



Office of International Programs

400 South Orange Ave.,

South Orange, NJ 07079

Phone: (973) 761-9072; Fax: (973) 275-2383

Email: oip@shu.edu

STUDY ABROAD APPLICATION-Exchange/3rd Party Providers

You are on your way to studying abroad! Please take the time to carefully read all the information contained in this application packet. The Office of International Programs is happy to help you navigate this application process.

Study Abroad Application Check List

PLEASE USE THE FOLLOWING CHECKLIST TO MAKE SURE
YOU HAVE RETURNED ALL NECESSARY MATERIALS.
NO APPLICATION WILL BE CONSIDERED COMPLETE
WITHOUT ALL OF THE FOLLOWING:

Initial Documents Needed for Approval to Study Abroad:

- ___1) SHU Application Form (*included*)
- ___2) Consent of Application Conditions (*included*)
- ___3) Medical Examination Report (*included*)
- ___4) Certification of Social Standing (*confirmed by OIP*)
(*Students on disciplinary probation level 2 or higher may not study abroad*)

Supplemental Documents:

- ___5) Study Abroad Credit Transfer Form
- ___6) Two Recommendation Letters/E-mails

Deadlines for Study Abroad Application Approval:

Spring Semester: **October 15th**

Summer Semester: **March 15th**

Fall Semester: **June 1st**

Documents Needed One Month Prior to Leaving:

- ___7) Proof of registration with the U. S. Department of State
- ___8) Proof of International Medical Insurance
- ___9) Copy of Passport

SHU Application Form

Contact Information

Full Name: _____ Student ID #: _____

Permanent Address: _____

SHU E-mail Address: _____

Personal E-mail Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Personal Information

Gender: ____ MALE ____ FEMALE

Date of Birth (mm/dd/yy): _____ Country of Birth: _____

Country of Citizenship: _____ Passport #: _____

Emergency Contact Information

Full Name: _____ Relationship: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Academic Information

Major: _____ Current Year: _____

Home College if other than SHU: _____ GPA: _____

Travel Information

Host Country: _____ Study Abroad Provider (if applicable): _____

Host College: _____ Semester Abroad: _____

Consent of Application Conditions

The following agreement is designed to protect all participants in the Seton Hall University Study Abroad Program: the students, faculty members, the University and the organizations in cooperation with SHU. Please read it thoroughly.

By signing below, you agree to abide by the following guidelines while studying abroad as a Seton Hall University student:

1. I understand that any program of travel does involve some risk and that participation is entirely voluntary. I release Seton Hall University, its regents, officers and employees from any responsibility involving claims, lawsuits, damages, expenses, liabilities or injuries that occur during or as a result of participation in the Study Abroad Program.
2. I understand that, while traveling or residing in any foreign country, I will be subject to the laws, rules and law enforcement procedures of that country. I will abide by the rules, regulations, and policies of the host institution(s) abroad. I will respect the culture and ethnic differences of my host country and the individuals I meet. My personal conduct will be a credit to my country, Seton Hall University, my family, and to myself. I agree to attend a pre-departure meeting given by Seton Hall University.
3. I understand that it is my responsibility to have adequate medical, accident, dismemberment and repatriation insurance coverage while abroad. I have verified coverage with my agency and it is valid overseas. I am able to provide documentation, which will be left with the Office of International Programs.
4. I acknowledge that the use of drugs is forbidden by participants, except for those prescribed by an examining physician and noted in the Emergency Treatment Form.
5. I agree that if I drive any motorized vehicle while abroad, I take full responsibility for all claims, damages, liability, expels, lawsuits or injuries that may occur as a result of driving a motorized vehicle.
6. I agree to stay for the full duration of the Study Abroad Program and complete all coursework and class participation. I understand that if I leave the program once the program has begun or tuition has been paid, there will be no refund (unless there is a proven medical condition that warrants withdrawal). If I am receiving financial aid, I understand that full payment for tuition and program fees has been committed to my account.

I certify that I have not, to the best of my knowledge, misrepresented any information supplied in this application.

