

AUGUSTANA COLLEGE

**INTERNATIONAL PROGRAMS OFFICE (IPO)
Travel Abroad Forms**

The following forms may be completed one of two ways:

1. Complete the forms online using your mouse to navigate between the blanks. When finished, print out a copy and obtain the required signatures **OR**
2. Print out a blank set of forms, fill them out by hand and obtain the required signatures.

When you've completed your forms, please use the following checklist to make sure you haven't forgotten anything.

J-TERM	SPRING BREAK	SUMMER	FALL/ SPRING	
				General Information and Signature Form #1 with all required signatures
				Copy of passport photo page and any student visas
				Emergency Information Form #2
				Acceptance, Release and Waiver Form #3
				Health Information Form #4
				Insurance Coverage Form #5
				Drug and Alcohol Policy Form #6
				International Student Identification Card Application Form #7
				Return Housing Form #8
				Transcript Request Form #9 (if needed – must be submitted to Registrar)
				Course Permission Form #10 with required signatures (if seeking Gen Ed or major/minor credit). Deliver the original to the Registrar's Office and submit a copy to the IPO.
				Financial Aid Form #11 (if financial aid is needed)
				Good Practices for Health and Safety Abroad Form #12

Bring the completed packet to the International Programs Office (IPO) located in the Global Education House at the corner of Norton Avenue and 28th Street. You should plan on spending 30 minutes with us reviewing your application packet. While you are welcome to stop in the International Programs Office at any time, making an appointment in advance ensures our ability to meet with you. In order to schedule an appointment, please call the International Programs Office at 274-5050 or email ipo@augie.edu with your request.

We look forward to working with you!

Sincerely,

Donn Grinager
Director
International Programs

Ben Iverson
Assistant Director
International Programs

Cathy Lindamood
Secretary
International Programs

**AUGUSTANA COLLEGE
INTERNATIONAL PROGRAMS OFFICE
DEADLINES AND DEPOSITS**

TYPE OF PROGRAM	APPLICATION DEADLINE	FORMS SUBMISSION DEADLINE	DEPOSIT AMOUNT
Fall Semester program	May 15	June 1	Depends on program
J-Term UMAIE	October 15	November 1	\$400
J-Term – Study Australia / Education Abroad Network	October 15	November 1	\$200
J-Term – Augustana sponsored	October 15	November 1	\$200
J-Term – all others	October 15	November 1	Depends on program
Spring Semester	October 15	November 1	Depends on program
Spring Break – Augustana sponsored	January 15	February 1	\$200
Summer	March 15	April 1	Depends on program

AUGUSTANA COLLEGE
GENERAL INFORMATION AND SIGNATURE FORM #1

PERSONAL INFORMATION

Name _____ **ID #** _____
Augie Email _____ **Campus Box** _____
Other Email _____ **Gender** ___ Male ___ Female
Campus Phone # _____ **Age** _____
Cell Phone # _____
Home or Permanent Address _____
Street Address

City, State/Country, Zip
Campus Address _____

ACADEMIC AND PROGRAM INFORMATION

Are you a: ___ Freshman ___ Sophomore ___ Junior ___ Senior
Major _____ **Cumulative GPA** _____
Advisor _____
Program Provider _____ **Start Date** _____
Destination _____ **End Date** _____

PASSPORT INFORMATION

Passport Number _____ **Expiration Date** _____
Note: Please attach a photocopy of your passport photo page to this application OR
provide the date you applied for a passport _____

REQUIRED SIGNATURES

Student _____ **Date** _____
Academic Advisor Signature _____ **Date** _____
Dean of Students Office Clearance _____ **Date** _____
Financial Aid (if applying for assistance) _____ **Date** _____
Registrar's Office Signature _____ **Date** _____
Business Office Clearance _____ **Date** _____
Student Health and Counseling _____ **Date** _____

Note: Augustana students are required to take a copy of their health records along with them on their off-campus program. Please obtain a signature from the Student Health and Counseling Office when you pick up a copy of your records.

