



Office of International Programs

400 South Orange Ave.,

South Orange, NJ 07079

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

Email: studyabroad@shu.edu

STUDY ABROAD APPLICATION

Exchange Programs and Third 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.

All students going abroad must attend a predeparture orientation, which will be held in the semester before their study abroad program takes place.

Study Abroad Application Check List

Documents Needed for Approval to Study Abroad:

- ___ 1) SHU Application Form
- ___ 2) Assumption of Risk, Waiver of Liability, Release of Claims and Indemnification (*included*)
- ___ 3) Authorization for Access to Student Information
- ___ 4) Notice Regarding Personal Data of Students Studying in the European Union Consent for Processing Data
- ___ 5) Certification of Social Standing (OIP will confirm students are not on disciplinary probation 2 or higher)
- ___ 6) Study Abroad Credit Transfer Form
- ___ 7) Two Recommendation Letters/E-mails

Documents Needed One Month Prior to Departure:

- ___ 8) Proof of registration with the U. S. Department of State
- ___ 9) Proof of International Medical Insurance
- ___ 10) Copy of Passport

Study Abroad Application Deadlines

Third Party Programs:

Spring Semester: **October 15th**

Summer Semester: **March 15th**

Fall Semester: **June 1st**

Exchange Programs:

Spring Semester: **August 1st**

Fall Semester: **March 1st**

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: _____

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: _____

Study Abroad Program Information

Host Country: _____ Semester: _____

Circle one: _____ Exchange Program or Third Party Provider

Name of Exchange Partner School/ Third Party Provider _____



OFFICE OF INTERNATIONAL PROGRAMS
400 SOUTH ORANGE AVENUE
SOUTH ORANGE, NEW JERSEY 07079

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE OF CLAIMS AND INDEMNIFICATION

For Programs Not Sponsored by Seton Hall University

Name: _____

Address: _____

I have applied for and been granted permission to participate in the _____ (enter name of program) (referred to herein after as the “Program”). **I understand that the Program is a third party study abroad program completely independent of, and unrelated in all respects to, Seton Hall University and the Seton Hall University Study Abroad Program and that Seton Hall is not sponsoring the Program.** As a participant in the Program, I will be travelling to _____ (enter host country/countries) from _____ (enter start date of the Program) until _____ (enter end date of the Program).

I understand that Seton Hall has determined that it will not offer any study abroad programs this Summer or Fall, 2021. I understand that while Seton Hall may be allowing me to transfer in credits from the Program, I am travelling and participating in the Program voluntarily and at my own risk. By providing information and documents to the Program so that my application to the Program could be evaluated and accepted, the University is not encouraging nor endorsing my participation. I further understand that the letters of recommendation that I have solicited from Seton Hall faculty/employees are the personal views of those individuals and shall not be deemed to constitute endorsement or any representation by Seton Hall regarding my health or safety in connection with my participation.

While Seton Hall maintains insurance for its own SHU travel abroad programs, my travel and participation in the Program is not covered by the SHU insurance policy. I have been encouraged to explore any insurance offered through the Program or consider purchasing my own appropriate coverage.

COVID-19 and Travel

Travel during the COVID-19 pandemic poses increased risks to travelers. Countries are implementing strict measures to prevent the spread of COVID-19, such as a curfews, travel restrictions between cities, fines and penalties for not complying with COVID-19 laws and regulations. Travelers may have limited ability to leave their destination city or country due to border closures, travel prohibitions, stay at home orders, business closures, and other emergency conditions. In addition, travelers returning to the United States, New Jersey or Seton Hall, may be subject to quarantine or other limitations. It is my responsibility to stay informed about my destination’s entry and exit requirements and COVID-19 restrictions, as well as all requirements applicable to my return to Seton Hall that may be issued by the state and federal government, regulatory agencies such as the CDC and Seton Hall University health and safety protocols.

RISKS OF STUDY ABROAD

I understand that participation in any study abroad program involves risks, hazards and dangers not found in the study at the University. I am aware of, understand, acknowledge, appreciate that these risks, dangers and hazards

involve traveling to, within and returning from, one or more foreign countries; risks of air travel and all other types of transportation; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of utilities, including computing facilities, buildings, public places and conveyances; and local sanitation, medical, and weather conditions. I am aware of, understand, acknowledge, and appreciate the risks, hazards, and dangers of travel to, in and around the study abroad host country listed above, including but not limited to the dangers to my own health and personal safety. I am aware of the sources of information at my disposal concerning risks associated with foreign travel and that those sources include internet searches, travel advisories issued by the U. S. State Department and the Center for Disease Control as well as other public information and other sources of information about study/travel abroad.

