

STUDY ABROAD APPLICATION CHECK LIST

APPLICATION REQUIREMENTS

Applicants for La Salle programs must have a least a 2.5-3.0 GPA (GPA requirement is program specific) and must have no existing disciplinary holds or serious disciplinary history.

APPLICATION MATERIALS

Please submit the below application materials to the Multicultural and International Center:

Deadline for Spring Applications: Oct 1st

Deadline for Summer and Fall Applications: March 1st

- Application form
- Purpose Statement
- Advisors form (filled out by the Assistant Dean in your academic dean's office)
- Transcript
- 2 Recommendation forms
- Course Authorization Form (**AUR and Consortium applicants only**)
- Risk and Release form
- Student Financial Services form (filled out by a Financial Services counselor)
- Copy of passport
- Two passport size photographs (passport photos can be taken at the Multicultural and International Center for \$2 per photo)

ACCEPTANCE FORMS TO FILE

Please submit the below forms **after** you have been accepted into your study abroad program

- International Insurance Geo-Blue payment of \$250 (please make the check payable to La Salle University)
- Course Authorization Form
- Health information form
- Your flight itinerary (flight arrangements should not be arranged until after you have been accepted into your study abroad program)
- Copy of student visa (if applicable)

Please keep this form for your records

LA SALLE UNIVERSITY STUDY ABROAD APPLICATION

APPLICANT INFORMATION *(Please print legibly)*

Name:		La Salle Email:	
Date of birth:	Campus address:	Phone:	
Personal email (other than La Salle):			
Permanent address:			
City:	State:	ZIP Code:	
Student ID#:	Country of Birth:	Citizenship:	
Do you have a current passport?		If yes, please submit a copy along with the application.	

PROGRAM AND ACADEMIC INFORMATION

Study abroad program:			
Study period:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	20__	Major:
Intended Graduation Date:		Class Status: <input type="checkbox"/> Fresh <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Academic Advisor:		GPA:	

IF YOU CHECKED NON-LA SALLE OR LA SALLE CONSORTIUM ABOVE, PLEASE FILL OUT THE BELOW INFORMATION

Program location:	
Program Institution:	
Program Contact person:	Contact phone #:

EMERGENCY CONTACT

Name:		Phone:	
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			

EMERGENCY CONTACT

(Please provide a different phone number and address from the one above)

Name:		Phone:	
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			

I certify that the information above is correct. I understand that I must obtain a **Passport** and **Geo-Blue insurance** in order to study abroad. I agree to be subject to the rules and regulations of La Salle University while studying abroad. I authorize La Salle University to release my academic record, disciplinary record, and financial hold information to determine my eligibility for this study abroad program.

Signature of applicant:	Date:
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Please submit this form to the Multicultural and International Center:

In addition, you will need to submit a \$250 check payable to La Salle University and two passport photos once you have been accepted into your study abroad program. Thank you!

STUDY ABROAD APPLICATION PURPOSE STATEMENT

University policy requires all Study Abroad applicants to write a purpose statement in support of their application. Besides serving as an evaluation tool for Study Abroad placement, the essay permits the applicant the valuable opportunity to examine her or his own reasons for desiring to pursue studies abroad, to quantify the benefits that the student hopes to gain from the experience (both in terms of personal and intellectual growth), and to consider its possible impact upon career opportunities. In addition, the writing of the essay allow the applicant to record expectations of what it will be like to live and study abroad.

Your typed, double-spaced, statement must be *no less* than 500 words in length, and is due with your completed application by the appropriate Study Abroad application deadline. As with any formal work, the statement is expected to be free of errors, and constructed and written in an appropriate manner. Please include your name and Student ID number in the top left corner of the essay.

At a minimum, your statement should present the following:

1. An introductory statement that identifies the roots or source of your interest in pursuing studies abroad.
2. A paragraph that explains your beliefs regarding the general importance or significance of studying abroad.
3. A description of your studies to date within your chosen major, and an articulation of why you believe that your interests will be enhanced by attending your chosen Study Abroad program
4. Your expectations regarding living and studying abroad in the country that will be hosting you.
5. How studying abroad will ultimately impact you:
 - Personally
 - Academically, and
 - In your career choices.

Bring your statement towards a conclusion with a paragraph that summarizes the above issues, and then conclude with a succinct statement of why you should be accepted into the Study Abroad program.

Return your completed essay along with your application. Please submit your essay to the Multicultural and International Center.

