NON-CSUF STUDY ABROAD
PROGRAM APPLICATION

OVERVIEW: PLEASE RETURN ALL MATERIALS TO THE STUDY ABROAD OFFICE - UH 244

Cal State Fullerton students may study abroad through any program sponsored by a U.S. accredited institution, accredited third-party provider, or direct enrollment at an accredited institution overseas.

To ensure proper registration, transfer of credits, and federal financial aid disbursement, you must complete the forms in this packet and submit them to the Study Abroad Office. The Study Abroad Office assists with the process indicated in this packet and assumes the sponsoring agency assists with all other services associated with participation in your chosen program. The University assumes no responsibility or liability for programs not sponsored by Cal State Fullerton.

You must submit your Non-CSUF Study Abroad Application by the following deadlines. Only complete applications will be accepted. Late applications may result in late processing of financial aid.

| SUMMER: | April 1 |
| FALL SEMESTER or ACADEMIC YEAR: | June 1 |
| WINTER or SPRING: | November 1 |

APPLICATION CHECKLIST

- Non-CSUF Study Abroad Program Application
- Program Questions Form
- Program Information Form
- Program Acceptance Letter
- Transfer Credit Approval Forms (major, minor, GE)
- Non-CSUF Study Abroad Program Cost Estimate Form
- Student Financial Aid Agreement
- Student Agreement on Registration & Financial Aid
- Emergency Contact Form
- Study Abroad Health Insurance Coverage Form
- Student Conduct Form
- Personal Conduct Form
- Consent and Release
- Leave of Absence Form (full academic year only)
- Copy of Passport

IMPORTANT REMINDERS

Passport
Your passport must be valid for at least six months after the completion of the program. If your passport will expire before this date, or if you do not have a passport, you should apply for a new one immediately. It can take four to six weeks to receive a new passport, so if you are applying close to the application deadline, you will need to expedite your passport.

Pre-departure Orientation
All CSUF students accepted into a study abroad program are required to participate in an orientation session prior to the program. The pre-departure orientation provides information pertaining to budgeting, cultural adjustment, and academics. Pre-departure orientations will be held in person and is also available online. Failure to attend the pre-departure orientation will result in admissions to the program being revoked.
TRANFER OF CREDITS

Preliminary Advising

You are required to make an appointment and meet with the Study Abroad Advisor to discuss procedures in detail. Please note that if you choose a program located in a country with a Travel Warning (see http://travel.state.gov/travel/warnings.html) you will be required to obtain special permission from the university in order to gain support your study in that country.

1. Contact the program sponsor and ask who issues the transcript. If the transcript is issued by a foreign institution, it must be recognized by the host country’s Ministry of Education as an accredited university. You can find out if the institution is officially recognized by contacting the Study Abroad Office. Please ensure that you have the correct name(s) – if the issuing organization has multiple names, please provide all of them.

   Please note that CSUF will NOT accept transfer credits from foreign language institutes, non-degree institutes, and non-recognized agencies abroad.

   *NOTE: Graduate students must also obtain approval from the Graduate Studies Department.*

   - You are responsible for communicating with your College once abroad in order to confirm course choices and to request approval for additional or alternative courses if necessary.
   - Total number of credit hours to be transferred must be equal to at least 12 hours per semester for undergraduates or 9 hours per semester for graduate students
   - All coursework received on a Non-CSUF program will be counted as TRANSFER unit.

Please note: Steps 2 and 3 may take as several weeks to complete, so allow sufficient time.

2. Make an appointment with your academic adviser to assist you with transfer of credit determination, and completion of the Transfer Course Approval Form. You must provide course descriptions and/or syllabi to the departments to which you want to transfer credit. For example, if you are taking a chemistry course, speak with the chemistry department, even if you are a Communications major. Your academic adviser will guide you on how the courses fit into your program, but they are unable to evaluate and approve these transfer credits.

3. Complete the CSUF Transfer Course Approval Form with the appropriate academic advisers, stating the courses you plan to take abroad and for which you would like to receive credit. It is best to list more courses than you intend to take so you can register for approved courses upon arrival despite possible course cancellations or schedule conflicts.

