Congratulations! You are about to embark on one of the most exciting, rewarding, and challenging experiences of your life! Cal State Fullerton provides its students with the opportunity to participate in study abroad programs because such experiences enable students to tone valuable skills. In the new millennium it has become increasingly evident that knowledge of world affairs, ability in foreign languages and cultural awareness have become assets that not only are marketable, but enhance our society.
Application Checklist

- Study Abroad Application (sign the application)
- Fix 1 Photo to Application
- Permission for Emergency Treatment
- Academic Advisement Form
- Release of Liability
- Personal Conduct Form
- Health Statement Part 1
- Health Statement Part 2
- 2 Faculty Recommendations
- Statement of Purpose (one-page)
- Official Transcripts from all colleges
- A Photocopy of the Inside Page of Passport
- Proof of Purchase the International Student Identification Card*

* provided after acceptance to program

Application Deadline for CSUF Exchange Programs
- For participation Fall semester: March 1
- For participation Spring semester: October 1
- Summer Program in Guadalajara: April 1

Return Application Materials To
Kathryn Morrissey – Study Abroad Advisor
Office of International Education & Exchange, UH-244
Cal State Fullerton, P.O. Box 6830, Fullerton, CA 92834
Telephone: (657) 278-4594; E-Mail: sabroad@fullerton.edu

Special Notes

- Applicants must be currently enrolled in the CSU and must have completed at least 15 CSU units in order to qualify for participation in a CSUF Exchange Program.
- Applications will not be reviewed until ALL materials have been submitted (see checklist above).
- If you are NOT 18 years old AT THE TIME YOU COMPLETE THE APPLICATION, your parent or legal guardian must sign where indicated in the application.
- It is your responsibility to make sure that faculty members return their recommendation forms to the Office of International Education and Exchange (UH-244) by the application deadline date.
CSU Fullerton Exchange Program Application

Instructions: Don’t abbreviate. Answer every question. Write “n/a” if a question is not applicable. Please TYPE if possible your application. This application will be sent to the host institution and is a representation of your sincerity for participating.

1. Name ____________________________________________
   Last Name          First Name          Middle Initial

2. Student ID # ________________________________

3. E-Mail Address ________________________________
   (mandatory)

4. Application for ____________________________________________
   University          City          Country

5. Passport (Issuing Country & Number) ________________________________
   Expiration__________________________

6. Term(s) to study abroad ________________________________
   (Be specific. For example: Fall 2011 & Spring 2012; OR Fall 2011, etc.)

7. Academic Major ____________________________________________
   Minor ____________________________________________

8. Current Address ____________________________________________
   Number & Street or Box No.          City          State          Zip
   Cell Telephone (_____) ________________
   Other/message telephone (_____) ________________

9. Class Level immediately prior to departure (Check one box)

   Undergraduate Students:
   ☐ Sophomore (30-59 semester units)
   ☐ Junior (60-89 1/2 semester units)
   ☐ Senior (90 or more semester units)

   Graduate Students:
   ☐ Master’s Degree
   ☐ Credential Program

10. Do you think that you will complete your CSU degree requirements and be eligible for graduation during your participation in this exchange program?   Yes ________ No ________

11. Cumulative Grade Point Average (GPA = Grade Points ÷ Units Attempted) ________________________________

12. Sex:   Male ___ Female ___

13. Birth Date__________________________
   Mo/Day/Year

14. Age__________________________

15. Birthplace: ________________________________

16. Citizenship ________________________________

17. State of California residence status for campus registration fee purposes (check one)
   ☐ CA resident   ☐ Non-Resident   ☐ F-1 Visa Student
18. List all colleges and universities attended. Start with current institution and go back. An official transcript is required from each university or college you have attended.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Mo/Yr Attended</th>
<th>Major</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

19. Will you be accompanied by dependents overseas? Yes No

If you circled “Yes”, please list names, relationship to you, and ages of dependents below:

20. Are you currently receiving Financial Aid? ☐ Yes ☐ No

Students who expect to receive Financial Aid during the study abroad period are advised to sign up for Direct Deposit. Visit the Financial Aid Office for information or an authorization form. For more Financial Aid information contact The Office of Financial Aid, University Hall, room 146, Cal State Fullerton; Telephone: 278-3125.