Deadline for Spring applications, October 1
Deadline for Summer & Fall applications, March 1st

Thank you, and good luck!

STUDY ABROAD FINANCIAL AID FORM

Please note that the purpose of this form is for the Multicultural and International Center, the Financial Aid Office and the student to coordinate costs, financial aid disbursement, and billing associated with the student's planned international experience. Though costs are subject to change due to currency fluctuations and other unforeseen circumstances, the costs are as closely estimated as possible.

APPLICANT INFORMATION *(Please print legibly)*

Name:	Student ID#:	
Email:	Phone:	Parent email:
Are you receiving any other financial assistance for Study Abroad? Include any scholarships from any other source. <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROGRAM AND ACADEMIC INFORMATION

Study abroad program: _____

Study period: Fall Spring Summer 20__ Number of credits to be attempted: _____

FINANCIAL AID/BUDGET INFORMATION (PLEASE FILL OUT THE BELOW WITH A FINANCIAL AID COUNSELOR)

Tuition / Room	\$	_____
Airfare	\$	_____
Books / Supplies	\$	_____
Visa	\$	_____
Personal Expenses (meals, local travel, etc)	\$	_____
TOTAL expected expenses	\$	_____
SUBTRACT expected financial aid:		
La Salle Study Abroad Scholarship	\$	_____
Federal Pell Grant	\$	_____
PHEAA State Grant	\$	_____
Other scholarships	\$	_____
Federal subsidized Direct Loan	\$	_____
Federal unsubsidized Direct Loan	\$	_____
Alternative Loan or Parent PLUS Loan	\$	_____
TOTAL expected financial aid / loans	\$	_____

Approximate TOTAL cost after financial aid / loans : \$ _____

Approximate amount due to La Salle, after financial aid / loans : \$ _____

I certify that **1)** the above information provided by me is true and complete to the best of my knowledge. **2)** I understand that if I attempt fewer credit hours than the number on which my education abroad financial aid package is developed, my financial aid may be adjusted and I could be liable to La Salle University and/or the US Dept of Education for any balance owed resulting from adjustments. **3)** I understand that I am responsible for completing all requirements on time, to receive financial aid / loans. **4)** I understand that refunds of financial aid will be processed in accordance with La Salle University's regular refund policy and schedule, will only be issued after my financial aid is paid to my student account, and that refunds for a particular semester will NOT be available before the semester begins. **5)** I understand that it is my responsibility to contact Housing (215-951-1371) and Food Services (215-951-1388) to be removed from housing and meal plan if necessary.

Student Signature:	Date:
Financial Aid Counselor Signature:	Date:

Please submit this form, along with the rest of the Study Abroad application before the application deadline to the Multicultural and International Center.



Student Name: _____

ID #: _____

STUDY ABROAD AND TRAVEL STUDY HEALTH INFORMATION FORM**NOTICE:**

The purpose of this form is to help the Multicultural and International Center staff be of maximum assistance to you should the need arise during your study abroad or travel study experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that you disclose any medical or emotional problems, past or current, that might affect you in a foreign study context. The information provided will remain confidential and will be shared with the appropriate professional only if pertinent to your own well being.

STUDENT INFORMATION

Name:		Student ID#:	
Date of Birth:	Travel destination:	Dates of travel:	
How long will you be out of the country?		Travel study course (if applicable):	

MEDICAL HISTORY

- Do you have any medical conditions (including allergies) or physical disabilities? Yes No
If yes, please explain:
- Have you ever been treated for any psychological or emotional problems at any time over the past five years? If yes, please explain: Yes No
- Have you had any major injuries, diseases, or ailments in the past five years? If yes, please explain: Yes No
- Are you currently taking any medications? If yes, please list, and describe what the medication is taken for: Yes No
- Is there any medical information not already on this form that you feel the International Education Coordinator should be aware? Yes No

I certify that all responses made on this Health Information form are true and accurate, and I will notify the Multicultural and International Center hereafter of any relevant changes in my health that occur prior to the start of the program.

Student Signature:	Date:
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EMERGENCY CONTACT

Name:	Relationship:
Primary Phone:	Alternate Phone:

EMERGENCY CONTACT

Name:	Relationship:
Primary phone:	Alternate Phone:

Please submit this form to the Multicultural and International Center

**LA SALLE UNIVERSITY
STUDY ABROAD PROGRAM**

ASSUMPTION OF RISK AND RELEASE FORM

Please return this form, completed and signed to the Multicultural and International Center, La Salle University, 1900 West Olney Avenue, Philadelphia PA 19141-1199

Name of Applicant _____ Age _____ Birthdate _____
(month/day/year)

If applicant is under 18 years of age, a parent or legal guardian must also read and sign this form.