INTERNATIONAL PROGRAMS OFFICE APPROVAL

Once you have completed this packet and obtained all required signatures above, return it to the International Programs Office for final signature.

International Programs Office _____ **Date** _____

**AUGUSTANA COLLEGE
EMERGENCY INFORMATION FORM #2**

The information requested below will be used only in case of emergency and is limited to the duration of your participation in an Augustana College-sponsored off-campus program.

PERSONAL INFORMATION

Name _____

Program Destination _____

Program Dates _____

Augie Email _____

Other Email _____

Home Phone # _____ **Cell Phone #** _____

EMERGENCY CONTACT ONE

Name _____

Relationship _____

Address _____

Home Phone # _____ **Cell Phone #** _____

Fax (if available) _____ **Work Phone #** _____

Email _____

EMERGENCY CONTACT TWO

Note: MUST BE A DIFFERENT PERSON THAN EMERGENCY CONTACT ONE ABOVE!

Name _____

Relationship _____

Address _____

Home Phone # _____ **Cell Phone #** _____

Fax (if available) _____ **Work Phone #** _____

Email _____

ACCEPTANCE, RELEASE AND WAIVER FORM #3

Please read carefully, initial front page and sign on next page.

Initialing here confirms that you have read, understand and agree to all terms.

The curriculum combines classroom study with out-of-classroom learning in the form of assignments, projects and field trips. I have the opportunity to gain academic credit through participation in the program and agree to the following terms.

PERSONAL CONDUCT

Augustana College and the Program Leader or Host University have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. The use of illegal drugs during the entire period of the program, including free time, is strictly prohibited (refer to Illegal Drug use Policy). Should an official representative of Augustana College or the Host University decide that I must be separated from the program because of violation of stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. **Separation from the program will result in the loss of all academic credit. I will remain responsible for all program costs incurred on my behalf. I also give the college permission to contact my parent(s) or guardian(s) in situations of dismissal.**

INSURANCE COVERAGE

I understand that I am required to have adequate health, accident, disability and hospitalization insurance to cover myself during participation in the program during my free time and at the program site. I recognize and expect that no part of the program fee goes toward payment of such insurance and that Augustana College has no obligation to provide such insurance. I agree to call my insurance provider to confirm coverage including policy provisions for medical evacuation and repatriation of remains. Augustana College requires participants in international off-campus programs to purchase the International Student Identity Card (ISIC) as minimum coverage.

MEDICAL TREATMENT

I have fully described any health and physical or psychological problems I may have on the Health Information Form. In the event of illness or injury to me, I authorize any official representative of Augustana College or the Host University to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment. In the case of delayed travel or altered travel arrangements, I agree to cover all new and additional charges for my return to the group or for my return home. **I also give my permission to contact my parent(s) or guardian(s) in cases of medical situations or emergencies.**

RESPONSIBILITY DURING FREE TIME

I understand that during free time prior to, during or after the period of the program, I may elect to travel independently at my own expense. I understand that neither Augustana College nor its staff is responsible for me while I am traveling independently during such free time.

ACCIDENTS, THEFT AND OTHER CRIMES

I agree to release Augustana College and its staff from any liability for damage to or loss of my possessions, injury, illness or death arising out of accidents, theft or crimes prior to, during or after the period of the program.

POLITICAL UNREST

I recognize that in cases of political unrest an official representative of Augustana College will take all practical measures for the protection of program participants. I understand that Augustana College and its staff assume no responsibility for damage to or loss of property, injury or death arising out of political unrest.

TRAVEL

I understand that I will be traveling during the program by various modes of transportation including but not limited to plane, train, bus or van. I release Augustana College and its staff from any responsibility for loss of property, injury or death during such travel.