21. List your Estimated Total Expenses: Estimated Total Expenses: $__________________

The Study Abroad Advisor will provide you with this figure.

22. Estimate your resources for financing the above amount:

   Personal Savings: $ ____________________
   Parental Support: $ ____________________
   Financial Aid: $ ____________________
   Other: $ ____________________

   Total Resources: $ ____________________

Subtract Total Expenses from Total Resources: $ ____________________

If expenses exceed resources, you will need to explore additional sources to finance the difference.

23. Statement of Purpose. Please attach a typed, one-page carefully written essay of 3 to 5 paragraphs. Please indicate the extent to which your coursework and personal experience have prepared you to take advantage of the opportunities offered by the program for which you are applying. In addition, discuss how overseas study will contribute to your future academic goals.

I hereby submit my application to participate in one of the California State University Fullerton Exchange Programs. I understand that my application will not be reviewed until all of the forms are completed and turned in. I certify that the information given in the application is true and complete and that I understood each question.

Signature of Applicant ___________________________ Date __________________
Permission for Emergency Treatment

Date: ____________________

To Whom It May Concern:

The Director of the International Exchange Program for (Name of Overseas University):
______________________________________ in (Country): __________________ has

my authorization to act on my behalf in the event that, (Name of Participant): ____________

requires emergency medical care while participating in the Cal State Fullerton Exchange Program

from (program dates):
_________________________________ to __________________________________.

If the student is 18 years of age or older:

Student’s Signature: ______________________________________________

If the student is under 18 years of age:

Signature of Parent / Guardian: ___________________________________  

In Case of Emergency

Contact Person: ________________________________________________

Relationship to Participant: _______________________________________

Street Address: _________________________________________________

City: ___________________________ State: _______________ Zip: ______

Cell Telephone: ___________________ Home Number: __________________

Cal State Fullerton Contact

Kathryn Morrissey, Study Abroad Advisor
Office of International Education and Exchange
Cal State Fullerton, UH-244
Fullerton, CA 92834
Tel: 657/278-4594; Fax: 657/278-8195
sabroad@fullerton.edu
Study Abroad
Academic Advisement Form

Name: __________________________ ID Number: __________________________

Study Abroad Location: __________________________

University Country

Attention Student: It is your responsibility to consult with the appropriate CSUF academic advisor when choosing your study abroad courses (i.e.: major advisor for coursework which applies to your major/minor advisor for courses taken for your minor). Unless you obtain approval of course equivalencies before studying abroad, transfer credit cannot be guaranteed when you return to Cal State Fullerton.

You are required to carry a full course schedule and to be enrolled as a full-time student at Cal State Fullerton while participating in any Cal State Fullerton study abroad program. In the left-hand column below, list the names and numbers (when applicable) of the courses you plan to take overseas. In the right-hand column, identify the name and number of the equivalent courses at Cal State Fullerton.

If your home campus is NOT Cal State Fullerton, you are required to obtain signatures from your home CSU campus advisor to identify the credits you will be awarded by your home campus for your participation in the Cal State Fullerton exchange program.

