

CLARION UNIVERSITY

Clarion University of Pennsylvania
Office of International Programs (OIP)

STUDY ABROAD PROGRAM APPLICATION

Office of International Programs
414 Becht Hall
Clarion University
840 Wood Street
Clarion, PA 16124
Phone: 814-393-2340 Fax: 814-393-2341

**Please check the Clarion University Exchange Program
for which you are applying:**

- UNIVERSITY of BAMBERG PROGRAM (Bamberg, Germany)
- UNIVERSITY of MALTA (Malta)
- UNIVERSITY OF LILLE(France)
- ESC RENNES BUSINESS SCHOOL (France)
- DUBLIN SCHOOL OF BUSINESS (Ireland)
- UNIVERSITY OF CAPE COAST (Ghana)
- DAEGU UNIVERSITY (Korea)
- UNIVERSITY OF SAN FRANCISCO QUITO (USFQ Ecuador)
- AIFS
- CEA
- INTERNATIONAL STUDENT EXCHANGE PROGRAM (ISEP)
- OTHER _____

You can also download this application from: WWW.CLARION.EDU/STUDYABROAD

COURAGEOUS. *confident.* CLARION.

APPLICATION CHECKLIST

Please submit the following items to the Office of International Programs:

_____ Part 1 – CU APPLICATION and Additional Specific Program Application if required

_____ 1. One official transcript from all universities where you have earned 15 or more credits.
(Your transcript must include grades from the most recently completed term at the time of the deadline)

_____ 2. A one-page essay articulating your learning objectives for participating in this study abroad program.

_____ Part 2 – PROFESSOR'S REFERENCE FORM

This letter must be from a professor who has taught you in class. You should collect the letter from your professor in a sealed and signed envelope as part of your application. The recommendation can also be sent directly to OIP.

_____ Part 3 – PROFESSOR'S REFERENCE FORM: FOREIGN LANGUAGE COMPONENT

This form is ONLY for programs taught in a language other than English.

_____ Part 4 – DISCIPLINARY CLEARANCE FORM

It is your responsibility to submit this form to your home campus Judicial Affairs Office **at least two weeks** before the program application deadline. Clearance forms must be valid for the current term at the time of the application deadline. The Judicial Affairs Office will return this form to OIP.

_____ Part 5 – COPY OF PICTURE PAGE OF PASSPORT

_____ Part 6 – COURSE TRANSFER REQUEST

- ✓✓ Only COMPLETE APPLICATIONS will be reviewed. It is the student's responsibility to collect and submit a complete application packet. The only form that will be forwarded to the OIP separately is the Disciplinary Clearance Form.
- ✓✓ All materials must be in the OIP by 4:30 p.m. on the date of the stated deadline.
- ✓✓ All applications will be reviewed by the OIP after the deadline.

CLARION UNIVERSITY STUDY ABROAD APPLICATION – Page 2

Please enter all information completely and legibly by typing or printing in ink.

Name: Mr. ___ Ms. ___ _____ Student ID#: _____
(last) (first) (middle)

Clarion University program for which you are applying: _____

Semester or year of proposed study: _____

Current _____ Telephone: _____
 Address: _____ CU Email: _____

Valid until: ____ - ____ - ____ Other Email: _____

Permanent _____ Permanent Phone: _____
 Address: _____ Cell Phone: _____

Gender: Male Female Date of Birth: _____

Ethnicity: African American Caucasian Native American
 (optional) Hispanic American Asian / Pacific Islander Other: _____

PASSPORT NUMBER: _____ Expiration Date: ____ - ____

U.S. Passport? _____ (If no, please list your country of citizenship: _____)

(If you do not have a passport, you may still apply for a Study Abroad program, but you should submit a passport application immediately.)

Academic Status at the time of this application: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

Academic Status while abroad: ___ Sophomore ___ Junior ___ Senior ___ Graduate

Major (or intended major): _____ Expected Graduation Date ____ - ____

Have you ever studied or traveled abroad? ____ If "YES", when, where, why and for how long?

Country	Dates	Purpose	Comments

What languages have you studied at a **college** level? Please list all languages (not just ones for country of planned study) and how long you have studied them:

CLARION UNIVERSITY STUDY ABROAD APPLICATION – Page 3

HEALTH INFORMATION

The following information will not be used to determine admission. It will be used to assist on-site personnel if you have a health emergency.