   Follow the directions carefully as printed on the form. If the form is only partially completed, registration and financial aid distribution will be based on the number of credits indicated and approved on the form. If you should change the program, sponsoring institution, and/or courses from those indicated on this form, this guarantee will no longer apply. It is your responsibility to have this form completed and signed by the respective departments, and colleges.

   The Study Abroad Office is unable to coordinate course evaluation or obtain signatures. When the form is complete and signed by all involved, make a copy for your records.

   *NOTE: Graduate students must also obtain approval from the Graduate Studies Department.*

   - You are responsible for communicating with your College once abroad in order to confirm course choices and to request approval for additional or alternative courses if necessary.
   - Total number of credit hours to be transferred must be equal to at least 12 hours per semester for undergraduates or 9 hours per semester for graduate students
   - All coursework received on a Non-CSUF program will be counted as TRANSFER unit.

INSURANCE

Students participating in non-CSUF sponsored semester/year study abroad programs are required to have health insurance that will cover them while abroad and that covers emergency evacuation and death and dismemberment. If the program provider does not provide a plan that meets CSUF requirements, students may be required to purchase additional travel medical insurance.

SCHOLARSHIPS

CSUF students may apply for scholarships (based on academic performance and financial need) offered through the Study Abroad Office or through other agencies. Requirements are listed in the application instructions.

The deadlines to apply for the scholarships will depend on the particular scholarship and students should check the websites and instructions for each scholarship they are planning to apply for.

For more information visit: www.fullerton.edu/studyabroad
HEALTH AND SAFETY

Between now and your departure, and once you have left the U.S., it is your responsibility to stay informed about developments in the country/countries in which you will spend time (including any countries you’ll visit that are not part of your study abroad program’s itinerary). You can do so by checking the:

U.S. State Department’s Web page: http://travel.state.gov/travel_warnings.html

On that page you will find three different types of information: Consular Information Sheets, Public Announcements, and Travel Warnings. This information is updated based on current events worldwide.

Consular Information Sheets are issued as a matter of course, and are available for every country of the world. They include such information as location of the U.S. Embassy or Consulate in the subject country, unusual immigration practices, health conditions, minor political disturbances, unusual currency and entry regulations, crime and security information, and drug penalties.

Public Announcements are issued as required, and are a means to disseminate information about terrorist threats and other relatively short-term and/or transnational conditions posing significant risks to the security of American travelers.

Travel Warnings are issued when the State Department decides, based on all relevant information, to recommend that Americans avoid travel to a certain country.

For a more detailed description of the above information, please refer to the State Department Web page.

Aside from providing you with interesting information about your host country/countries, reading this information may spare you from unpleasant surprises. Periodically checking this website is especially important if your program and/or travel takes you to regions of the world where unstable conditions exist or are likely to develop.

Additional Safety Resources

- CSUF Study Abroad website: http://www.fullerton.edu/studyabroad/abroad/
- Safety Abroad First - Educational Travel Information: http://www.globaled.us/safeti/
- Country Specific Student Handbooks: http://www.studentsabroad.com/

Student should understand that there are dangers, hazards, and risks inherent in international travel, living in a foreign country, and the activities included in the international education program including but not limited to air, land and sea travel, dietary differences, diseases less common in the United States, differences in legal expectations and protection, building code and other safety differences, any of which could result in serious or even fatal injuries and property damage.

Students are required to attend the Pre-departure Orientation to learn more about health and safety issues.
**FINANCIAL AID**

If you are applying financial aid towards the cost of your study abroad program, you must arrange for the overseas registrar or U.S. program sponsor to provide confirmation of your full-time enrollment (minimum 12 units/semester for undergraduates or 9 units/semester for graduates) once you have registered for classes overseas. Confirmation must be sent to the Office of Financial Aid. Failure to do so may jeopardize your financial aid eligibility.

If CSUF approves your academic plans and the institution through which you will study abroad is willing to cooperate with CSUF, you should be able to apply almost any federal-based aid to your study abroad.