Permanent Address _____

_____ Telephone _____

Study Abroad Program _____

I. Personal and Academic Conduct

I expressly acknowledge the right of La Salle University to require the immediate withdrawal at any time, even overseas, of my participation in programs abroad sponsored by La Salle University if I fail to meet the University's standard of scholarship and character, and if my actions or general behavior are in violation of the University's policy as stated in La Salle University's Student Handbook and Academic Bulletin.

II. Notification of Withdrawal

I agree to notify La Salle University in writing should I choose to withdraw from the program. Only that portion of my tuition and fees, which has not been committed on my behalf at the time of receipt of my written cancellation, will be refunded to me. Any refunds are subject to La Salle University receiving my notice of cancellation in writing. If I cancel before paying my tuition and fees, I acknowledge La Salle University's right to bill me for financial commitments made on my behalf, and my responsibility for cost incurred.

III. University's Right to Change Program

I understand that although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the University, nor its trustees, employees, agents, representatives, or volunteers, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

IV. Acknowledgement

I understand and acknowledge that despite the most careful planning and supervision, serious injuries, illnesses, and conditions may occur during any travel and that during my travel. I understand that I may sustain mortal or serious personal injuries, property damage or severe economic or other loss as a consequence of not only my own actions or negligence, but also the actions or negligence of others. I am aware of the possible dangers and difficulties of travel including, but not limited to, those dangers and difficulties caused by inclement weather conditions, conditions of equipment used, sanitation, political unrest, terrorism or other acts of undeclared or declared war, and differences in international laws. Furthermore, I am aware of the possible risks in receiving medical care in a foreign country and that there may be other risks not known to me or not reasonably foreseeable at this time. I understand that I will receive from LaSalle University information about the country and/or region I am going to, including U.S. State Department consular information sheets issued to date, which might contain information about inherent dangers and difficulties specific to the country or region of my destination. I understand that it is required that I will familiarize myself with this information.

V. Acceptance of Risk and Release

I agree that in consideration of being permitted to participate in the Study Abroad Program, on behalf of myself and my family, heirs, and personal representative(s), to assume all the risk and responsibilities surrounding my application to or participation in the Program. I hereby release and indemnify La Salle University, its trustees, employees, agents, representatives or volunteers from and against any present or future claim, loss of liability for injury to person or property which I may suffer (including death), or for which I may be liable to any other person, which may arise as a result of my application to or participation in the Program (including periods in transit to or from any country where the Program is being conducted and any field trips or other authorized events that occur in the Study Abroad Program.

VI. Health and Accident Insurance

I specifically agree and understand that La Salle University does not provide any form of health, accident or liability insurance in connection with the Study Abroad Program. I understand that I am required to have health insurance and that all such insurance is my sole responsibility. No costs for such insurance premiums will be reimbursed by La Salle University. I recognize that the University is not obligated to satisfy 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, La Salle University, its trustees, employees, agents, representatives or volunteers, will not be responsible for the cost or quality of such treatment or care.

VII. Other Legal Issues

I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement represents my complete understand with the University concerning the University's responsibility and liability for my participation in the Study Abroad Program, supersedes any previous or contemporaneous understanding I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in anyway without my and the University's written concurrence.

I represent that my agreement to the provisions herein is wholly voluntary and further understand that, prior to signing this agreement, I may consult with the advisor, counselor, or attorney of my choice.

I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all the remaining provisions of the agreement will remain in full force and effect.

I agree that, should there be any dispute concerning my participation in the Study Abroad Program that would require the adjudication of a court of law such adjudication will occur in the courts of, and will be determined by the laws of, the Commonwealth of Pennsylvania.

Name of Applicant _____

Signature of Applicant _____ **Date** _____

If you are under 18 years of age a parent or legal guardian must understand and sign the section below:

I (A) am the parent or legal guardian of the above applicant, (B) have read the foregoing Assumption of Risk and Release Form, (C) am and will be legally responsible for the obligations and acts of the Applicant as described in this form, and (D) agree, for myself and for the Applicant, to be bound by its terms.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Date** _____