<table>
<thead>
<tr>
<th>Study Abroad Course</th>
<th>CSU Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________</td>
<td>_____________________</td>
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<tr>
<td>_____________________</td>
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<td>_____________________</td>
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<tr>
<td>_____________________</td>
<td>_____________________</td>
</tr>
</tbody>
</table>

Advisor’s Name (PRINT): __________________________  Dept.: __________________________

Advisor’s Signature: __________________________  Date: __________________________

Student’s Signature: __________________________  Date: __________________________

Study Abroad Advisor’s Signature: __________________________  Date: __________________________
CSU Fullerton Release of Liability

PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Study Abroad
Activity Location(s):
Activity Date(s) and Time(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _________________________________
Participant Name (print): _______________________________ Date: __________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian: ____________________________
Minor Participant's Name: ____________________________

Name of Minor Participant's Parent/Guardian (print): ____________________________ Date: ____________________
Name of Study Abroad Program: ____________________________________________________________

Term Abroad: ________________________________________________________________________

I __________________________ understand that during the period of my study abroad Program, I am a
Print name
guest in __________________________________. I also understand that:

• while living in _______________________ I will be subject to the laws of that country.
  Location (s)

• my behavior reflects upon my country and my university. I agree to conform to standards of
  conduct consistent with the maintenance of the reputation of the Host University, and CSUF.

• _______________________ is more formal than the USA in dress, in speech and in social
  relationships, and while there, I will act according to local socially acceptable, polite norms.
  Location (s)

• attendance is required in all regularly scheduled classes, field trips, and other group activities and
  that my grades could be affected by excessive absences.

• I am responsible for registering at the host institution as required and for contacting the Study
  Abroad office at CSUF to guarantee I am registered for placeholder course (s) as needed at CSUF.

• I understand grades for courses are awarded by the course instructors on the basis of their
  evaluation of my scholastic achievement. Letter grades (A, A-, B+, etc) will be recorded on my
  transcript. Grades received in programs sponsored by other approved institutions will be accepted
  from the sponsoring institution, on a pre-approved basis (in consultation with my academic advisor).

• I am considered a student of California State University, Fullerton and therefore I shall abide by the
  Dean of Student’s JUDICIAL AFFAIRS policies as set forth on their website
  (www.fullerton.edu/deanofstudents/judicial.edu), including, but not limited to: Title V, Alcohol &
  Drug Use; drug-Free school Information; Nondiscrimination Policy; Plagiarism; Sexual
  Harassment; Student Discipline Procedures; Student Rights & Responsibilities; Academic
  Appeals Procedures; and Academic Dishonesty and Repetition of Courses.

• I am aware that I could be asked to return home, at my expense, if I am in violation of these
  policies.

I have read, received, understand and agree to the above.

Print Name: ________________________________ Date: __________________

Signature: ___________________________________
Part 1: Student Complete

Name: _______________________________  ID Number: _______________________________

Study Abroad Location: _______________________________

University  Country

One of the requirements of the California State University, Fullerton Exchange Programs is evidence that you are in good health. If you are disabled or have a health problem you are NOT excluded from the programs provided that your condition is not contagious and that the necessary accommodations and medical support are available at the study abroad site. However, it is essential that we know what kind of special arrangements should be made in order to protect your health and well-being while studying abroad.

### Personal History

Have you ever had or do you now have (check yes or no):

<table>
<thead>
<tr>
<th>Medical Disease/Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
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<tr>
<td>Infectious Mononucleosis</td>
<td></td>
<td></td>
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<tr>
<td>Tuberculosis or contact w/ TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
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<tr>
<td>Irregular or Rapid Heart Beat</td>
<td></td>
<td></td>
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<tr>
<td>Pain or Pressure in the Chest</td>
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<td></td>
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<tr>
<td>Asthma</td>
<td></td>
<td></td>
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<tr>
<td>Significant Allergic Reaction(s)</td>
<td></td>
<td></td>
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<tr>
<td>Chronic Gastrointestinal Problems</td>
<td></td>
<td></td>
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<tr>
<td>Kidney Problems</td>
<td></td>
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<tr>
<td>Hernia</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Disease/Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Skin Problems</td>
<td></td>
<td></td>
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<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
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<tr>
<td>Fainting Spells</td>
<td></td>
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<tr>
<td>Migraine Headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine Disorder(s)</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes Mellitus</td>
<td></td>
<td></td>
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<tr>
<td>Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation(s)</td>
<td></td>
<td></td>
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<tr>
<td>Allergies to Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Handicap(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious Accident(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you take medication(s)?</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate any current or recurring condition (physical or emotional) which would or could require medical attention while studying abroad.

