



Submit Application to Study Abroad Advisor
 C.A.R.E.S/ Aquinas Hall 104
 Deadline: See Host Institution's Application Deadline

Student is responsible for submission and approval of all contents of application prior to departure.

Student Long Term Study Abroad Application

Date: _____

I. Biographical Information

Full Name (as it appears on passport): _____

Gender: Male Female Birth Date: (MM/DD/YYYY) _____

Caldwell Student ID: _____

Citizenship: U.S. Citizen Lawful Permanent Resident Other: _____

Passport Origin and Number: _____ Place of Issue _____

Expiration Date: _____

*Passport must still be valid six months after your return date

Local Address (if applicable): _____

Permanent Address: _____

Telephone (home): _____ Telephone (cell): _____

E-mail Address: _____

Are you in good academic standing? Yes No

Are you in good social standing? Yes No

Are you a recipient of Financial Aid? Yes No

How do you plan to pay for the Study Abroad program? Out of Pocket Financial Aid

*If you are planning to pay with financial aid (federal and state aid only), please submit the attached Financial Aid Consortium Agreement.

Will you require a visa to enter this country? Yes No

*It is your responsibility to check the visiting country's Embassy website to identify whether your citizenship (U.S. or non) requires a visa in order to enter the country. See Student Guidelines for more information

Will you be traveling on a non-U.S. passport? Yes No

II. Emergency Contact (ie. parents, guardian, spouse, children)

Name: _____ Relationship to You: _____

Address: _____

Telephone (Home): _____ Telephone (Cell): _____

III. Academic Information

Major(s): _____ Minor(s): _____

Faculty Advisor(s): _____

Class: FR SO JR SR Expected Graduation _____

Total Credits earned (as of submission of application): _____ GPA: _____

*Must attain and maintain a minimum 2.5 GPA at time of application & departure for program

IV. Study Abroad Program Information

Name of Program: _____

Address of Program: _____

Program coordinator (Name, Title, Department, Phone, E-mail):

Website URL of Program _____

Name of Institution or Organization sponsoring the program, (if applicable) _____

Website URL of Sponsor _____

Academic Term(s) of Study and Year: Fall _____ Spring _____ Summer _____

Dates of Program: _____

Number of Credits to be transferred: _____

Traditional Undergraduate must be considered full-time status and take a minimum of 12 credits

If necessary, will the Sponsor help with obtaining your Visa? Yes No

Will you receive a final official transcript through a U.S. accredited Institution? Yes No

**In order to receive credit, Caldwell University must receive and official transcript in English.*

- V. **Personal Essays** Please attach a double spaced document and address each of the following questions.
1. How will studying abroad enhance your academic and personal goals?
 2. Please discuss any previous travel and international experiences you have had.
 3. Upon your return back from studying abroad, how will you teach others in the Caldwell Community what you have learned?

Detach and give to Faculty Recommender

VI. Faculty Recommendation

The following student, _____, has applied for the Long-Term Study Abroad Program to _____ during the _____ session. Your recommendation will play a crucial role in the Committee's evaluation and decision in whether to allow the student to participate in the program.

Please answer the following questions, and submit your letter on departmental letterhead in a sealed envelope to the Director of Advisement & Study Abroad in the Center for Student Success before the Application Deadline.

1. How long and in what capacity have you known the student?
2. Please discuss the student's level of maturity, readiness, and ability to have a successful Short-Term Study Abroad experience, both academically and personally.
3. Please include any other information you feel will be helpful for the Program Coordinators to know about the student, as well as your level of enthusiasm in recommending this student to study abroad at this time.



**CALDWELL UNIVERSITY
Study Abroad Pre-Approval Form**

COURSE APPROVAL MUST BE SUBMITTED WITH STUDY ABROAD APPLICATION TO THE ADVISEMENT OFFICE. THE APPROPRIATE SIGNATURES INDICATE PRE-APPROVAL FOR THE COURSES LISTED BELOW. STUDENT MUST NOTIFY THE DIRECTOR OF ADVISEMENT OF ANY CHANGES. CREDIT AND GRADES FOR ALL FULL TIME STUDY ABROAD PROGRAMS WILL BE TRANSFERRED AND INCLUDED IN THE GPA. STUDENTS MAY NOT TAKE PASS/FAIL COURSES; ALL COURSES MUST BE GRADED. FINAL 30 CREDITS MUST BE TAKEN AT CALDWELL UNIVERSITY. *NOTE: ANY TRANSCRIPTS FROM A NON-U.S. SCHOOL MUST BE EVALUATED BY WES. THE STUDENT HAS THE RESPONSIBILITY OF REQUESTING THAT AN OFFICIAL TRANSCRIPT BE SENT TO: REGISTRAR'S OFFICE, CALDWELL UNIVERSITY, 120 BLOOMFIELD AVENUE, CALDWELL, NJ 07006**

Name _____ ID# _____ Date _____

Major(s) _____ Minor _____ G.P.A. _____

Number of credits _____ Advisor(s) _____

Class Standing: First-Year Sophomore Junior Senior Adult

Study Abroad Program _____ Term & Year you plan to attend _____

| Course at Visiting Institution | Course # and title at Caldwell | If using as substitution, indicate Course # | Core/Major/Elective Credit | Approval by the appropriate Department Chair and Date |
|--------------------------------|--------------------------------|---|----------------------------|---|
| | | | | |
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| | | | | |

Signature of Student _____ Date _____
 Signature of Academic Advisor(s) _____ Date _____
 _____ Date _____
 Signature of Director of Advisement or Study Abroad Advisor _____ Date _____

Copies to: Registrar//Financial Aid/ Academic Advisor/Student

VII. The Office of Financial Aid Study Abroad Consortium Agreement

This consortium agreement should be filled out only to those students who plan to use financial aid (federal and state aid only) to pay for their study abroad program.