It is important to understand that you are undertaking a serious contractual obligation when you draw aid for your study abroad. If you withdraw from the program abroad or fail to bring back the contracted number of credits within one semester following your study abroad experience, CSUF will place a hold on your student account and require you to repay all or part of the financial aid you received for study abroad. Further, you will be unable to register until this financial aid is repaid in full. If you attempt to complete the contracted number of credits and fail one or more of the courses, you maintain your financial aid eligibility for the semester abroad, but your subsequent semesters of financial aid may be affected.

If you are on financial aid, you **MUST** submit all of the following items with your application:
- Signed and completed Non-CSUF Study Abroad Program Cost Estimate form
- Signed and completed Student Financial Aid Agreement form. Complete your name and CWID on the appropriate line. Your host institution will complete the rest.
- Signed and completed CSUF Student Agreement on Registration and Financial Aid for Study Abroad Transfer Credit

Upon submission of your completed application, Transfer Course Approval Form, and three financial aid forms, the Study Abroad Office will forward your program costs to the CSUF Financial Aid Office.

Please note that the CSUF Financial Aid Office will not be notified unless this completed application has been submitted to the Study Abroad Office. No action will be taken regarding financial aid without these signed forms. In addition to the study abroad cost estimates, the CSUF Office of Financial Aid requires that you have a current year’s financial statement (FAFSA) on file.

The CSUF Office of Financial Aid will notify you of your award amount. Make sure you have no holds or outstanding bills since aid for future enrollment cannot be applied to past bills and will not be disbursed until holds are cleared. After any outstanding bills are paid, disbursement of funds will be made directly to you for payment to the program sponsor. The earliest that this disbursement can be made is ten days before the beginning of on-campus classes for the semester you plan to be abroad. If you would like this early disbursement, you will need to make these arrangements by contacting the Office of Financial Aid directly. If you would like to have your loan check deposited directly into your account, you should sign up for Direct Deposit. If you need to pay for the program or airfare prior to the arrival of a loan check, contact the Office of Financial Aid at: (657) 278-3125.

In many cases, other institutions will accept your CSUF financial aid award letter as an indication of future payment and will defer your payments until you receive your aid; however, it is your responsibility to contact the sponsor and make appropriate arrangements for delayed payment. If your number of credits or course selection should change at any time, you should report this immediately to both your academic department and the Study Abroad Office.

All financial aid disbursements will be made to the student and it is then up to the student to make all payments directly to the program sponsor. Financial aid will not be disbursed to the study abroad sponsor.

**RETURNING TO CAL STATE FULLERTON**

Follow the steps on the Transfer Course Approval Form to ensure transfer of credits.

**YOUR OFFICIAL TRANSCRIPT FROM ABROAD MUST BE MAILED TO THE STUDY ABROAD OFFICE**

The Study Abroad Office will make a copy of the transcript for your file and forward the original to the Office of Admission & Records.

A transcript from the sponsoring institution is required, whether or not you complete or pass the courses. Sponsoring institution course work must be evaluated & posted in the Office of Admissions & Records by the end of the semester following your study abroad. You will be asked to repay financial aid received for study at the sponsoring institution if credits have not been transferred by the end of the semester following your return. All transfer credit as well as course work completed at other institutions will be used to assess your satisfactory academic progress; your receipt of financial aid will be jeopardized by your failure to meet these standards. If you have questions regarding your eligibility, contact the Office of Financial Aid.

If you took courses abroad that were not listed on your Transfer Course Approval Form, you will need to provide course descriptions and syllabi to the departments in which you want to transfer credit. They must complete a Retroactive Request for Course Transfer form on your behalf and notify the Study Abroad Office of your request.

