



Center for International Services and Programs (CISP)
2121 Euclid Ave. MC 412
Cleveland, OH 44115
Phone: (216) 687 3910
Fax: (216) 687 3965
www.csuohio.edu/csuea

Reciprocal Exchange: Pre departure forms Checklist

Once accepted by a reciprocal exchange partner university, all students must submit the following required pre departure paperwork. All forms are due no later than **Required**

list below to keep

track of the forms you have filled out. This list is not

intended for affiliate program participants or FLPA faculty led programs abroad. Note: some items are **OPTIONAL**

1. **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

2. **Assumption of Risk & Release (Form)**

Read 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.

4. **Budget worksheet**

Fill in all estimated costs and submit to CISP.

5. **Medical Statement (Form)**

Meet with your physician or CSU Health and Wellness Center. Discuss your plans for study abroad and ask them to complete the Medical Statement Form.

6. **Statement of Health Insurance with International Coverage**



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Tentative Course Pre Approval Form

_____ Name of Student		_____ Email Address	
_____ Student ID Number	_____ Telephone No.	_____ Major/Degree/College	_____ GPA
_____ Title of Study Abroad Program (University name)		_____ City Abroad	_____ Country Abroad
_____ Program Provider		_____ Term Abroad	_____ Begin/End Dates (M/DD/YYYY)

I. Approval of Plan for Study Abroad: List



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Statement of Health Insurance for Study Abroad

The undersigned certifies that



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(Optional) Health & Wellness Form

The purpose of this form is to help Cleveland State be of assistance to you should the need arise during your study abroad experience. Mild physical or psychological conditions can become more serious under the stresses of life while traveling abroad. Moreover, the system of US health care is unlikely to be replicated in your host country. It is therefore extremely important that we be made aware of any medical or psychological/psychiatric conditions, previous or current, that you may (have) suffer(ed) from so that the faculty director abroad will be better able to respond appropriately should any such condition become exacerbated in a foreign study context.

Please answer the following questions as honestly and completely as possible.



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5. Please list any prescription or over the counter medications you are currently taking. If possible, include the generic name of the drug. (Be sure to take a sufficient supply of critical, prescription medications to last for the duration of your stay abroad.)

6. Please list all allergies (including drug allergies)

Additional comments or concerns that you wish the staff to be made aware of regarding your participation:

Submit signed form to Center for International Services and Programs

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(Optional) Limited Power of Attorney



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Consortium Agreement for Study Abroad

A consortium agreement is a contract between the student, Cleveland State University and the visiting school. The agreement permits the Cleveland State University Financial Aid Office to process student aid based on the combined registered hours at both schools for the semester. Please return this form no later than 15 business days prior to the start of the semester at CSU for which you are enrolling. You are required to submit a copy of your grades at the end of this term from the school listed below before any future financial aid disbursements will occur.

Directions: Student completes Section I and submits form. The Center for International Services and Programs is responsible for Sections II & III.

Section I. Student Information & Agreement:

Under this consortium agreement, I understand: I must be enrolled in a degree seeking program, be registered for at least six hours at CSU to report deferment eligibility to my guarantor / lender and receive campus based awards. This agreement will not be honored after the published drop / add dates. I will notify the Financial Aid Office of enrollment changes. If a change of enrollment occurs, my aid may be adjusted and I will be billed. My financial aid will be calculated on the combination of registered hours at both schools.

If I am entitled to a refund check, I will be sure that to make a refund selection choice through CampusNet, Accounts tab for the direct deposit of my remaining funds.

I understand that I am responsible to clear all balances owed to my Study Abroad institution. An official transcript should be issued to CSU 30 days after the end of the Study Abroad term. If the transcript is not received by the end of the next semester of enrollment at CSU, your financial aid will be removed and you will be billed for all aid that you received for your semester abroad.

Name of Student

Student ID Number

Street Address

City State Zip

Phone No.

Email Address

Year/Academic Level (Undergraduate,
Graduate, Law, etc)

Graduation Date

Signature of Student

Date Signed

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Section II. CSU Study Abroad Advisor Related Information:

Term of Study Abroad: Fall Spring Summer Academic year: _____

Type of Program: A liate Reciprocal Exchange Program Faculty led Program Abroad

List of Course(s) the Student will take at the host school that are transferable to his/her program at CSU and their