department of State's website if you are a US citizen or permanent resident for visa requirements. For nonimmigrants, please check with your home country's government to confirm whether or not you would need a visa. You should also reference the Department of State's website to ensure that you obtain all of the proper immunizations for the country to which you will travel.

# Study Abroad Application

## Study Abroad Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

GovState ID: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Phone: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Program Destination: \_\_\_\_\_ Program Semester: \_\_\_\_\_

Program Title Abroad: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Course Number: \_\_\_\_\_

I plan to take the course for credit:  Yes  No, I plan to audit\*

\*Note: Auditing is an option for some programs, it is a way for students to participate who do not need course credit. Students pay \$75 instead of tuition.

Do you have a passport? Yes  No, but I will apply for one.

Country of Citizenship: \_\_\_\_\_

Full Name as it appears on passport: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_ Passport Number: \_\_\_\_\_

## Emergency Contact Information

The information requested below is sought to assist Governors State University officials and inform them of your emergency contact information in the unlikely event of an emergency during your study abroad experience.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

## Statement of Responsibility and Assumption of Risk

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In consideration of being allowed to participate in a Governors State University study abroad program, I hereby agree to the following conditions of participation:

1. **Personal Conduct:** I understand that as a visiting student in a foreign country, I shall be subject to the laws of that country and the rules and regulations of the institution with which I am engaged. I further understand and agree to the following conduct stipulations:
  - a. While enrolled in and attending the study abroad program (herein after referred to as Program), students are expected and required to abide by the rules and regulations established by Governors State University. The actions that constitute misconduct for which students may be subject to disciplinary penalties are promulgated in the Governors State University community standards handbook. A current copy of which is available at: <https://www.govst.edu/communitystandards/>
  - b. Violations of the rules of student conduct as described above may result in the University instituting disciplinary or administrative action proceedings. Regulations governing student conduct as well as disciplinary proceedings and appeals can also be found in the student handbook.
  - c. The disciplinary process may result in dismissal of the charges, a verbal or written warning, program probation, or termination from the program. Termination from the program will result in the loss of academic credit from the program. Students terminated from the program will be held responsible for all program costs incurred on their behalf.
  - d. For the duration of the program students are considered to be engaged in an official University activity and must comply with all the rules and regulations that pertain thereto.
2. **Academic Responsibility:** I understand that I am responsible for attendance at all classes and scheduled activities. I also understand that the GSU student conduct code will apply to me while I am enrolled in this study abroad program and it is my responsibility to be informed of the code and the resulting misconduct proceedings, should a violation occur. These regulations and procedures can be found in the GSU student handbook: <http://www.govst.edu/communitystandards/>
3. **Financial Liability:** I agree to bear any additional costs if approximate rates quoted by the University increase due to currency exchange rate fluctuations or inflation prior to my departure and during my residence abroad. I also understand that Governors State University will bill me for any outstanding charges, damages, etc., incurred by me at the program site. My GSU academic transcript will be encumbered and my study abroad credit will not be posted until these charges have been resolved.
4. **Responsibility During Free Time:** I understand that during free time within the period of the program and after the period of the program I may elect to travel independently at my own expense. I agree to inform the proper authorities abroad of my travel plans and understand that Governors State University and/or staff or its counterparts overseas are not responsible for me while I am traveling independently during such free time.
5. **Theft and Other Crimes:** I agree to release Governors State University and its staff from any liability for damage to or loss of my possessions, injury, or death arising out of crimes during the period of the program.
6. **General Release and Waiver:** I waive Governors State University and its staff from any liability for damage to or loss of property, injury, illness, or death during the period of the program arising on the part of fellow participants, host family members, agencies and educational organizations, persons or groups with which the University contracts for the provision of services for the program or which have been suggested by program faculty as resources for the students.
7. **Governors State University Student Responsibility:** I understand that as a Governors State University study abroad student, I will be viewed as a representative of my university and my country. It is my intention to act as a good will ambassador and conduct myself in a fitting manner.

## Statement of Responsibility and Assumption of Risk

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### Refunds & Withdrawals Policy

#### Refunds

Any payments made to Governors State University for participation in study abroad programs will not be refunded under any circumstances.

#### Risks

Travel abroad involves some risks and uncertainties not present at Governors State University (GovState), including risks of injuries, damages or other harm that may arise during the overseas study period. GovState students must accept these risks and uncertainties as well as accept responsibility for their own safety. Governors State University cannot guarantee students' safety while living abroad.

#### Voluntary Withdrawal

GovState students who choose to withdraw from a study abroad program must be aware that GovState will not assume any financial responsibility for such a voluntary withdrawal. Furthermore, GovState students must pay careful attention to the cancellation/withdrawal policies of the host university or program provider.

The Office of International Services will notify Financial Aid of your withdrawal. Please note that students who withdraw after a program begins should expect to repay any financial aid, including scholarships and loans, awarded for the program.

#### Involuntary Withdrawal

Though very rare, GovState students may be required to withdraw from a study abroad program involuntarily. Reasons could be – but are not limited to – medical needs, political instability, natural disasters or other evacuations. The Office of International Services will make every reasonable effort to advocate for refunds of unspent expenses. However, Governors State University will not assume any financial responsibility for such involuntary withdrawals.