**GOOD LUCK WITH YOUR EXPERIENCE ABROAD!**
NON-CSUF STUDY ABROAD PROGRAM APPLICATION

CWID #: ________________________________

Last Name: ________________________________ First Name: ________________________________

I am applying for: □ Academic year □ Semester Program □ 2—9 Week Program

Duration: □ Fall 20____ □ Spring 20____ □ Summer 20____ □ Winter 20____

Dates of Program: ________________________________ Country: __________________ City: __________________

Program Sponsor (CEA, AIFS, ISEP, GlobaLinks, etc.) ________________________________

Host University or Institution: ________________________________

Contact Information of Program Sponsor (e-mail and phone): ________________________________

______________________________ □ Male □ Female

Date of Birth: ________________________________ Citizenship: ________________________________

Address: __________________________________________

City: __________________ State: __________ Zip: __________________

Cell Phone: __________________ Home Phone: __________________

CSUF E-mail: __________________ Secondary E-mail: __________________

Major: __________________ Major: __________________

Minor: __________________ Minor: __________________

Cumulative GPA: __________________ Expected graduation date: __________________

Current standing: □ Freshman □ Sophomore □ Junior □ Senior □ Graduate

Are you a transfer student? □ YES □ NO If yes, how many units did you transfer to CSUF? __________________

How many US semester credits do you plan to earn during your study abroad? __________________

Do you plan to use the credit toward CSUF degree requirements? □ YES □ NO

Do you plan to use financial aid? □ YES □ NO

Have you filed a FAFSA for the study abroad period? □ YES □ NO

Do you have a passport valid 6 months after the program ends? □ YES □ NO

Passport Number: __________________ Expiration Date: __________________
**Program Questions Form**

**Program Location**

Which of the following most influenced your decision to apply for this particular study abroad program? *(Check all that apply)*

- [ ] Degree Requirements
- [ ] Educational Goals
- [ ] Faculty member
- [ ] Academic Adviser
- [ ] Affordability
- [ ] Academic challenge
- [ ] Language study
- [ ] Personal growth
- [ ] Career enhancement
- [ ] Other:

**Deciding to Study Abroad**

Where did you first hear about study abroad at CSUF? *(Check all that apply)*

- [ ] Study Abroad Fair
- [ ] Study Abroad Office
- [ ] Former Participant
- [ ] CSUF Study Abroad website
- [ ] Friend
- [ ] Professor/Advisor
- [ ] Classroom presentation
- [ ] CSU Brochure
- [ ] Dorm presentation
- [ ] Program posters
- [ ] Department/College
- [ ] E-mail from Study Abroad Office
- [ ] Other website:

- [ ] Advertisement *(Where?)*
- [ ] Other:

**Optional Information**

Please indicate racial/ethnic background by checking all that apply.

- [ ] Asian or Pacific Islander
- [ ] White, non-Hispanic
- [ ] American Indian or Alaska native
- [ ] Black, non-Hispanic
- [ ] Hispanic
- [ ] Prefer not to answer
- [ ] Multiracial (specify) ____________________________
- [ ] Other (specify) ____________________________

**References**

Please list the name, telephone number and e-mail of two references who may be contacted regarding your participation. At least one must be a faculty member you have studied with. *(Do not list friends or family members)*

Name: _______________________________  Professor of: _______________________________

Phone: _______________________________  E-mail: _______________________________

Name: _______________________________  Relationship: ______________________________

Phone: _______________________________  E-mail: _______________________________
PROGRAM INFORMATION FORM

As you prepare for your upcoming study abroad experience with a program not sponsored by CSUF, you will receive all your program related pre-departure information from your program sponsor. This information from the program sponsor should provide you all the information needed in order to answer the questions below.

Program Name: ___________________________ Website: ___________________________

Location: ___________________________ Phone: ___________________________

General:
What are the requirements to participate in the program?

____________________________________________________________________________

What is the average number of participants in the program? ______________

What is the cost of the program and what is included in this amount?

____________________________________________________________________________

☐ Tuition ☐ Fees ☐ Housing ☐ Airfare ☐ Meals

☐ Books & Supplies ☐ Insurance ☐ Activities ☐ Personal expenses ☐ Excursions

What Excursions: ___________________________

____________________________________________________________________________

Is there an application fee: ☐ Yes ☐ No

If yes, how much: ___________________________

Is a deposit required to hold your place: ☐ Yes ☐ No

If yes, how much: ___________________________

When are payments due? ___________________________

Are payment plans available: ☐ Yes ☐ No

If you receive financial aid, will they accept a financial aid award as proof of future payment: ☐ Yes ☐ No

Is there an on-site orientation offered by the program upon arrival: ☐ Yes ☐ No

Are there former participants of the program that you can contact about the program: ☐ Yes ☐ No

Name: ___________________________ E-mail: ___________________________

Academics:
What is the language of instruction?