____________________________________________________________________________________

____________________________________________________________________________________

Please indicate any known allergies.

____________________________________________________________________________________

____________________________________________________________________________________

Please indicate any prescription or medication(s) that you must continue to take.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

The information I have given is true and complete.

Applicant’s Signature: _______________________________  Date: __________________________
Part 2:
Physician Completes

Please read the above student responses.

- Verify the student’s response to Part I with reference to the student’s medical history and the results of your physical examination of the student.
- Indicate any condition or predisposition which could become a significant health problem if the student were abroad for an extended period of time.
- Give your specific recommendations below on whether or not the student is physically and emotionally capable of studying in a foreign country.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Physician’s Signature

Physician’s Name (please print) ___________________________ Date __________

Address

Street City State Zip

Office Phone Number ________________ Emergency Number ________________

Student may hand-carry this form; otherwise, please return this form directly to:

Kathryn Morrissey, Study Abroad Advisor
International Education and Exchange
California State University, Fullerton, UH-244
Fullerton, CA 92834-6830
Telephone: (657) 278-4594; Fax: (657) 278-8195
**Faculty Recommendation**

**Instructions:** Student completes the top section before giving it to the faculty member. Faculty member completes the bottom section. Please do not submit recommendations from employers, university staff, or administrators. Please type or print neatly.

## Applicant Completes

Applicant’s Name ________________________________

Applicant’s Home CSU Campus ________________________________

Study Abroad Location ________________________________

<table>
<thead>
<tr>
<th>University</th>
<th>City</th>
<th>Country</th>
</tr>
</thead>
</table>

## Faculty Member Completes

1. How well do you know the applicant? Please check the most appropriate response.

- [ ] Extensive contact as advisor in small classes
- [ ] Well acquainted in classroom environment
- [ ] Limited contact in classroom environment

2. In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. Circle the most appropriate response.

<table>
<thead>
<tr>
<th>Academic Ability</th>
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<tbody>
<tr>
<td>Excellent</td>
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<tr>
<td>4</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Maturity</th>
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<tbody>
<tr>
<td>Excellent</td>
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<td>4</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Adaptability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
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<tr>
<td>4</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiative/Motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

3. Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from a semester or a year of study abroad in the California State University Fullerton Study Abroad Programs. Please use the space below and the backside of this form for your remarks.

Printed Name ___________________________ Institution ___________________________

Position/Department ___________________________

Signature ___________________________ Date ___________________________

**Please Return this form to:** Kathryn Morrissey – Study Abroad Advisor
International Education & Exchange
Cal State Fullerton, UH-244, Fullerton, CA 92834-6830
Telephone: (657) 278-4594; Fax: (657) 278-8195
Instructions: Student completes the top section before giving it to the faculty member. Faculty member completes the bottom section. Please do not submit recommendations from employers, university staff, or administrators. Please type or print neatly.

Applicant Completes

Applicant’s Name ____________________________

Applicant’s Home CSU Campus ____________________________

Study Abroad Location ____________________________

University City Country

Faculty Member Completes

1. How well do you know the applicant? Please check the most appropriate response.

☐ Extensive contact as advisor in small classes
☐ Well acquainted in classroom environment
☐ Limited contact in classroom environment

2. In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. Circle the most appropriate response.

Excellent Good Average Below Average N/A
Academic Ability 4 3 2 1 0
Maturity 4 3 2 1 0
Adaptability 4 3 2 1 0
Initiative/Motivation 4 3 2 1 0

3. Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from a semester or a year of study abroad in the California State University Fullerton Study Abroad Programs. Please use the space below and the backside of this form for your remarks.

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Signature ____________________________ Date ____________________________

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