Do you take any prescription medicine/ Have Allergies _____
Please list

Family Doctor Name and Phone _____

Is there other health information you think we need to know? _____
explain (attach sheet if necessary)

Vaccination: tetanus and diphtheria _____ measles, mumps, rubella _____
Hepatitis _____ only if traveling to a developing country.

In case of emergency, contact _____
full name relationship

Address _____
street city state zip

Home phone () _____ Work phone () _____

Medical insurance carrier name _____ Policy # _____

Emergency Evacuation and Repatriation policy - **REQUIRED** Yes _____ No _____

Purchase of International Student Identity Card or comparable insurance policy is required as proof of Emergency Evacuation and Repatriation insurance. Student must provide proof of medical insurance coverage for entire length of study abroad program. Students must have valid passport. Students holding non-U.S. passports are responsible for their own visa arrangements.

The purpose of this form is to help Clarion University be of maximum assistance to you should the need arise during your study abroad experience. It is important that you inform the program coordinator of any medical or emotional problems, past or current, that may affect you in a foreign study context. Information you provide will remain confidential, and will be shared with program staff, faculty, or appropriate professionals only if it is pertinent to your well-being. This information will not affect your being admitted to the program.

I, _____ (student), hereby give consent to _____ University of Pennsylvania to release any and all records it may have in its possession to _____ (affiliated entity) if such records are requested and required in order to prove my qualifications to enter into the _____ program or for other valid educational purposes. I realize that such records may include and not be limited to academic, health and disciplinary records, as well as my social security number for identification/security purposes. This release will expire at the end of the spring semester of the academic year in which it is signed or after the end of my participation with the study abroad program, whichever is later.

For information on section 438 of the Family Educational Rights and Privacy Act (FERPA) of 1974 as it applies to release of student information, see WWW.CLARION.EDU/STUDENTRECORDS.

CLARION UNIVERSITY STUDY ABROAD APPLICATION – Page 4

List any courses you have taken about the country or region of intended study:

List all of the courses you are currently taking as they will not be listed on your transcript:

The answers I have given are correct to the best of my knowledge:

(Signature of Student)

(Date)

FOR ALL NON-CLARION STUDENTS: Please obtain the signature of your study abroad advisor or the appropriate individual at your university to ensure that your credits earned on this program will be transferred toward your home college or university.

The student named on the first page of this document has the permission of his/her home school to study abroad on this program and the Clarion University credits earned on this study abroad program are transferable to the student's home school.

(Name of Study Abroad Advisor or appropriate individual)

(Phone)

(Email)

(Signature of Study Abroad Advisor or appropriate individual)

(Date)

FOR OFFICE USE ONLY:
____ Application Signed
____ Transcript
____ Essay
____ Reference
____ Language Form
____ Resume
____ Disciplinary Form

It is the policy of Clarion University of Pennsylvania that there shall be equal opportunity in all of its educational programs, services and benefits, and there shall be no discrimination with regard to a student's or prospective student's race, color, religion, sex, national origin, disability, age, sexual orientation/affection, gender identity, veteran status or any other factors that are protected under local, state, and federal laws. Direct related inquiries to the Director of Social Equity, Second Floor Carrier Administration Building, Clarion University of Pennsylvania, Clarion, PA 16214-1232. Email asalsgiver@clarion.edu or phone 814-393-2109. 5/16

CLARION UNIVERSITY STUDY ABROAD APPLICATION – Page 5

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I understand that Clarion University of Pennsylvania (herein referred to as CU) is one of fourteen universities in the Pennsylvania State System of Higher Education. Please read the waiver very carefully, since it does limit your rights, and then contact your attorney if you have any questions.

I understand and agree that my application is subject to acceptance or rejection by CU, at the sole discretion of CU. I further understand that my participation in the program is totally voluntary and in consideration of being permitted to participate in the program, I hereby agree that CU has the right to provide information to my parents or guardian or the appropriate university officials as deemed necessary. Such information may be other than directory.

I understand that the University reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the participant or the University makes a flight arrangement. Any additional expense resulting from the above will be paid by the participant. The University reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.

I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage to property, bankruptcies of airline or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier beyond the University's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotels, transfers, meal costs or other expenses. My baggage and personal property is transported at my risk entirely and that baggage insurance is strongly recommended. The University reserves the right to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, I understand that I may be required to leave the Program in the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program. The right is reserved by the University in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University's 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 person is or will be in danger if the program or any aspect thereof is continued.

