RETURN COMPLETED BOOKLET TO:

Christian Brothers University
Office of International Initiatives
Campus Box 3
650 East Parkway South
Memphis, TN 38104

Buckman Hall Rooms 342, 346, & 347

(901) 321-3461 • (901) 321-4416 • (901) 321-3264
studyabroad@cbu.edu
Date: _____________________

Name: ____________________________________________________________

   First                  Last                   Middle

Social Security Number: _____ - ____ - ______   E-mail addresses: ______________________________

Local Address: ______________________________________________________

   Address                     City                State                Zip Code

Address valid until date:_______       Local Phone: (___) ___-____       Cell Phone: (___) ___-____

Permanent Address: ______________________________________________________

   Address                     City                State                Zip Code

Permanent Phone: (___) ___-____       U.S. Citizenship: □ Yes □ No   Other: _______________________

Birth Date: ____/____/______   Age: _________       Birthplace: _______________________

 MM/DD/YYYY

Will you be 21 or older when you travel abroad? □ Yes □ No

If under 21 when traveling abroad: Parent or Guardian’s Name: ________________________________

Do you have a Passport currently? □ Yes □ No       Passport Number: __________________________

Country of Issue: ______________________       Expiration Date: _______________________

Frequent Flyer Numbers: 1.___________________ 2.__________________ 3.___________________

   Airline 1: ####       Airline 2: ######       Airline 3: ####

Current CBU Students Only:

Academic Status: □ Freshman □ Sophomore □ Junior □ Senior

CBU E-mail: ____________________________       CBU ID#: ____________________________

(*Your CBU e-mail address will be added to the Study Abroad Listserv. To opt out, email studyabroad@cbu.edu.)

Cumulative GPA: ______________

Major: ____________________________       Academic Advisor: ____________________________

Concentration (if applicable): ____________________________

___________________________
I verify that the above information is correct, and I wish to make formal application to study abroad through Christian Brothers University. I understand that my deposit is non-refundable.

Signature: ____________________________       Date: ____________________________

Print Name: ____________________________
I am applying for: (Please see the CBU International Initiatives website for current offerings) [www.cbu.edu/studyabroad]

- [ ] Short Group Trip (Fall Break/Spring Break/etc. – Please see Study Abroad website for current offerings)
  - Trip Location: _____________________________
  - Trip Date: _____________________________

- [ ] Study Abroad for:
  - Fall 20____
  - Spring 20____
  - Summer 20____
  - University: _____________________________
  - Location: _____________________________
  (non-Lasallian Consortium schools require an additional $150 administrative fee, payable to CBU at time of application)

- [ ] Exchange for:
  - Fall 20____
  - Spring 20____
  - Summer 20____
  - University*: _____________________________
  - Location: _____________________________
  (*University must be school with which CBU has an Exchange Agreement)

How did you find out about this program/trip? (check all that apply)

- [ ] CBU Study Abroad Meeting
- [ ] Visit to the International Initiatives Office
- [ ] Faculty
- [ ] CBU Student/Alumni Name _____________________________

I verify that the above information is correct, and I wish to make formal application to study abroad through Christian Brothers University. I understand that my deposit is non-refundable.

Signature: _____________________________

Print Name: _____________________________

Please return this form to the Office of International Initiatives as soon as possible!

- Give it to us in person in Buckman Hall, Room 346 – slide it under the door if office is closed.
- Send it to Office of International Initiatives, Box 3 via Campus Mail
- Or e-mail it to studyabroad@cbu.edu
Checklist Summary for Exchange and Semesters/Summers Abroad Students

All candidates must fully complete each item of this checklist.

☐ 1. Exchange Student Application
☐ 2. Copy of Valid Passport
☐ 3. Student Financial Assistance Clearance Form
☐ 4. $300 non-refundable deposit
☐ 5. CBU Study Abroad Application Essay
☐ 6. CBU Request to Enroll in Off-Campus Course Forms for each course you are proposing to take (pick up from CBU Registrar’s Office)
☐ 7. Health and Safety Questionnaire
☐ 8. Insurance Verification Form and letter from Insurance Company
☐ 10. Assumption of Risk and Release Form
☐ 11. Two Academic Recommendation Forms
☐ 12. Incoming Exchange Students Application Form (BES Lasalle Barcelona only)
☐ 13. Official transcript received by International Initiatives
☐ 14. Schengen Student Visa Application (BES Lasalle Barcelona only)
☐ 15. Administrative Authorization Form – See the next pages for when this form should be filled out (it shouldn’t be signed until the semester/term immediately preceding your study abroad semester).
Checklist for Exchange and Semesters/Summers Abroad Students

All candidates must successfully complete each item of this checklist and submit them to the Office of International Initiatives no later than the deadline published on the CBU website.