Are courses taken with: ☐ American students ☐ host country students ☐ international students

☐ both ☐ don’t know

Is transcript issued by: ☐ accredited international university ☐ accredited US university

Are class lists available on the host university website? ☐ Yes ☐ No

Accommodation:
What is the type of housing offered in the program? (dorm, home stay, apartment, etc.) ___________________________

Is housing set up for students: ☐ Yes ☐ No

Is housing shared with other people? ☐ Yes ☐ No

If yes, indicate if roommates are: ☐ from the host country ☐ international ☐ from the U.S.

How far (on average) is the housing from the school: ___________________________
**TRANSFER CREDIT APPROVAL FORM**

Instructions for obtaining course approval

1. **READ** these instructions thoroughly and be sure to bring with you when meeting with department advisor(s).
2. Consult the course descriptions for your preferred courses at your host university and the CSUF course catalog ([www.fullerton.edu/catalog/](http://www.fullerton.edu/catalog/)). Usually course descriptions are available on your host university’s website. However, in many cases, the course listings and descriptions are tentative, and you will not complete your final registration until you arrive on-site. Therefore, you should gather course descriptions for alternate course choices in case your first choices are not available.

*All courses earned on a Non-CSUF study abroad program will be counted as **TRANSFER** units*

### APPROPRIATE MAJOR COURSES

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<td>Study Abroad Program:</td>
<td>Term:</td>
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<th>Equivalent CSUF Courses</th>
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Department Approval (please print): __________________________________________________________

Signature: ___________________________ Date: ___________________________

Major College Approval: ___________________________ Date: ___________________________

Advisor Only: Please Check one and initial

☐ The courses listed above have been approved by the Department and **MAY** be used in the Study Abroad Transfer Course Database.

☐ The courses listed above have been approved by the Department and **MAY NOT** be used in the Study Abroad Transfer Course Database.

Advisor’s Initials: ________
**APPROVED MINOR COURSES**

Student Name:________________________________________ CWID:____________________

Major:________________________________________ Minor:____________________

Study Abroad Program:_________________________ Term:____________________

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Department Approval (please print): _______________________________________________________

Signature:________________________________________ Date:____________________

Major College Approval:________________________________________ Date:____________________

Advisor Only: Please Check one and initial

☐ The courses listed above have been approved by the Department and **MAY** be used in the Study Abroad Transfer Course Database.

☐ The courses listed above have been approved by the Department and **MAY NOT** be used in the Study Abroad Transfer Course Database.

Advisor’s Initials:_______
**APPROVED GENERAL EDUCATION/ELECTIVE COURSES**

Student Name: ____________________________ CWID: ____________________________

Major: ____________________________ Minor: ____________________________

Study Abroad Program: ____________________________ Term: ____________________________

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Department Approval (please print): ______________________________________

Signature: ____________________________________________ Date: __________

Major College Approval: ____________________________________________ Date: __________

**Advisor Only: Please Check one and initial**

☐ The courses listed above have been approved by the Department and **MAY** be used in the Study Abroad Transfer Course Database.

☐ The courses listed above have been approved by the Department and **MAY NOT** be used in the Study Abroad Transfer Course Database.

Advisor’s Initials: ______
NON-CSUF STUDY ABROAD PROGRAM COST ESTIMATE FORM

This form must be accompanied by the Student Financial Aid Agreement.