It is expected that after a program is cancelled or after it is determined that a student must withdraw from a program involuntarily, the student will depart from the program location within 24 hours. In some cases, a student may be asked to sign a document acknowledging that her/his participation in the program has concluded.

The Office of International Services reserves the right to cancel any overseas program where the security of GovState students might be threatened. This may occur even if the United States Department of State has not issued a travel warning or travel alert. Governors State University will not assume any financial responsibility for a canceled study abroad program.

If a host university or program provider terminates the participation of a GovState student in a study abroad program, Governors State University will not assume any financial responsibility for such an involuntary withdrawal.

The Office of International Services will notify Financial Aid of all involuntary program withdrawals. Please note that students who are involuntarily withdrawn from a program after it begins should expect to repay any financial aid awarded for the program.

*All of the information that I have entered above is correct to the best of my knowledge. Additionally, I have read, understand, and accept each of the above listed conditions.*

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Signature of Participant

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Date

<b>For Office Use – Application Documents</b>		___	Refunds & Withdrawal Policy
___	Application Form	___	Information Release Consent Form and Survey
___	State of Responsibility & Assumption of Risk	___	Course Approval Form (if applicable)
___	Health Questionnaire	___	Passport Copy
<b>Received By:</b>		<b>Date Received:</b>	

**Information Release Consent Form And Survey (optional)**

\_\_\_ I consent to allow the Office of International Services to release information regarding my participation in the Study Abroad Program. This may include my name, hometown, telephone number, major and Email address. This information can be shared with the following parties (please check to which of the following parties you agree to release your information):

- Anyone
- Media (no phone or Email will be shared)
- My parents, legal guardians, or family members
- Faculty and/or staff (at Governors State University or your program abroad)
- Students interested in participating in Study Abroad programs in the future

\_\_\_ I do not consent to have my information released

Student Name	Student Signature	Date
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1. State briefly any additional information that may be useful in evaluating your candidacy, including any travel or residence in other countries or regions of the United States.

2. Interests and/or hobbies:

3. Activities and/or organizations:

4. Describe your plans for financing your participation in a study abroad program.

The following questions are for data collection and will not affect the status of your application:

- |  |   |
|--|---|
| 5. Are you receiving financial aid?      Yes ___ No ___            | 6. Are you a Federal Pell Grant Recipient?      Yes ___ No ___      |
| 7. Are you a First-Generation College Student?      Yes ___ No ___ | 8. Will you be utilizing VA education benefits?      Yes ___ No ___ |

## Study Abroad Program Deposit Form

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Name: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

An important component of your experience abroad is the state of your health. Because we want this experience to be positive and because we also want to be of help to you in case of sickness or injury, we ask that you complete this questionnaire as completely and as candidly as possible. Please keep in mind that your answers do not affect your status as a program participant. Also, this information will be held in strict confidence, to be shared with program staff only on a need-to-know basis.

1. Do you have a chronic health condition? \_\_\_\_\_ If so, please describe this condition.

2. Do you take, regularly or sporadically, a medication or medications? \_\_\_\_\_  
If so, please identify the medication(s) and your dosage schedule.

3. Do you have a physical condition that could affect your participation in program events (or require special steps on our part to make your participation possible)? \_\_\_\_\_ If so, please describe this condition.

4. Do you suffer from an allergy or allergies? \_\_\_\_\_ If so, please elaborate.

5. Do you have any dietary restrictions? \_\_\_\_\_ If so, what are they?

6. Is there anything in your medical history (illness or injury) that would be potentially useful for us to know (to ensure your full participation in the program)? \_\_\_\_\_ If so, please elaborate.

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Student Signature

Date

*Thank you for completing this form. If you would like to elaborate on anything here or if you want to discuss a problem outside the framework of these questions, please feel free to attach a separate sheet of paper. Also, you are welcome to speak privately (and confidentially) with an Office of International Services staff member about any potential medical problem or concern you may have.*

## Study Abroad Program Deposit Form

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**Directions:** Please complete and submit the following to the Office of International Services in person in the Goodman-Malamuth Technology (GMT) Building 168 or email it to [studyabroad@govst.edu](mailto:studyabroad@govst.edu).

**Name:** \_\_\_\_\_ **GovState ID Number:** \_\_\_\_\_

**Study Abroad Program Name:** \_\_\_\_\_

**Total Program Cost:** \_\_\_\_\_

**Deposit Due:** \_\_\_\_\_

\_\_\_\_\_ **Cash** (Do not drop off at the Front Desk. Please request to see an OIS staff member for cash payment)

\_\_\_\_\_ **Check/Money Order** made payable to Governors State University (Highly Recommended)

\_\_\_\_\_ **Credit Card** (MasterCard, Visa, Discover)

**\*\*Must make payment at the cashier's office within 3 business days after submitting this form, then provide a copy of the receipt to OIS\*\***

### In signing this form I certify the following:

By making this deposit I am promising to participate in the above-referenced study abroad program. I understand that I will be responsible for covering the entire program cost by the determined deadlines. Except in the unlikely event that the program I am accepted into is not offered at all, this deposit and all other payments I make to Governors State University for participation in this study abroad program will not be refunded to me under any circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### For Office Use Only:

Date Payment Received: \_\_\_\_\_ OIS Staff Member Name: \_\_\_\_\_

OIS Staff Member Signature: \_\_\_\_\_