☐ 1. Contact the International Initiatives Office and your Academic Advisor as soon as your interest is sparked to determine your eligibility for exchange.

☐ 2. Fill out the Study Abroad Preliminary Interest Form if you have not already done so and turn it in immediately.

☐ 3. Complete the International Initiatives Application and turn in to the Study Abroad office.

☐ 4. Begin the application process for your passport IMMEDIATELY (if you do not have one already that will still be valid 6 months past return date). Website: http://travel.state.gov/passport/passport_1738.html or go to a post office with a Passport Office. You must have your passport in order to apply for a Student VISA. It may take up to 3 months to secure both documents, so do not delay! Once you receive your passport, make a copy and turn in to International Initiatives Office.

☐ 5. Make an appointment to visit the office of Student Financial Assistance to complete the Student Financial Assistance Clearance Form and to discuss applicability of your current aid to the exchange semester. If you do not receive financial aid, simply write NOT APPLICABLE on the form.

☐ 6. Meet with your academic advisor and complete the CBU Request to Enroll in Off-Campus Course Form for each course you are proposing to take while abroad. You will need to bring along information about courses available at the foreign school and a list of your proposed courses. First look on the website for the program/school to find information about courses offered; if more information is needed, contact the Study Abroad Office studyabroad@cbu.edu. The number of courses taken during semesters abroad must be equivalent to at least 12 credit hours per semester. (You may also consider a CBU online course if offerings at your destination do not equal 12 credit hours – check with your advisor). For summers abroad, there is not a minimum course requirement.

For BES Lasalle Barcelona, Spain: One Spanish language course is required.

☐ 7. Complete the CBU Study Abroad Application Essay.

☐ 8. Complete the Health and Safety Questionnaire.

☐ 9. Complete the Insurance Verification Form and request an official letter from your insurance company verifying that you will have adequate medical coverage while studying abroad. This letter should accompany the form. If you do not have coverage, you must purchase it (there are many options you can research online - http://www.internationalstudent.com/ is an example of a good site). We recommend that if you have health insurance through an employer (whether it is your employer or your
parent/guardian’s) that you visit the employer’s Human Resources office. They will most likely know how to get the appropriate documentation.


☐ 11. Read, sign, and date the Assumption of Risk and Release Form. If you are under 18, a legal guardian must also sign this form.

☐ 12. Provide two faculty recommendations using the Academic Recommendation Form. You should complete the top portion of the form before giving it to the faculty member. You should also provide an envelope. After the form is complete and in the sealed envelope, the faculty member should return it to the International Initiatives Office, Box 3.

☐ 13. BES Lasalle Barcelona, Spain only: Complete the Incoming Exchange Students Application Form. If you have not received your Passport number yet, please note this on the form and include your driver’s license number instead. Report your passport number to the Office of International Initiatives as soon as you have it.

☐ 14. Request an official transcript be sent to the International Initiatives Office from the Registrar’s Office. For request procedure, visit http://www2.cbu.edu/cbu/resources/RegistrarsOffice/Transcripts/ There will be a charge for an official transcript.

☐ 15. BES Lasalle Barcelona, Spain only: After receiving your passport, complete the Schengen Student Visa Application (http://www.consulate-spain-chicago.com/). Once you receive the visa, make a copy and submit it to International Initiatives Office.

☐ 16. Before you go: Make appointments to visit the offices on the Administrative Authorization Form. The appropriate signatures will verify that you have no unresolved issues relating to that office. Clearance as indicated by signature must be obtained prior to the end of the term immediately preceding the your study abroad summer/semester. See the below schedule for when you should complete this step.

Summer Study Abroad: End of Spring Semester
Fall Study Abroad: End of Spring Semester or End of Summer Term (if you take summer courses)
Spring Study Abroad: End of Fall Semester

All candidates must successfully complete each item of this checklist and submit them to the Office of International Initiatives no later than the deadline published on the CBU website.
International Initiatives
Student Financial Assistance Clearance

Please visit the Office of International Initiatives before completing this form for cost estimates.