STUDENT INFORMATION

(TO BE COMPLETED BY STUDENT)

Last Name: __________________________ First Name: __________________________
Student ID#: __________________________ Birth date: __________________________
Address: ________________________________________________________________
City: __________________________ State: __________ ZIP: __________________________
Cell Phone: __________________________ Home Phone: __________________________
Program Begin Date: __________________________ Program End Date: __________________________ (mo/day/year) (mo/day/year)
Non-CSUF Program Sponsor Program Name and Location: __________________________ (city, country)

ESTIMATED EXPENSES

(TO BE COMPLETED BY HOST INSTITUTION REPRESENTATIVE)

Program Fee $ _______________
Tuition fee (if not included in program fee) $ _______________
Additional Expenses
(only if not included in Program Fee)
- Visas/Immunizations/Other Required Documents $ _______________
- Roundtrip airfare $ _______________
- Room and/or Board $ _______________
- Books and Supplies $ _______________
- Miscellaneous Living Expenses $ _______________
- Other: __________________________ $ _______________
Insurance $ _______________

TOTAL $ _______________

HOST INSTITUTION REPRESENTATIVE PROVIDING THIS INFORMATION

Signature: __________________________ Title: __________________________
Printed Name: __________________________ Date: __________________________
E-mail: __________________________ Phone Number: __________________________

Please return this form and the Student Financial Aid Agreement to the CSUF Study Abroad Office. Please make sure both forms have been completed and signed. The Study Abroad Office at Cal State Fullerton will forward both forms to the Financial Aid Office.
STUDENT FINANCIAL AID AGREEMENT

This form is to be completed by Host institution on behalf of a CSUF student participating in a Non-CSUF sponsored program.

Through this agreement, Cal State Fullerton, hereafter referred to as CSUF, contracts with: ____________________________, hereafter referred to as Host, to provide a portion of the education for a degree program of CSUF student: ____________________________, CWID: ____________________________, hereafter referred to as Student.

Study Abroad Program covered by this agreement

Starting date (mo/day/yr): ____________________________ Finishing date (mo/day/yr): ____________________________

Title and location of program in which the student has been accepted: ____________________________

Anticipated enrollment and credit status: □ Full time (12+) □ Three quarter time (9-11) □ Half time (6-8) □ Less than half time (1-5)

1. During the period covered by this agreement, for US Federal financial aid purposes, Student will be considered enrolled at CSUF, which will process Federal and State of California financial aid, and will be considered a visiting student at Host. Host will award no Federal or State financial aid. If Host awards any scholarships of its own to Student, it will promptly inform CSUF to assure that CSUF does not award funds in excess of Student's financial need. CSUF will disburse financial aid funds directly to Student. Student is responsible for fee payments to the Host.

2. Provided Student has completed all the necessary CSUF documentation, CSUF agrees that credit hours earned by student while attending Host will be accepted toward student’s CSUF degree, providing student successfully completes courses are applicable to student’ specific degree program.

3. Host will provide CSUF with a detailed list of costs encountered in the program of study.

4. Host will promptly inform CSUF if Student withdraws, is not attending classes regularly, or reduces below the enrollment status indicated above. Such notice will include the last date of attendance or the date of reduction in instructional load.

5. Upon Student’s request, Host will send the CSUF Study Abroad Office a transcript or comparable official written record noting student’s performance in the program. For foreign transfer credits, this record will include course titles, number of credit hours or an equivalent measure, and a grade or comparable indication of student's performance. It is student’s responsibility to request in writing that the transcript be sent to: ATTN: Study Abroad Office, Cal State Fullerton, Office of International Education & Exchange, UH-244, 800 N. State College Blvd, Fullerton, CA, 92831.

6. Host will direct any correspondence pursuant to this agreement to the Study Abroad Office, Cal State Fullerton, Office of International Ed. & Exchange, UH-244, 800 N. State College Blvd, Fullerton, CA 92831, tel. (657) 278-4594. CSUF will direct any such correspondence to (name and address of responsible Host office or person):

Office/person: ____________________________
Address: ____________________________
Telephone: ____________________________

For Cal State Fullerton

Signature: ____________________________
Charity Hammond Kuczynski
Study Abroad Advisor
International Programs & Global Engagement
Date: ____________________________

For Host Institution

Signature: ____________________________
Printed Name: ____________________________
Title: ____________________________
Department: ____________________________
Date: ____________________________

Please return this form and the Student Financial Aid Agreement to the CSUF Study Abroad Office. Please make sure both forms have been completed and signed. The Study Abroad Office at Cal State Fullerton will forward both forms to the Financial Aid Office.
**STUDENT AGREEMENT ON REGISTRATION & FINANCIAL AID**

This form to be completed by students using financial aid for non-CSUF study abroad programs that grant transfer credit.

