



CALDWELL
UNIVERSITY™

Deadline: *See Study Abroad Advisor in the CARES center for specific dates

NAME: _____

Student Application Checklist:

- Application Form
- \$300 Deposit (Non-Refundable)*
*Check made out to Caldwell University
- Copy of Insurance card (in addition through purchase of iNext Insurance)
*Check for iNext insurance will be made out to Caldwell University, if not included in overall cost
- Faculty Recommendation*
- Personal Essay
- Copy of Unofficial Caldwell University Transcript
- Copy of Passport*
*Must still be valid six months after you return date
- Signed Statement of Student Guidelines Form
*Only necessary if given by faculty coordinator
- Signed Acknowledgement, Consent and Release Agreement & Syllabus
- Signed Statement of Guest Policy*
*Only required if you have an invited guest

Faculty Led Study Abroad Application

Date of Submission _____

I. Biographical Information

Full Name (as it appears on passport) _____

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

Caldwell Student ID _____

Citizenship* (please circle) U.S. Citizen Lawful Permanent Resident Other: _____

Passport Origin and Number* _____ Place of Issue _____

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

Local Address (if applicable) _____

Permanent Address _____

Telephone (home) _____ Telephone (cell) _____

E-mail Address _____

Please circle the following:

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

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

If you are a student in need of an accommodation, please contact the Office of Disability Services.

II. Academic Information

Major(s) _____ Minor(s) _____

Faculty Advisor(s) _____

Current Class Standing: 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 and departure for program

III. Short-Term Study Abroad Program Information

Dates of Program _____ Please Circle: Winter Spring Summer

Country/Destination _____

I am taking the following course(s)

Course Number: _____ Course Title: _____

Course Number: _____ Course Title: _____

To satisfy the following requirement(s) _____

IV. Emergency Contact (i.e. parent, guardian, spouse, children)

Name _____ Relationship to you _____

Address _____

Telephone (Home) _____ Telephone (Cell) _____

V. Health Information

Each Short-Term Study Abroad Program (“Program”) has mental and physical demands associated with living and studying in a foreign setting where resources may be different from or less than what you are accustomed. The facilities and sites involved in the Program may not be equipped to handle special physical requirements or be handicapped accessible.

Please identify all medical conditions that should be known in case of an emergency, including but not limited to allergies, medications, medical conditions, dietary restrictions (particularly for your airline meal and group meals) etc...

Do you have a mental or physical condition that may limit your ability to participate in the Program for which you are applying? (Please circle) Yes No

If yes, do you require any reasonable accommodation? (Please circle) Yes No

If yes, please describe the accommodation(s) that you believe you will need in order to participate in the Program.

Caldwell University cannot guarantee that physical or mental health services are available. Participants must submit documentation of their disability or health-related need, along with a request for reasonable accommodation to the Director of Disability Services in the Student Center.

Please provide your health insurance information and notify your insurance carrier*:

Insurance Carrier _____ Policy # _____

Name on Policy _____ Insurance Company Telephone # _____

*Students who cannot show proof of health insurance are required to purchase, at minimum, Cultural Insurance Services International's (CISI) Basic Plan. Other students may purchase the insurance as an option.

Are you a student in need of this insurance*? Please circle: Yes No

*A separate check must be attached with your \$300 non-refundable deposit

Are you interested in purchasing an optional additional worldwide insurance*? Please circle: Yes No *Cultural Insurance Services International – see attached information. Cost will be additional to the publicized program cost

VI. Personal Essays

Please attach a double spaced document address each of the following questions.

1. How will participating in this short-term study abroad program enhance your academic and personal goals?
2. Please discuss any previous travel and international experiences you have had.
3. In terms of this program, what are your expectations? What are you most excited about? What are you most nervous about?

VII. Additional Attachments

1. Please give the attached Faculty Recommendation page to your Faculty Recommender. The recommendation is a critical part of your application and will be considered incomplete without it. It is your responsibility to inform your recommender of the application deadline in order that your application can be processed.
2. Please attach the following items:
 - Unofficial Caldwell University Transcript
 - Copy of Passport
 - Personal Essays
 - \$300 non-refundable deposit made out to: Caldwell University
 - Proof of Health Insurance (see attachment)

VIII. Applicant Signature

I certify, to the best of my knowledge, that the information I have provided is accurate and complete. I understand that any unanswered questions will delay the processing and acceptance of my application and may cause me to lose my spot in the Program and any refund. I also understand that once accepted into the Program, any changes to my application concerning my academic and social standing, and/or minimum GPA requirement may make me ineligible to participate and may result in a non-refund. I have read, and understand and agree to comply with the Student's Rights and Responsibilities and Code of Student Conduct.

Name of Applicant _____ Date _____

Signature _____

IX. Attachment: Insurance Information

The University does not provide any type of travel accident protection, American assistance service, baggage protection, or travel cancellation insurance.

1. **iNext Insurance** is an industry leader in providing comprehensive insurance coverage along with security for political and natural disasters.

Caldwell University Program Coordinators and study abroad participants will be enrolled in iNext insurance upon acceptance to the short-term faculty led program. Cost of insurance may be included in the overall cost of program or will be in addition to costs, at the discretion of the program coordinator(s).

The Study Abroad Advisor will register all Caldwell members to the insurance provider. An individual email will be sent to each participant enrolled and a confirmation from the participant will be required in order to receive policy number.

More information can be found at: <https://www.inext.com/>

2. **Access American's** travel insurance is designed to cover travelers with unforeseen events such as trip cancellation and loss of baggage. Student is responsible for contacting and purchasing insurance directly with AccessAmerica.

Please visit Access America online to review their current coverage and cost: <http://www.accessamerica.com/>

3. 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

Detach and give to Faculty Recommender

X. Faculty Recommendation

The following student, _____, has applied for the Short-Term Study Abroad Program to _____ during the _____ session. Your recommendation will play a crucial role in the coordinator'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 to the study abroad advisor in the CARES center 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.