Date: ____________________

Name: ____________________________________________________ _____________________

First                     Last                     Middle

CBU ID#: ___________________________

Country and Institution: __________________________________________________________

Applying for:

☐ Full Academic Year 20___ - 20___
☐ Fall Semester ________
☐ Spring Semester ________

Approximate Costs:

$__________________________  CBU Tuition and Fees\(^1\)
$__________________________  Room and Board at LaSalle Univ.
$__________________________  Travel to Barcelona
$__________________________  Books
$__________________________  Personal Expenses\(^2\)
$__________________________  Total Cost

I have spoken to the above student regarding financial aid for the program as listed above.

$__________________________  Total Aid Eligible for Exchange Program Use

Signature: _______________________________ Date: ___________

Dean of Student Financial Assistance

Print Name: _______________________________

Dean of Student Financial Assistance

\(^1\) Federal, state, and CBU Aid applies to Exchange Programs.

\(^2\) Take into consideration any plans you may have for weekend/holiday travel to other locations in Europe.
International Initiatives
Application Essay for Semester and Summer Students
(not required for short trips)

Name: ____________________________________________________

First ____________________________________________ Last ____________________________ Middle ______________________________

CBU ID#: _________________________

The International Program Advisory Committee requires all study abroad and exchange applicants to write an essay in support of their application. Besides serving as an evaluation tool for study abroad success, the essay gives 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 the possible impact upon career opportunities. In addition, the writing of the essay allows the applicant to record expectations of what it will be like to live and study abroad.

Your typed, double-spaced, essay must be no less than 300 words in length, and is due with your completed application by the appropriate deadline. As with any formal work, the essay 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 minimum, your essay should present the following:

- An introductory statement that identifies the roots or source of your interest in pursuing studies abroad.
- A paragraph that explains your beliefs regarding the general significance of studying abroad.
- How study abroad will contribute to and enrich your academic, lifetime, and career goals.
- Anything you have done that will make you a good candidate.

Bring your essay towards 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.
Health and Safety Questionnaire

Withholding medical information could result in the participant’s dismissal from the program.

Name: _______________________________ Date: __________________________

Age: _______ Gender: ☐ Female ☐ Male Tobacco Use: ☐ Non-Smoker ☐ Smoker

Do you have any medical condition(s) – such as allergies, heart disease, emphysema, diabetes, seizures, depression, injuries, recent surgery, etc. – that would be important to know about in case of an emergency? ☐ Yes ☐ No

If yes, please explain: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Do you have any food allergies? _________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Do you have any restrictions such as impaired vision, hearing, breathing, mobility, etc.? ______________
____________________________________________________________________________
____________________________________________________________________________

Do you require any prescription medications on a regular basis in order to function effectively? ☐ Yes ☐ No

If yes, please list the names of and reasons for taking said medications: ______________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Primary Care Physician: _______________________________________________________

Physician’s Tel. Number: (___) ___-______ CBU reserves the right to contact your Physician with any questions.

EMERGENCY CONTACT INFORMATION

Name: _______________________________ Relation: _______________________________

Address: ___________________________________ Address __________ City __________ State __________ Zip Code __________

Home Phone: (___) ___-______ Cell Phone: (___) ___-______ Work Phone: (___) ___-______

Email Address: __________________________________________

________________________________________________________

Signature: _______________________________ Date: __________________________
Insurance Verification Form

Name: ____________________________________________________

First    Last    Middle

NOTE: All students are required to have adequate medical coverage while overseas. When travelling outside of the United States, it is recommended that you take health insurance claims with you in the event of an illness or accident. If medical attention is required, the claim form should be completed by the physician and/or hospital staff. A receipt for billing, written in American dollars, should also be obtained. Should you not have a claim form, a complete billing statement indicating the specific illness diagnosed, specific medical services performed, and a detailed cost breakdown is needed. You should check with your health insurance company for particulars. If you do not have coverage, you must purchase it (there are many options you can research online - http://www.internationalstudent.com/ is an example of a good site).

Name of Insurance Company: __________________________________________________

Insurance Company Address: __________________________________________________

Address Line 1

Address Line 2

City    State    Zip Code

Policy Holder: __________________________________________________

First    Last    Middle

Employer (if insured through an employer): __________________________________________

Policy Number: ________________________________________________________________

Student Signature: _______________________________ Date: __________

(If the student is under 18 years of age, a parent/guardian must also read and sign this form.)