1. I understand that my aid cannot be processed until I have submitted a completed and signed *Transfer Course Approval Form* to the CSUF Study Abroad Office.

2. I understand that my aid cannot be processed until I submit the signed copies of the *Student Financial Aid Agreement* and *Cost Estimate* Forms from the program sponsor.

3. I understand that my Financial Aid check will be made payable to me and it is my responsibility to directly pay the program sponsor. I understand that CSUF will not make any payments to the program sponsor.

4. I understand that in order to maintain my financial aid eligibility during my period of study abroad I must maintain a course load equivalent to the enrollment status indicated on my Student Financial Aid Agreement.

5. I agree to report immediately any course changes to the CSUF Study Abroad Office while enrolled in the program abroad.

6. I understand that I must repay financial aid (including loans) disbursed through the CSUF Office of Financial Aid if a) I drop below half time enrollment during the tuition refund period, b) withdraw completely, or c) I have failed to bring back the anticipated number of credits.

7. I agree that if credits do not transfer to CSUF within one semester following my participation, my financial aid award will be removed for that semester. As a result, the award I received for this semester will be billed to my student account.

Student’s Name (please print): ________________________________

Signature: __________________________________________ Date: __________________________
EMERGENCY CONTACT

☐ I give the Study Abroad Office permission to communicate with my parents and/or other individuals listed below regarding all issues surrounding my study abroad experience. This information may include, but is not limited to, student account information, student conduct issues, health and safety issues, emergency situations, or academics.

Name: ________________________________ Relationship to you: ________________________________

Work phone: ____________________________ Home phone: ________________________________

Cell phone: ____________________________ Fax: ________________________________

E-mail: ________________________________

Secondary Contact (if your parent or guardian cannot be reached):

Name: ________________________________ Relationship to you: ________________________________

Work phone: ____________________________ Home phone: ________________________________

Cell phone: ____________________________ Fax: ________________________________

E-mail: ________________________________

☐ I do not give the Study Abroad Office permission to communicate with my parents. Please contact the person listed below regarding all issues surrounding my study abroad experience instead.

Name: ________________________________ Relationship to you: ________________________________

Work phone: ____________________________ Home phone: ________________________________

Cell phone: ____________________________ Fax: ________________________________

E-mail: ________________________________

Applicant Name: (Printed) ________________________________

Applicant Signature: ________________________________ Date: ________________________________
**STUDY ABROAD HEALTH INSURANCE COVERAGE FORM**

Student Name: ____________________________  CWID#: ____________________________

As a participant in a Non-CSUF study abroad program, I acknowledge and accept the University’s policy that requires me to have adequate health insurance for the time that I am abroad. Therefore I elect one of the following options:

☐ I have health insurance through the study abroad program in which I am participating.

☐ I (we) release and discharge Cal State Fullerton, its employees and agents from any obligations I (we) may incur as a result of illness or injury while I am (our student is) abroad.

Signature: __________________________________ Date: ____________________________

Parent/Guardian Signature (if participant is under age 18): ____________________________

Date: ____________________________
STUDENT CONDUCT FORM

Name of Applicant: ___________________________ CWID#: ___________________________

E-mail address: ___________________________ Primary phone: ___________________________

Study Abroad Program: ___________________________ Program Dates: ___________________________

Are you currently or have you ever been in violation of Cal State Fullerton’s Code of Conduct (including alcohol violations, academic integrity, probation, disciplinary probation, etc.)

☐ Yes ☐ No

*If the answer to any of the above is “yes,” please explain in detail the case, duration, and terms of your violation in the space provided below. Attach additional pages if necessary.*

Explanations/Additional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Note: The presence of an academic/conduct file does not automatically disqualify a student from study abroad programs but will be considered in the admissions review.
CSU FULLERTON – STUDENT CONDUCT AGREEMENT

TRAVEL RELATED EVENT OR ACTIVITY

Activity: Study Abroad  Activity Location(s): 

Activity Date(s) and Time(s): 

In consideration for my participation in the Event/Activity, I, ___________________________ Full Name, agree to the following conditions:

General Notice
I acknowledge that while participating in the Event/Activity, I am representing the California State University ("CSU") system, California State University, Fullerton ("University"), and the organization sponsoring/hosting the Event/Activity. As a responsible member of the CSU and University communities, I understand that I am expected to conduct myself in a manner consistent with the rules and regulations of the CSU, the University and the sponsor/host organization as well as all applicable federal and state laws. I also understand that any violation of these rules, regulations or laws may result in my expulsion from the Event/Activity and/or further disciplinary action by the University.