CANCELLATION

I understand that I will be held accountable for the entire cost of the program until cancellation is received in writing by Augustana College and/or the program provider in accordance with the cancellation/refund policy of the provider in question. In the event that I should decide to cancel my participation or am forced to withdraw for reasons beyond my control, I will remain accountable for all program costs incurred on my behalf prior to such cancellation. Following formal cancellation, any subsequent payments or potential refunds thereafter will be subject to Augustana College cancellation/refund policy and/or the cancellation/refund policy of the program provider.

GENERAL RELEASE AND WAIVER

I release Augustana College and its staff from any liability for damage to or loss of property, injury, illness or death during the period of the program, arising on the part of fellow participants, host family members, agencies and educational organizations, persons or groups with which Augustana College contracts for the provision of services for the program or which have been suggested by program faculty as resources for regional or independent study projects or independent of free-time travel.

PERMISSION TO CONTACT PARENTS/GUARDIANS

I give Augustana College permission to contact my parents, guardians or family in case of dismissal, a physical or mental health situation, any emergency, any act of crime, any commitment of crime or political unrest.

I, the undersigned, have been approved to participate in the Augustana off-campus program to which I have applied. I do hereby accept my participation in this program and understand that I am accountable for all program fees. I also realize that an official hold may be placed on my records until ***payment in full*** is received. I also understand and accept each of the conditions outlined above.

Signature _____	Date _____
Printed Name _____	Date of Birth _____
Program Name _____	Program Dates _____

HEALTH INFORMATION FORM #4

The purpose of this form is to help the College be of maximum assistance to you should the need arise. Mild physical or psychological disorders can become serious under the stresses of life while participating in an off-campus program. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in an off-campus context. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The College may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

Name _____ Date of Birth _____ Gender _____

Program _____ Term _____

MEDICAL HISTORY

Yes _____ No _____ 1. Are you in generally good physical condition? If no, please explain.

Yes _____ No _____ 2. Have you ever been treated or are you currently being treated for any psychological or emotional conditions? If yes, please explain.

Yes _____ No _____ 3. Do you have any allergies? If yes, please explain below.

Yes _____ No _____ 4. Are you taking any medications? If yes, please explain below.

Note: Many countries have regulations pertaining to the amount and type of medication you can bring into the country. Consult your doctor about your ability to obtain an adequate supply of any required medication.

Yes _____ No _____ 5. Have you had any major injuries, diseases or ailments in the past five years? If yes, please explain below.

Yes _____ No _____ 6. Are you a vegetarian or are you on a restricted diet? If yes, please explain below.

Yes _____ No _____ 7. Is there any additional information concerning medical conditions or physical disabilities that would be helpful for the program to be aware of during your study abroad experience? If yes, please explain below.

I certify that all responses made on this Health Information Form are true and accurate. I will notify Augustana College of any relevant changes in my health that occur prior to the start of the program.

Signature _____ Date _____

**AUGUSTANA COLLEGE
INSURANCE COVERAGE FORM #5**

***Health and accident insurance coverage is required of all participants** in Augustana College off-campus programs. The policy should minimally include basic medical and accidental death and dismemberment coverage. If you plan to travel independently before the program starts or after it concludes, and your policy does not cover these periods, short-term coverage should be arranged with a private company so that protection will be adequate for the entire period away from home.*

Name (please type or print) _____

Program _____ **Location** _____

IMPORTANT QUESTIONS TO ASK YOUR INSURANCE PROVIDER

1. Will I be covered for the duration of the time I am out of _____ Yes _____ No the country?

2. What is the process for paying for medical treatment while out of the country?

3. Do I need to seek any pre-authorization for treatment while out of the country? If yes, please explain.

4. Are there provisions in my coverage for medical evacuation _____ Yes _____ No or for repatriation of remains?

I certify that I will be covered by a health and accident insurance policy for the duration of my participation in the off-campus program specified above. This insurance is provided by:

Policy Number _____

Issued by the _____ **INSURANCE COMPANY**

I have checked with the insurance company named above to be sure that I will be adequately covered during the off-campus program.