Parent/Guardian Signature: _________________________ Date: __________

Mandatory: Please attach verification of overseas coverage by submitting an excerpt from your policy or a brief statement of coverage on insurance company letterhead or proof of purchase from another provider.
Assumption of Risk and Release Form

THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING

Name: ____________________________________________

First         Last         Middle

Social Security Number: _____-____-_______

Birth Date: _____/_____/______

MM/DD/YYYY

☐ Short Group Trip - Trip Location: ________________________________

Trip Date: ____________

☐ Study Abroad for:  ☐ Fall 20____  ☐ Spring 20____  ☐ Summer 20____

University: ____________________________________________________

Location: _______________________

☐ Exchange for:  ☐ Fall 20____  ☐ Spring 20____  ☐ Summer 20____

University: ____________________________________________________

Location: _______________________

In consideration of being allowed to participate in the Program specified above, I hereby agree as follows:

1. **Risks of Studying Abroad.** I understand that participation in the Christian Brothers University Study Abroad Program specified above (the “Program”) is voluntary and involves risk not found in study at CBU (the “University”). These include, but are not limited to, risks involved in traveling to and within, and returning from, one or more foreign countries; foreign, political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters described in this and other documents which I have received, reviewed, and signed, and which are incorporated by reference in this Release Form. I understand that the University cannot guarantee my absolute safety during the program, cannot monitor my daily personal decisions, choices, and activities, cannot prevent me from engaging in illegal or risky activities if I ignore rules and advice from the University, cannot represent my interests if I am accused of illegal activities, and cannot ensure local adherence to United States norms of individual rights, political correctness and sensitivity, relationships between the sexes, and relations among racial, cultural, and ethnic groups. I have made my own investigation and am willing to accept these risks.

2. **Institutional Arrangements.** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, apartment building, apartment manager, or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

3. **Independent Activity.** I understand that the University is not responsible for any injury, loss, or damages I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.

4. **Health and Safety.**
   a. I have consulted with a medical doctor about my personal medical needs. No health-related reasons or problems exist which preclude or restrict my participation in this Program.
   b. I am aware of all my applicable personal medical needs. I am and will be covered, during the Program, by a policy of comprehensive health and accident insurance that provides coverage for injuries and illness I sustain or experience while studying abroad. Said insurance will specifically provide coverage for injuries or illness sustained or experienced in the countries in which I will be living and/or traveling during the Program. I recognize that the University is not obligated to attend to 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, the University is not responsible for the cost or quality of such treatment or care. Fall and spring break trips include health insurance, with a modest deductible, for students under twenty-four year of age and enrolled at CBU. All others must show proof of insurance or purchase coverage.

c. I hereby grant the University authority to (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and fully release the University from any liability for any actions. I specifically release the University from all responsibility for any injury or damages that might arise out of or in connection with such authorized emergency medical treatment.

5. Standards of Conduct.

a. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.

b. I will comply with the University's rules, standards and instructions for student behavior in the Program. I will also comply with the University's general rules, standards, policies and procedures for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

c. I agree that the University has the right to enforce, in its sole judgment, the standards of conduct described above. I agree that the University may impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, or other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. I understand that if I am expelled from the Program, the University may refer me to the appropriate University officials for further disciplinary or other action. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

d. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

6. Program Changes. The University reserves the right to make cancellations, substitutions or changes to the Program at any time for any reason, with or without notice. I understand that the University's fees and program charges are based on current airfares (where applicable), lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays, delayed or changed departure or arrival times, fare changes, dishonors of hotels, airline or vehicle rental reservations, missed carrier connections, sickness, injuries, weather, strikes, acts of God, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, bankruptcies of airlines or other service providers, unforeseen causes, and circumstances beyond the University's control. If weather, flight schedules or other uncontrollable factors require me to incur additional hotel, meal, airline or other expenses, I will be responsible for said expenses. My baggage and personal property are my sole responsibility. If I become detached from the Program group, fail to meet a departure bus, airline, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group. The University reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to departure and, in its sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States, if the University determines or believes that any participant is or will be in danger if the Program or any aspect thereof is continued.

---

3 Except to the extent the University received net refunds for my non-participation.
7. **Assumption of Risk and Release of Claims.** Knowing that risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify Christian Brothers University, its trustees, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

This agreement will become effective only upon receipt of my application for the Program by Christian Brothers University and will be governed by the laws of the state of Tennessee, which will be the forum for any lawsuits filed under or incident to this agreement or to the Program.

<table>
<thead>
<tr>
<th>Signature of Student</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Student (print)</td>
<td>Date</td>
</tr>
</tbody>
</table>

I (A) am the parent or legal guardian of the above Student, (B) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility), am and will be legally responsible for the obligations and acts of the Student as described in this Release Form, and (D) agree, for myself and for the Student, to be bound by its terms.