It is the student's responsibility to complete this form and have the appropriate signatures and approvals at both Caldwell University and the visiting institution.

If your enrollment status changes it is the student's responsibility to notify The Office of Financial Aid, any and all overpayments made to the account due to misleading information will result in a refund of Title IV to the aid program and billed accordingly to the student.

As allowed in Part 600.9 institutional eligibility and Part 690.9 Pell Grant Program, Code of Federal Regulations, this Consortium/Contractual agreement is entered into between Caldwell College (home institution) and _____ (visiting host institution) for the Purpose of providing federal financial assistance to the student name below.

Part A: to be completed by the student

| <u>Student Information</u> | <u>Address/ City /State/Zip</u> |
|----------------------------|---------------------------------|
| Name: | |
| SSN/ID: | |
| Telephone: () - - | |

Caldwell University Permission:

The student **must obtain a final approval** by the Director of Advisement & Study Abroad (UG) or Director of Graduate Studies (GR) to become a study abroad student, copies of approved academic paperwork must be attached to this form.

The student listed above is a degree seeking student at Caldwell University. The student will be enrolled as a visiting student at: _____; during the _____ (semester) of the _____ academic year. The student named may qualify for financial aid administered by Caldwell University based on the following information.

1. The student has permission to enroll as a visiting student? () Yes () No
2. Beginning and ending date of the semester: _____ to _____

| <u>Must be approved by all parties:</u> | <u>Signatures:</u> | <u>Date</u> |
|---|---------------------------|--------------------|
| Academic Advisor | | |
| Director of Advisement (<u>UG</u>) | | |
| Director of Graduate Studies (<u>GR</u>) | | |

VIII.

The Office of Financial Aid Consortium Agreement (con't)

Host Institution Information: _____ (Institution Name)

This form is to be completed by host institution, and then returned to FA office for signature

| <u>Charges:</u> | Semester Hours: (Circle One): FL SP SM WI/_____/_____ | Year | Credits |
|--------------------|---|------|---------|
| Tuition and Fees | \$ | | |
| Room and Board | \$ | | |
| Books and Supplies | \$ | | |
| Total | \$ | | |

1. _____ (host institution) agrees to the following:
2. The host institution certifies the named student is enrolled for the period specified in this agreement. () Yes () No
3. The host institution has not been terminated or withdrawn from approved US Department of Education title IV HEA programs as defined in 34 CFR Part 600.
() Yes () No
4. If the student withdraws from above period, the host institution agrees to inform Caldwell University of the date of the withdrawal and any reductions in charges. () Yes () No
5. The officials who are responsible for the administration of the financial aid program at the schools listed above agree that all Title IV and State aid will be calculated and disbursed through Caldwell University (the degree granting institution) in accordance with Federal, State and institutional regulation. Satisfactory progress and other student eligibility requirements will also be monitored by Caldwell University. () Yes () No

Caldwell University agrees to mail all payment directly to the student. Please provide the payment information below to allow Caldwell to send payment: Once the student is refunded the money the student will be responsible to make payment to (Host Institution)_____.

Check should be made payable to: _____

Address: _____

Caldwell University:

Signature: _____

Office of Financial Aid

Phone- 973-618-3221

Visiting Institution: _____

Signature: _____

Name / Title/ Telephone

VIII. Additional Attachments and Information

Please attach the following items:

Unofficial Caldwell University Transcript

Copy of Passport with photo (if traveling within the U.S., please submit photo only)

Course descriptions of all pre-approved courses

Please read the following important information regarding:

Proof of Health Insurance*

U.S. Department of State Information**

***Insurance Information**

All Caldwell students attending a Study Abroad program must demonstrate proof of insurance that covers comprehensive international sickness and accidents. Many programs will automatically enroll students in this comprehensive plan so please check with your program to determine whether you have been appropriately covered.

If your program does not provide coverage or adequate coverage, you will be required to enroll in the Cultural Insurance Service International's Basic Plan, at minimum.

Cultural Insurance Services International (CISI) is a leader in providing comprehensive insurance coverage, travel assistance, and claim paying capabilities to cultural exchange participants worldwide.

Caldwell Study Abroad students may select to purchase CISI's Basic or Upgraded Comprehensive insurance package and receive health coverage, as well as medical evacuation, repatriation, and accidental death and dismemberment. Students must then attach proof to their Study Abroad Application.

Please visit CISI online to review their current coverage and cost: <http://www.culturalinsurance.com/>

****U.S. Department of State Information**

Students and their families should be aware that the U.S. Department of State maintains a website for U.S. citizen students who are, or will be, studying abroad. It may be found at <http://studentsabroad.state.gov/> and addresses the following subject areas:

- Enrolling ones' presence abroad with the nearest U.S. Embassy through the STEP Enrollment Program at: <https://step.state.gov/step/>
- Checking country-specific conditions as well as travel warnings and alerts at: http://www.travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html
- Offering students travel safety and other traveling tips provided at: http://www.travel.state.gov/travel/tips/tips_1232.html