I will not hold the airlines involved responsible for any acts or omissions or events during the time I am not aboard. The passenger's contact ticket in use when issued shall constitute the sole contact between the airlines and me. The services of any IATA or ATC carrier or other regularly scheduled or charter carrier may be used in connection with the program.

If, in the opinion of CU or anyone acting on its behalf, I appear to need medical and/or surgical care, I hereby give permission for such care and agree to pay all costs involved -- either directly to the suppliers of such care or to CU if it has paid such charges on my behalf.

I realize that, if I am handicapped and require any form of assistance, I must be accompanied by a helper who is capable of and totally responsible for providing such assistance. I understand that, due to space limitations, wheelchairs and walkers cannot be carried on motorcoaches or subway trains and that there may be a lack of other programmatic and/or architectural accommodations.

While CU is not obligated to do so, if CU does advance any money to me or does pay for any goods and/or services on my behalf, I will repay CU within three weeks of the conclusion of the program.

I understand and agree that prices quoted for land arrangements in the program information are for the year dated below, and that CU may raise the price at any time prior to departure, to the extent currency exchange rates go against the dollar and/or tariff increases are imposed upon CU. In such a case, the increase will be paid to CU by me prior to departure. I understand and agree that all itineraries, accommodations, and other details are subject to change without notice at the sole discretion of CU.

I attest that I, the participant, am at least 18 years of age; or if not, this waiver is being signed and dated by my parent or legal guardian on my behalf. CU will take whatever reasonable precautions CU deems necessary, but unless you are willing to assume all of the above risks, you should not apply for the program.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Pennsylvania, U.S.A.; and applies to CU, the State System for Higher Education, and the Commonwealth of Pennsylvania. If any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Student Signature

Date

Parent/Guardian Signature

Date

PROFESSOR'S RECOMMENDATION FORM FOR STUDY ABROAD

Applicant's Name _____
(please type or print) last first M.I.

Study Abroad Program _____

Semester /Year of participation: _____

Check ONE of the following statements and then sign below:

I hereby forgo any claim to access this letter of reference written on behalf of my application to the Clarion University study abroad program.
*I do **NOT** wish to forgo any claim to access this letter of reference written on behalf of my application to the Clarion University study abroad program.*

Signature of Participant _____ Date _____

1. In what capacity and how long have you known the applicant? _____

2. Academic attributes:

	Excellent	Good	Fair	Poor
Competence in major or specialization				
Academic interest and motivation				
Capacity for independent study				
Resourcefulness				
Reliability				
Integrity				

3. Non-Academic attributes:

	Excellent	Good	Fair	Poor
Level of maturity				
Self-confidence and self-esteem				
Emotional stability				
Open-mindedness				
Ability to adapt to new or unstructured circumstances				

Please return this form to the Office of International Programs, 840 Wood Street, Clarion, PA 16214

4. Please state frankly (**on the reverse side or attach an additional sheet**) your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program, weighing both strong and weak points.

Evaluator's Name (print) _____ Department _____

Signature _____ Date _____

PART 4 – DISCIPLINARY CLEARANCE FORM

Clarion University - Disciplinary Clearance Form

Please fill in all information completely by typing or printing in ink. You must drop off this form to the appropriate office at least two weeks before the stated application deadline. The Judicial Affairs Office will return this form to the Office of International Programs.

To the Student: This form must be completed by the Dean of Students, Judicial Affairs Office or appropriate administrative official at Clarion University. The University Judicial Affairs Office is located in 207 Becht Hall. Your signature provides consent for release of this information

Name of Student: _____ Date: _____

Student ID#: _____ Phone: _____ Email: _____

School or College: _____

Clarion University Program: _____ Application Deadline: _____

Signature: _____

To the Judicial Affairs Office: The Student named above has applied to participate in a Clarion University Study Abroad Program. We would appreciate a confidential statement evaluating this student’s record at your institution. While prior disciplinary history does not preclude a student’s participation in our program, this information is taken into considerations during review and must be submitted in order for the student to be evaluated for admission to the program. The return of this form at your earliest convenience will expedite the student’s admission status.