If I am expelled from the Event/Activity, I understand and agree that the University will not be held responsible for any financial loss I may incur, including but not limited to those incurred as a result of paid registration fees, travel expenses, legal expenses, personal damages, or other expenses related to my participation in this Event/Activity and my violation of this student conduct agreement ("Agreement").

By signing this Agreement, I further agree that I will not participate in the following activities while at the Event/Activity:

- Use, possession or distribution of alcohol and/or facilitating the use, possession or distribution of alcohol by any underage individual.
- Use, possession, or distribution of any illegal or illicit drug.
- Sexual assault, sexual harassment or indecent exposure. Sexual assault is defined as the implied use or threatened use of force to engage in any sexual activity against another person’s will.
- Behavior that threatens the emotional or physical well-being and/or safety of participants including but not limited to any form of fighting.
- Unauthorized use of any fire safety equipment, including the activation of alarms or extinguishers without immediate cause.
- Possession of any weapons.
- Failure to attend any planned event/activity without the approval of my faculty/staff supervisor.

Process
The on-site director or staff will review any alleged violations of this Agreement to determine the need for any immediate disciplinary action. The University’s student discipline and student grievance processes will be followed upon the student participant’s return to campus.

I acknowledge that I have read, understand and agree to abide by this Agreement.

__________________________________________  ____________________________
Signature of Student Participant  Date
CSU FULLERTON – RELEASE OF LIABILITY

PROMISE NOT TO SUIT, 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 on my behalf, (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: ________________________________
REQUEST FOR LEAVE OF ABSENCE (FULL ACADEMIC YEAR ONLY)

Undergraduate/Post baccalaureate/Undeclared Students

Name ________________________________ CWID Number __________________________
Street ________________________________
City, State, Zip Code ____________________
Telephone ______________________________

Leave of Absence Policy

An approved leave of absence authorizes the student to return without reapplying to the university and continue under the catalog requirements that applied prior to the absence. A Leave of Absence may be requested for one semester based on certain documented extenuating circumstances, or two semesters for the reasons stipulated below (documentation also required).

- **One semester**
- **Documentation** – Required for all requests (no exceptions)
- **Deadline for submitting form** – This form must be submitted **no later than** the last day of the term for which you are requesting the leave of absence:
  
  Last day of term = date grades are due in the Records Office for that semester (as published in the class schedule)  Leave of Absence requests for a term that has ended will not be accepted.

**Two semesters**

1. Requests for a Leave of Absence of two semesters in length are confined to circumstances of :
2. Illness or disability – self or immediate family member (permanent or temporary, including pregnancy)
3. Active duty in the armed forces of the United States
4. Study Abroad programs
5. Educational/professional training programs not available at Cal State Fullerton
   - **Documentation** – Required for all requests (no exceptions)
   - **Deadline for submitting form** – This form must be submitted **no later than** the last day of the term (as defined above) for the first of the two semesters being requested.

Maximum Leave of Absence request: Two semesters – (not including stop out semester)

Use of Policy: This policy is not designed for repeated use.

Extensions: A Leave of Absence cannot be extended. If approved, it is for the specified semester(s) only.

Decision: You will receive notification of the decision by mail.

Request for: □ One semester _______ or □ Two semesters _______ _______

Term Term Term

choose only one

Reason for requesting a Leave of Absence (attach documentation)

Today’s Date _________________ Student Signature _________________________

For Office Use Only

Approval: __________________________ for: _________________________________

Term Term

Denied: ____________________________

Return by: __________________________

Comments:

Signature: __________________________ Date: ____________________________

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