Signature _____ **Date** _____

**AUGUSTANA COLLEGE
DRUG AND ALCOHOL POLICY FORM #6**

Name (please type or print) _____

Program _____ Term _____

DRUG POLICY

The use of illegal drugs or misuse of prescription or over-the-counter (OTC) drugs is not acceptable in the United States or in foreign cultures. It is treated as a serious criminal offense. Many students and travelers have suffered greatly as a result of drug-related incidents. If your off-campus program is international, the U.S. Embassy cannot obtain release from jail for a U.S. citizen, but can only aid in obtaining legal assistance.

Illegal or irresponsible activities place not only the individual but also the group and the program in jeopardy. Therefore, all participants in Augustana College programs must agree to the conditions of participation as stated below and sign this agreement prohibiting them from the misuse of prescription or OTC drugs and from using illegal drugs during the term of the program. Augustana College has adopted the policy outlined below for dealing with illegal drug use or the misuse of prescription or OTC drugs.

The consequences of illegal drug use or the misuse of prescription or OTC drugs include:

- **immediate expulsion from the program**
- **responsibility for all costs related to expulsion, including return airfare**
- **total forfeiture of all fees paid to the program**
- **loss of all course credit**
- **referral to the Dean of Students upon return for further disciplinary action**

Program participants should take responsibility, both individually and as a group, for assuring that Augustana College policies regarding drug use are strictly observed.

ALCOHOL POLICY

Augustana College maintains a “responsible use” policy with regard to student consumption of alcohol during participation in study abroad and off-campus programs. Students need to be aware of local laws with regard to age restrictions and alcohol consumption. Underage alcohol consumption or legal alcohol consumption that puts the student or his/her classmates at risk is grounds for expulsion from the program, resulting in forfeiture of all fees, loss of all course credit, and responsibility for all costs related to expulsion including return airfare. **Course leaders may implement a zero-tolerance policy.** It is the program participant’s responsibility to be aware of and comply with the applicable alcohol policy which appears in the course syllabus.

I have read the above and understand that use or possession of any illegal drug is strictly prohibited throughout the period of the off-campus program. I also understand that the misuse of prescription drugs, OTC drugs or alcohol is prohibited. I understand that this prohibition applies not only while I am in the company of fellow participants, but also when I am alone or with people not associated with the program. I have read the consequences for violation of this policy noted above and I accept all the foregoing conditions.

Signature _____ Date _____

INTERNATIONAL STUDENT IDENTIFICATION CARD APPLICATION FORM #7

CURRENT CARDHOLDERS

An International Student Identification Card (ISIC) is required for all study abroad programs. If you currently have a card that is valid for the entire time you will be abroad, it is not necessary to request another.

Current ISIC Number _____ **Valid Dates** _____

GENERAL INFORMATION

Name _____ **ID#** _____

Date of Birth (mm/dd/yyyy) _____

Is your photo available in the online Buzz Book? Yes _____ No _____

Note: If your photo is NOT available in the Buzz Book, you must attach a passport size photo (approximately 1" X 1.25") to this application.

DELIVERY INFORMATION

Your completed card will be placed in your campus box 1-2 weeks prior to departure if school is in session. If school is not in session, your card will be mailed to your permanent/home address. Please make note of any special delivery requests below.

Departure Date _____ **Cell Phone #** _____

Campus Box # _____

Permanent Address _____
Street Address

City, State/Country, Zip

Special Delivery Instructions: _____

BILLING INFORMATION

The cost of the ISIC card is \$22.00. This amount will be billed to your student account.

TERMS AND CONDITIONS

I hereby certify that the foregoing information is true and understand that any false statements on my part may result in forfeiture of all card benefits. I also authorize my student account to be billed \$22.00 for issuance of the card.