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

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Parent/Guardian (print)</td>
<td>Date</td>
</tr>
</tbody>
</table>
**Study Abroad**

**Academic Recommendation**

Name: _____________________________________________________

First ________________________ Last ________________________

Middle ________________________

CBU ID#: ________________________

Country and Institution: _________________________________________

Applying for:

- [ ] Full Academic Year 20___ - 20___
- [ ] Fall Semester ______
- [ ] Spring Semester ______

A recommendation writer should be aware that public Law 93-380 permits the student to inspect recommendations unless he/she has signed the waiver below. The undersigned student hereby waives his/her right to inspect this form under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment).

Student Signature: ___________________________ Date: __________

How long have you known this student and in what capacity?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Using the following number rating scale, please rate the applicant on the following attributes:

5= Excellent  4= Very Good  3= Above Average  2= Average  1= Below Average

*Leave blank if you do not know.

<table>
<thead>
<tr>
<th>Intellectual Potential</th>
<th>Dependability</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maturity</th>
<th>Ability to get along with others</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independence</th>
<th>Ability to work alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adaptability</th>
<th>Ability to make decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cooperation</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Comments below or you can attach your own letter:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Name (print):________________________________________________________

Signature: ___________________________________________ Date: __________
Study Abroad
Academic Recommendation

Name: _____________________________________________________  First  Last  Middle

CBU ID#: ________________________

Country and Institution: _______________________________________

Applying for:

☑ Full Academic Year 20___ - 20___
☐ Fall Semester ______
☐ Spring Semester ______

A recommendation writer should be aware that public Law 93-380 permits the student to inspect recommendations unless he/she has signed the waiver below. The undersigned student hereby waives his/her right to inspect this form under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment).

Student Signature: _____________________________  Date: __________

How long have you known this student and in what capacity?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

__________________________________________________________

Using the following number rating scale, please rate the applicant on the following attributes:
5= Excellent  4= Very Good 3= Above Average 2= Average  1= Below Average
*Leave blank if you do not know.

Intellectual Potential
5  4  3  2  1

Dependability
5  4  3  2  1

Maturity
5  4  3  2  1

Ability to get along with others
5  4  3  2  1

Independence
5  4  3  2  1

Ability to work alone
5  4  3  2  1

Adaptability
5  4  3  2  1

Ability to make decisions
5  4  3  2  1

Cooperation
5  4  3  2  1

Initiative
5  4  3  2  1

Comments below or you can attach your own letter:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Name (print):_____________________________________________________

Signature: ________________________________________________________  Date: __________
Travel Waiver

PLEASE INITIAL BY EACH OF THE FOLLOWING AND SIGN AND DATE BELOW

________ I understand that if I arrive before/after the scheduled arrival date, I will be responsible to get myself to the site of the program.

________ I will be responsible for all costs incurred if my arrival or departure dates are different than the official program times.

________ My belongings will be my responsibility.

________ I will inform my Study Abroad Advisor if changes are made to my personal itinerary.

________ I understand if I need a visa for this program I will be advised by my adviser: However, I am responsible for obtaining the actual visa.

________ I will provide a copy of my current passport to the Office of International Initiatives.

________ I understand any travel outside of the actual program itinerary is at my own expense and the Office of International Initiatives is not liable for any travel outside of the published itinerary, insurance, or any other expense.

Signature: ____________________________________  Date: _____________

Print Name: ____________________________________
Study Abroad Administrative Authorization Form

Name: ____________________________________________  ____________________________________________  ____________________________________________

First  Last  Middle

CBU ID#: ________________________  CBU E-mail: ________________________________

Academic Status:  ☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior

I will be studying abroad:  ☐ Summer  ☐ Fall  ☐ Spring  Year: _________________

Local Phone: (___) ___-______  Cell Phone: (___) ___-______

Clearance as indicated by signature must be obtained from the following offices prior to the end of the term immediately preceding the student’s study abroad summer/semester. See above for when the student will be studying abroad and the schedule below for when this form should be signed:

Summer Study Abroad: End of Spring Semester
Fall Study Abroad: End of Spring Semester or End of Summer Term (if student is enrolled during the summer)
Spring Study Abroad: End of Fall Semester

Signature indicates student is in good standing with the office with no pending issues.

Business Office: _____________________________  Date: _____________

Student Financial Assistance: _____________________________  Date: _____________

Academic Advisor: _____________________________  Date: _____________

Registrar: _____________________________  Date: _____________

Study Abroad Director: _____________________________  Date: _____________