- This Student has not received a judicial sanction at this institution
- This Student is not currently not under active judicial sanction, but has been previously sanctioned as follows:

Adjudication Date	Sanction with Effective Dates
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- This Student is currently under the following judicial sanction(s):

Adjudication Date	Sanction with Effective Dates
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Judicial Affairs Officer: _____

Title: _____

Institution: _____

Telephone: _____

Signature: _____ Date: _____

Please mail to: **International Programs Office, 414 Becht Hall, 840 Wood Street, Clarion, PA 16214**

Phone: 814-393-2340

FOREIGN LANGUAGE ASSESSMENT STUDY ABROAD

(Only for students applying to program taught in a language other than English)

For the student:

Applicant's Name: _____
(please type or print) last first M.I.

Study Abroad Program: _____

Semester /Year of participation: _____

Check ONE of the following statements and then sign below:

*I hereby forgo any claim to access this assessment written on behalf of my application to the Clarion University Office of International Programs.
 I do **NOT** wish to forgo any claim to access this assessment written on behalf of my application to the Clarion University Office of International Programs.*

1. Native Language: _____ Language evaluated: _____

2. Please explain your language preparation relevant to the country in which you are applying to study.

3. How many semesters have you completed in the target language in high school and university? _____

Signature of Participant: _____ Date: _____

Section to be Completed by a Language Professional

1. Evaluation is based on:

2. How long and in what capacity have you known the applicant?

3. Please rate the student's foreign language competency in the following areas.

Language Skills	Unable to Judge	Basic	Intermediate	Advanced
Listening Comprehension				
Speaking Competency				
Reading Comprehension				
Writing Competency				

3. If the student is a native speaker, are you satisfied that he/she can read and write the language at the intermediate level? Yes No N/A (not a native – speaker)

4. Based on your knowledge of the applicant please comment on his/her linguistic ability to participate in and profit from a semester of study abroad.

Assessor's Name: _____ Title: _____ Telephone: _____

Signature: _____ Institution: _____

Please return to: Office of International Programs, Clarion University, 840 Wood Street, Clarion, PA 16214

Clarion University of Pennsylvania
Course Transfer Request for Enrolled Undergraduate Students

To ensure proper placement of transfer credits taken at another institution, students enrolled at Clarion University are strongly encouraged to request written permission from their college dean to take courses at another institution for transfer back to Clarion.
 *Please note: Graduate students are not permitted to use this form.

<p>Students should follow the steps below:</p> <ol style="list-style-type: none"> 1. Student provides course catalog description(s) from the transferring institution to accompany this request. Course equivalency information is available to students & faculty on www.pacollege-transfer.com 2. The college dean submits the completed form to the Office of the Registrar (122 Carrier). Students should verify that this is approved prior to registering for the course that is to be transferred. 3. Once courses are completed, the student must request the transferring institution send an official sealed transcript directly to Clarion University, Office of the Registrar, 840 Wood Street, Clarion University, Clarion, PA 16214. 	<p>Students should be aware of the following:</p> <p><i>Clarion's transfer policy</i></p> <ol style="list-style-type: none"> 1. We will accept all courses earned with a C or better from regionally accredited colleges except developmental/remedial courses. 2. Credits are transferable, but grades and quality points are not. 3. Grades and quality points for courses taken elsewhere do not transfer and cannot be used as repeats for grades previously earned at Clarion. 4. A minimum of 30 of the last 45 credits required for graduation with a baccalaureate degree must be taken through Clarion University. At least fifty percent of major credits must be earned through Clarion.
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For questions please contact the Office of your College Dean

Name _____ Clarion ID _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Date _____ E-mail _____ Major _____

Advisor Name _____ Expected Date of Graduation _____

Transferring Term _____ Transferring Institution _____	Clarion Equivalents (Check equivalency on www.pacollege-transfer.com)																																										
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*Qtr credits will be converted to semester credits by multiplying by 2/3																																											

Notes: _____

Approvals

Before signing to approve course equivalency verify that the request is valid.

Advisor _____ Date _____

Department Chair of Student's Major _____ Date _____

College Dean of Student's Major _____ Date _____

PLEASE NOTE:

Upon course completion, student must request the transferring institution send an **official sealed transcript** directly to Clarion University, Office of the Registrar, 840 Wood Street, Clarion, PA 16214.

The Registrar's Office will submit a copy of your completed form to the Student Financial Services Office. If you wish to have your eligibility for federal financial aid, including loans, reviewed, you will need to provide additional documentation to the Student Financial Services Office, such as a copy of the bill for the courses you are taking at another institution.