Student Signature: _____

Date: _____



Please remit to:
Maria Bouzas, Director
Office of International Programs
400 South Orange Ave.,
Presidents Hall, Room 2B
South Orange, NJ 07079
Phone: (973) 761-9081
Email: bouzasma@shu.edu

Medical Examination Report

Student's Name: _____ DOB: _____

Signature: _____

Country/Countries Visiting: _____

Dates of Program: *Start Date:* _____ *End Date:* _____

To the Examining Healthcare Provider:

The above named applicant would like to participate in a study abroad program that may include unusual mental and physical stress as well as significant variation in diet. Please give us your candid professional judgment as to his/her physical and mental health so that we may add this to the data used to evaluate the student's candidacy. Examination should be within 12 months of proposed program.

Applicant's general state of health

Excellent Good Fair Poor

1. To the best of your knowledge, does the applicant have any health problems that either prevents him/her from taking part in a study abroad program away from home or would seriously affect his/her participation in such a program? If Yes, please explain:

2. Does the applicant have any chronic ailment that requires special consideration, treatment or medication? If so, in your judgment, will the applicant experience difficulty receiving this special consideration, treatment, or medication away from home, particularly abroad?

3. Please list any allergies to medicines, foods or any other allergies the patient may have:

Examining Healthcare Provider's Name: _____

Family Physician Other Specify: _____

Signature: _____ Date: _____

Address: _____

Study Abroad Application Supplements

If submitting a personal statement and/or recommendations as part of your application to the study abroad program (i.e., third-party provider, exchange program, direct enroll in foreign university) you may submit a copy of these documents to our office for this application.

Certification of Social Standing

If you probation level 2 or high, you will not be permitted to study abroad. The OIP will check on your current social standing with the Dean of Students.

Letters of Recommendation

You must submit two recommendations letters and/or e-mails in support of your decision to study abroad. Letters should attest to your personal character, maturity level, work/study ethic, etc. Letters of recommendation are acceptable from your professors or employers.

Registration with the U.S. Department of State

You must enroll in the Smart Traveler Enrollment Program (STEP) provided by the U.S Department of State. It is a free service provided by the U.S. Government to U.S. citizens who are traveling to, or living in, a foreign country. STEP allows you to enter information about your upcoming trip abroad so that the Department of State can better assist you in case of an emergency.

You can access the Smart Traveler Enrollment Program at the following link:

<https://travelregistration.state.gov/ibrs/ui/>

Please submit a copy of your confirmation page once you have enrolled in the Smart Traveler Enrollment Program.

Passport

Please submit a copy of your passport. Should you need help obtaining a passport, please go to <http://travel.state.gov/content/passports/english.html/> for more information on how to apply/renew a passport.

Disability Support

Students at Seton Hall University who have a physical, medical, learning or psychiatric disability, either temporary or permanent, may be eligible for reasonable accommodations at the University as per the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act. In order receive such accommodations, students must identify themselves at the Office of Disability Support Services (DSS), provide appropriate documentation and collaborate with the development of an accommodation plan.

The DSS phone number (973) 313-6003. For further information, please go to the [Disability Support Services website](https://www.shu.edu/disability-support-services/) » <https://www.shu.edu/disability-support-services/>

Proof of Medical Insurance Abroad

All Seton Hall University students studying abroad must possess an international health plan that covers them for the following:

- (1) Medical benefits of at least \$100,000 per person per accident or illness;
- (2) Repatriation of remains in the amount of \$25,000; and
- (3) Medical evacuation in the amount of \$50,000

Students can satisfy this requirement by submitting one of the following:

-) Proof of purchase of HTH Worldwide Insurance (instructions below), **or**
-) Copy of your Seton Hall University student insurance (United Healthcare) card **or**
-) Verification letter from your own insurance provider stating that your plan meets our minimum health insurance requirements outlined above.

If you do not have international coverage through your regular medical insurance provider of the SHU United Healthcare plan, please purchase HTH Worldwide Insurance online. Our office has partnered with HTH Worldwide Insurance to provide our students with a discounted price for international medical insurance coverage. HTH Worldwide Insurance provides medical insurance to students while abroad including, 100% medical expense coverage, repatriation, evacuation services etc., as well as on the ground global health and safety services.

How Purchase HTH Insurance:

HTH will be available to purchase at the end of December/early January

1. The 2017 HTH plan will be available in January at a rate of \$2.01 per day for individuals up to 74 years old.
2. To purchase HTH visit www.hthstudents.com and enter the Group Access Code: (IMD-7720) in the box on the right side of the homepage to sign up for coverage
3. Please print out your HTH insurance card and send to our office as proof of purchase

No matter the type of insurance you choose, please provide proof with your study abroad application.