



Center for International Services and Programs (CISP)
2121 Euclid Ave. MC 412
Cleveland OH 44115
Phone: (216) 687-8910
Fax: (216) 687-8965
www.csuohio.edu/csuea

Affiliate Programs Pre departure Forms Checklist

Once accepted by an affiliate program for study abroad, all students must submit the following required pre departure paperwork. Paperwork is first Monday in December or First Monday in May. Required forms are included in this package. Please use the checklist below to keep track of the forms you have filled out. This list is a copy of your acceptance letter.

2. ____ Copy of ID Page of Passport (and Student Visa)
Apply for a passport and if

necessary a student visa. Submit a copy to CISP when you turn in your forms

3. ____ Assumption of Risk & Release (Form)
Read the form, sign and submit to CISP.
4. ____ Course Pre Approval for Study Abroad (Form)
Fill in top section of the approval form. Then fill in the tentative list of courses that you plan to take abroad. Make appointments to meet with the academic department chairs of the courses from your list (if the course were taught at CSU) to get their signed approval and indication on how the course should transfer back into CSU (ex. Upper division credit, major or minor credit). In consultation with the Registrar general education courses can be reviewed and approved by CISP.
5. ____ Budget worksheet/ Cost of Attendance Agreement (Form)
Fill in all estimated costs and submit to CISP.
6. ____ Flight/Travel Itinerary
Submit a copy of your flight itinerary with your departure and return date information.
7. ____ Health & Wellness Form (optional)
Help us help you to better prepare for your experience abroad by disclosing any medications and/or your health history. If you are currently seeing a therapist, please talk to him/her regarding your trip abroad. In general, problems at home are exacerbated abroad, not the other way around.
8. ____ Power of Attorney Statement (optional)
Submit a copy of your Power of Attorney notarized statement. POA is useful when it comes to things like financial aid disbursement or working with the Financial Aid Office when you're out of the country.
9. ____ Consortium Agreement (optional only if you do not use financial aid)
Submit a copy of your Consortium Agreement. This form is used for students who are planning



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INDEPENDENT PROGRAM AFFILIATE STUDY ABROAD PROGRAM
 ASSUMPTION OF RISK AND RELEASE OF CLAIMS FORM
 THIS IS A RELEASE OF LEGAL RIGHTS, READ AND UNDERSTAND BEFORE SIGNING.

Name of Participant: _____

Student ID# _____ Date of Birth: _____

Program: _____

I, _____ have requested that I to be allowed to participate in the above referenced study abroad program (the "Program"). I identified and sought approval to participate in the Program and my participation is entirely voluntary. In consideration for being allowed to participate in the Program, and for other consideration, the sufficiency of which is acknowledged, I hereby agree as follows:

1. Risks of the Program I understand that participation in the Program involves risks not found in study at the University. These include, but are not limited to, risks involved in traveling to, within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions and potential unrest; different standards of design, safety and maintenance of buildings, public places, roads and ~~reference~~ I a





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EMERGENCY CONTACT FORM/FERPA RELEASE

Name of Participant: _____

Student ID# _____ Date of Birth: _____

Program: _____

In the event of an emergency during the time that I am a participant of the above referenced study abroad program (the "Program") including times when I am traveling to or returning from the Program, I hereby give permission to representatives of the University to notify the following named persons of my whereabouts and condition and to provide any and all additional information requested by them.

First Emergency Contact Name: _____ Relationship _____

Phone Numbers: (w) _____ (h) _____ (cell) _____

Email: _____

Second Emergency Contact Name: _____ Relationship _____

Phone Numbers: (w) _____ (h) _____ (cell) _____

Email: _____

x _____

Signature of Participant

Date

x _____

Signature of Parent or Legal Guardian (if Participant is under 18)

Date



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Please complete the budget worksheet below. This should reflect the total cost of attendance at your education abroad program for your length of stay (term). Some of the costs are fixed and charged up front before you leave, while others will only be estimates of the costs that you will incur abroad. By signing at the bottom of this form you are affirming that you understand that you are responsible for all of your study abroad related expenses and agree to pay them. You may use all eligible loans, scholarships, grants, etc.

Full Name: (as in your passport) _____

CSU Student ID# _____ Email _____

Education Abroad Program _____

EAP Program Location _____

Education Abroad Term & Year (ex. Fall 2019, Summer 2020, etc.) _____

Estimated Costs in US dollars per Term: Use a checkmark (→) if it's included or not applicable (N/A)

Tuition or Program Fee		
Roundtrip, International Airfare to/from home to Host Country		
CSU CISP Admin Fee		\$150
Room (rent)		
Board (food)		
Passport		
Visa or Residence Permit, if applicable		
Transportation upon arrival in country to and from the airport		
Entry and Exit Taxes if applicable		
Cellphone		
Local Transportation (to school and around town)		
Health Insurance with international coverage (if not included in Program fee)		
Special Course Fee(s) if applicable		
Personal Expenses	Entertainment/ Going out	
	Additional Lodging (intersession)	
	Books and Supplies (art, paper, etc.)	
	Non refundable Housing Deposit, if applicable	
	Independent Travel, site seeing	
	Toiletries, Laundry, Postage, Gifts, etc.	
	Special Needs (Immunizations, medications, etc.)	

Total Expense (total cost of attendance) \$ _____

Anticipated Financial Aid award for the Term \$ _____

Scholarship I am applying for: _____

The above is a true and accurate list of the actual and estimated costs of my program abroad. I understand that I am responsible for all of these costs and agree to pay all of them.

Student Signature _____ of _____ Date _____ Total _____



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