Signature

Date

AUGUSTANA COLLEGE

RETURN HOUSING FORM #8

GENERAL INFORMATION

Name (print or type) _____ ID # _____

Cell Phone # _____

Program Name _____

Program Destination _____

Program Start Date _____ Program End Date _____

Current Address (check one) _____ Residence Hall _____ Theme House**

_____ College Apartment** _____ Off-Campus

****Theme House and College Apartment Residents: You MUST identify a replacement for the semester you will be gone.**

If on-campus, current location is: _____

Departure date from Residence Hall _____

CONTACT INFORMATION

The Housing Office needs to be able to contact you during your stay abroad. Our primary means of contact will be through your Augie email so please check it regularly while you are abroad.

Augie Email _____

Alternate Email Address _____

RETURN HOUSING INFORMATION

Note: The Housing Office will try to honor housing requests. However in some circumstances, it may not be possible. Single rooms will not be “reserved” and kept unassigned while a student is studying off-campus.

I will require campus housing upon my return. _____ Yes _____ No

If you will require campus housing upon your return, please answer the following questions.

1. Semester and year housing is needed _____

2. I understand that my options for on-campus housing are *residence hall, theme house and college apartment*. When I return, my preferences for housing are:

First Choice _____

Second Choice _____

Third Choice _____

3. Room Preference _____ Single _____ Double

If double, roommate request _____

SIGNATURE

Signature

Date

TRANSCRIPT REQUEST FORM #9

If you need to submit a transcript as part of your application to a study abroad program, you must complete this form and submit it to the Registrar's Office.

PROCEDURE

1. Provide the information requested below.
2. Return completed form to the Registrar's Office.
3. If you want the Registrar's Office to mail or fax the transcript for you, please provide the necessary address/fax number(s) below.

NOTE: Augustana College will not release transcripts until all accounts, including loan funds administered by the college, are paid in full or are current according to established repayment schedules.

REQUIRED INFORMATION

Number of transcripts to be mailed _____

Number of transcripts to be faxed _____

Number of transcripts to be picked up _____

Total number of transcripts requested _____

Name (please print or type) _____
First Middle/Maiden Last

Dates of Attendance _____

Signature of Business Office (if required) _____

Signature of Student _____

ID # _____ Date _____

DELIVERY INSTRUCTIONS

Please deliver my transcript to the following institution(s). If you need to have your transcript sent to more than two institutions, please use a second copy of this form.

1. Name of Institution: _____

Transcript to be delivered by _____ mail _____ fax

Address: _____

Fax #: _____

2. Name of Institution: _____

Transcript to be delivered by _____ mail _____ fax

Address: _____

Fax #: _____

NAME _____ ID # _____ DATE _____

CAMPUS BOX/ADDRESS _____

OLE EMAIL _____

I request permission to take the following course(s) from _____
(School name – use one form per institution)

TERM _____

Are the course(s) being taken on a study abroad experience? _____ Yes _____ No*

*If this is not a study abroad experience, and you want anything but elective credit for the course(s), please give a brief explanation at the bottom of the page as to why you are unable to take the course(s) at Augustana.

_____ ALSO REQUESTING PERMISSION TO TAKE COURSE(S) FROM ANOTHER INSTITUTION WHILE A FULL-TIME STUDENT AT AUGUSTANA

_____ ALSO REQUESTING COURSE(S) TO COUNT IN LAST 30 HOURS AT AUGUSTANA.

(Please check all that apply)

INSTRUCTIONS: Please attach a course description for each course listed and indicate which area or requirement you wish the course(s) to satisfy. ***Department Chair approval is required for those course(s) used towards a requirement in a major or minor.**

