

Application for Departmental Exchanges

APPLICATION CHECKLIST

Please submit the following documents to the VCU Education Abroad Office

- Personal Information form
- Signed Agreement and Release
- Completed Course Approval Form
- One passport-sized photo with name printed on back
- Host university application form and required documents
- \$150 non-refundable application fee, checks payable to VCU
- Copy of passport OR proof of passport application

***Note:** Students are issued an International Student Identification Card (ISIC). The **ISIC is required** of all VCU Study Abroad participants. You must submit a passport-sized color photograph (1-1/4" x 1-1/2"). It takes approximately 1 week to process and make the card. Please write the date that you need your ISIC card _____ .
(i.e. Jan 1, 2009)

Application Deadline: **March 15 for summer and fall exchange programs**
 October 15 for spring programs



VCU Education Abroad
Office of International Education
817 W Franklin Street Room 122
P.O. Box 843043
Richmond, VA 23284
804.827.STUA Fax: 804.828.2552

APPLICATION FOR STUDY ABROAD AND EXCHANGE

Virginia Commonwealth University ♦ Office of International Education ♦ PO Box 843043
817 W. Franklin Street ♦ Richmond, VA 23284-3043 ♦ Tel: 804-827-STUA ♦ Fax 804-828-2552

Check One:

- University of Westminster: Fashion Merchandising
- FHS Kufstein Austria: Business
- Glasgow School of the Arts

Student Information

Please type or print:

Student #: _____

Name: _____
First Middle Last

Address: _____

Telephone: _____ Email: _____

Standing: Fresh. Soph. Jr. Sr. Major: _____

Cumulative GPA: _____

Intended Period of Study: Fall 20____ Spring 20____ Summer 20____

Will you apply for financial aid? Yes No

Citizenship: US Permanent Resident Other (Please Specify) _____

Ethnicity* (optional) _____

How did you hear about VCU Education Abroad?

Poster Presentation Friend Study Abroad Fair Professor Other _____

Emergency Contact Information

Name of parent or guardian: _____ Relationship: _____

Tel: _____ Alt. Tel: _____ Alt. Tel: _____

Address: _____

Others we should notify if your parent or guardian cannot be reached:

Name of parent or guardian: _____ Relationship: _____

Tel: _____ Alt. Tel: _____ Alt. Tel: _____

Address: _____

AGREEMENT AND RELEASE

Program Participation: I agree to participate in all aspects of the study abroad program (instructional, cultural, and social) that are organized by the program, as defined in the program information. I understand that I must be enrolled in the required course work, and that any deviation from the normal course schedule and/or program design must be approved in advance in writing by the program provider.

Program Provider Regulations: I agree to abide by all rules and regulations regarding program participation including authorization for absences from programmed activities, as set out by the program provider, and by all laws, rules, and regulations pertaining to my student status.

Health and Medical Insurance: I certify that I am free of medical conditions that would endanger my life, health, or well-being while traveling or living abroad, or that would impede my ability to fully participate in all aspects of the program. Further, I understand that I must disclose any pre-existing conditions which may affect my participation in program activities. I also certify that I have accident and illness insurance for provision of emergency medical care, as recommended by the program provider or medical authorities of my host country, in case of accident or illness during the program.

Consular Information Sheets and Travel Warnings: Travel abroad is risky for all Americans at the present time. I certify that I have read and discussed with my parents and/or legal guardians all Consular Information Sheets and Travel Warnings provided to me by the program director and/or the Education Abroad Department. I understand that it is my exclusive responsibility to keep informed of any changes in Travel Warnings issued by the Department of State and to decide accordingly on my participation in the Study Abroad Program

Agreement and Release: In consideration of permission granted by the Board of Visitors of the Virginia Commonwealth University, I, for myself, my executors, administrators, and successors hereby release and hold harmless the Virginia Commonwealth University, its visitors, officers, employees, and agents from any and all claims and causes for action including, but not limited to, loss or destruction of property and personal injury, including, but not limited to, death, which may be sustained by me whether within or outside of controlled travel or activity related directly or indirectly to the program.

Financial Aid Authorization: I authorize Virginia Commonwealth University to use Federal Title IV funds, and any other assistance including Federal Title VII funds, provided on my behalf to pay any and all university charges including educationally related activities other than current charges for tuition, fees, room and board. Payment of these charges will be made in full prior to any financial aid refund amount being provided to me. This authorization will remain in effect until such time that I provide written notification to rescind this authorization.

Name (Please Print)

Signature of Parent or Guardian (If Applicable)

Signature of Student

Date

Education Abroad Course Transfer Approval Form

To the student: It is essential that you discuss your study abroad plans with your academic advisor(s). You **must** receive approval **before your program begins** for the credit taken while you are overseas. If you do not receive written approval before your program, credit transfer cannot be guaranteed.

Students seeking graduate credit must also have permission from the Graduate Dean for approval of course transfer.

Final approval for any graduate transfer credit is reviewed and approved by the Graduate School.

Student Name (Please Print) _____ Student ID# V _____ Major _____

Name of Study Abroad Program _____ Term (ex: Fall 2008) _____ Name of Institution Issuing Transcript _____

To the faculty member: Please review the course descriptions and/or syllabi to determine if the courses the student proposes to take abroad will fulfill requirements at VCU.

If the proposed course is: -equivalent to a VCU course, please list the department code and the course number (ex: POLI 321).
 -not equivalent to a VCU course, please list the department code and "391" or "491" and indicate use of course.

Proposed Courses at Host University Ex: PL SC 3889 Political Economy of Europe	VCU Equivalent Ex: POLI 391	Use of Course	Faculty/Advisor Printed Name	Faculty/Advisor Signature
		<input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Elective <input type="radio"/> General Ed.		
		<input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Elective <input type="radio"/> General Ed.		
		<input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Elective <input type="radio"/> General Ed.		
		<input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Elective <input type="radio"/> General Ed.		
		<input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Elective <input type="radio"/> General Ed.		
		<input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Elective <input type="radio"/> General Ed.		
		<input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Elective <input type="radio"/> General Ed.		

Signature, Dean of Graduate School (for graduate credit only)