COURSE #/TITLE	Sem	HRS	→ GENL EDUC		→ *MAJOR/ MINOR	COURSE/ REQUIREMENT TO MEET FOR MAJOR/MINOR (Exam: BIOL 225)	→ ELECTIVE CREDIT	
			AREA TO SATISFY (Exam: A3, 1A)				Yes	No
Registrar Office Use Only - Approval			Yes	No	Yes	No	Yes	No
Registrar Office Use Only - Approval			Yes	No	Yes	No	Yes	No
Registrar Office Use Only - Approval			Yes	No	Yes	No	Yes	No
Registrar Office Use Only - Approval			Yes	No	Yes	No	Yes	No
Registrar Office Use Only - Approval			Yes	No	Yes	No	Yes	No
Registrar Office Use Only - Approval			Yes	No	Yes	No	Yes	No

I am unable to take the above course(s) at Augustana for the following reason (s):

* Department Chair Signature _____ Date _____
 (Department Chair: By signing this you approve the above course(s) to substitute for the noted major/minor requirement.)

Registrar Signature _____ Date _____

FINANCIAL AID FORM #11

Please complete the top portion of this form and bring it to the International Programs Office and the Financial Aid Office for completion of the Estimated Costs section.

Name _____ ID# _____

Campus Address _____

Telephone Number (cell or campus phone) _____

Email _____

Permanent Address _____

Permanent Telephone Number _____

Program Location _____ Program Dates _____

ESTIMATED COSTS FOR OFF-CAMPUS PROGRAM

Tuition _____ Comments _____

Room _____

Food _____

Airfare _____

Books _____

Insurance _____ Financial Aid _____

Personal Spending _____

Damage Deposit _____

Application Fee _____

Other _____

Other _____

Other _____

* Costs billed through Augustana

Student Signature _____ Date _____

Financial Aid Signature _____ Date _____

Int'l Programs Signature _____ Date _____

GOOD PRACTICES FOR HEALTH AND SAFETY ABROAD

FORM #12

Name (please type or print) _____

Program _____ Term _____

Students who participate in study abroad or other off-campus programs play a central and important role in maintaining their own health and safety by preparing themselves for the circumstances in which they will be participating and by making responsible and appropriate choices that positively influence their behavior while off-campus.

Recognizing the responsibilities and the role that students play in health and safety issues, Augustana College requires you to visit the U.S. Department of State and the Center for Disease Control websites from which the following excerpts have been taken to do the following:

1. Register so the State Department can better assist you in an emergency

Register your travel plans with the State Department through a free online service at <https://travelregistration.state.gov>. This will help us contact you if there is a family emergency in the U.S., or if there is a crisis where you are traveling. In accordance with the Privacy Act, information on your welfare and whereabouts will not be released to others without your express authorization.

I hereby certify that I have registered with the State Department.

Signature _____ **Date** _____

2. Determine who to contact and how to get help in an emergency

Consular personnel at U.S. Embassies and Consulates abroad and in the U.S. are available 24 hours a day, 7 days a week, to provide emergency assistance to U.S. citizens. Contact information for U.S. Embassies and Consulates appears on the Bureau of Consular Affairs website at <http://travel.state.gov>. Also note that the Office of Overseas Citizen Services in the State Department's Bureau of Consular Affairs may be reached for assistance with emergencies at 1-888-407-4747 (if calling from the U.S. or Canada) or at 1-202-501-4444 (if calling from overseas).

What are the Embassy emergency contact numbers for the countries you will visit?
Please fill them in below.

COUNTRY	CONTACT NUMBER

3. Inform yourself about health concerns in your destination country

Visit the Center for Disease Control website at www.cdc.gov. What are the most common health concerns for travelers in your destination country?

4. **Inform yourself about the countries you are visiting**

Visit the State Department Consular Information sheets located at http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html . Locate your destination(s) and answer the following questions according to the information provided.

- a. **Safety and Security** – What is the potential for terrorist activity?

- b. **Crime** – Describe the crime rate. What is the most common crime reported?

- c. **Medical and Health Information** – What information is provided about health services and the availability of medical facilities?