* * *

In consideration for Seton Hall providing the information and documents necessary so that my application to the Program could be evaluated and accepted so that I could participate in the Program, I agree as follows:

ASSUMPTION OF RISK AND RELEASE OF CLAIMS. Knowing the risks, dangers, and hazards described above, and **I AGREE**, individually, and on behalf of my heirs, successors, assigns and personal representatives, **TO ASSUME ALL THE RISKS, DANGERS, HAZARDS, AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE PROGRAM.** To the maximum extent permitted by law, **I**, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby voluntarily **RELEASE, and WAIVE ALL CLAIMS against, and PROMISE NOT TO SUE SETON HALL UNIVERSITY** or its trustees, regents, officers, employees and agents (in their official and individual capacities) **FOR ANY AND ALL LIABILITY WHATSOEVER and/or FOR ANY AND ALL DAMAGES, LOSSES OR INJURIES (INCLUDING DEATH)** I may sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with, my participation in the Program, any related or independent travel or any activities or field trips, none of which is related or sponsored by Seton Hall.

INDEMNIFICATION AND HOLD HARMLESS. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, **HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE UNIVERSITY** and its trustees, regents, officers, and employees and agents **FROM ANY AND ALL LIABILITY, LOSS, DAMAGE OR EXPENSE, INCLUDING ATTORNEYS FEES, THAT MAY RESULT FROM MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION**, which arise out of, occur during, or are in any way connected with my participation in the Program, any related or independent travel, any activities or field trips, none of which is related or sponsored by Seton hall.

VOLUNTARY PARTICIPATION. I represent that my participation in the program and my agreement to the provisions herein are both wholly **VOLUNTARY.**

I represent that I have carefully read and understood this agreement. I am at least eighteen years of age or, if not, I have secured below the signature of my parent or guardian as well as my own. **BY SIGNING THIS RELEASE, I UNDERSTAND THAT I AM FREELY ASSUMING ALL RISKS, VOLUNTARILY WAIVING MY RIGHT TO SUE SETON HALL AND AGREEING TO INDEMNIFY SETON HALL FROM ANY CLAIMS ARISING FROM ANY OF MY ACTIONS IN CONNECTION WITH THE PROGRAM.**

Name

Date: _____

Signature of parent or guardian (if required)

Date: _____



Office of International Programs

400 South Orange Ave.,

South Orange, NJ 07079

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

Email: studyabroad@shu.edu

AUTHORIZATION FOR ACCESS TO STUDENT INFORMATION

The Family Education Rights and Privacy Act of 1974, as Amended (FERPA), accords privacy rights to students with respect to their educational records. A student may grant access to these records to a parent or guardian or other person by signing this form. The completed form must be returned to the Office of International programs in Presidents Hall.

Student Name (*print*)

SHU ID No.

Phone/cell

Student Signature

Date

I authorize Seton Hall University to accord access to the following records in connection with my travel abroad and the _____ (Print name of Study Abroad program) to the persons/organizations listed below.

SCOPE OF RECORDS TO THE RELEASED (*please check as applicable*):

___ all educational records, including academic, financial, and disciplinary

___ medical/health treatment

___ disciplinary

___ academic

RELEASE IS GRANTED TO THE FOLLOWING PERSONS:

Parent/Guardian Name

Email address

Phone/cell

Parent/Guardian Signature

Relationship

Emergency Contact Name

Email address

Phone/cell

Relationship to Emergency Contact

Study Abroad Tour Provider
(*print Name of Tour Provider*)

International School/Program
(*print name of School and Program*)

Other (*print name*)

Email address

Phone/cell

Relationship to Other



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Notice Regarding Personal Data of Students Studying in the European Union
Consent for the Processing of Personal Data

Seton Hall University (hereinafter the “University”) protects the privacy of your student record information in accordance with the Family Education Rights and Privacy Act (FERPA) and employs appropriate physical, technical and administrative safeguards to prevent unauthorized access to personal information. When you are physically present in the European Union (EU), the EU General Data Protection Regulation (GDPR) also imposes privacy controls on the collection, use and retention of information that personally identifies you (“personal data”). While you are in the EU, your personal data may be collected, used, retained, or shared by the University to the extent necessary to administer your program, comply with law, or protect your or another’s health and safety. Your data may be provided to your group leader, representatives of your EU University or Study Abroad program, governmental officials or law enforcement.

While sensitive data regarding your health, dietary restrictions, or demographics may be disclosed with your consent, the University may disclose information without your consent, if necessary to comply with its legal obligations, protect your vital interests when you are unable to consent, provide health care, or in connection with legal claims/defenses. Such information may be provided to emergency responders, healthcare providers, University officials, officials at your EU educational institution, clinical affiliation or Study Abroad tour provider, governmental officials, or law enforcement consistent with the University’s FERPA policy. In the case of violations of the University’s Policy Against Sexual Misconduct, Sexual Harassment and Retaliation and Policy Against Discrimination, Harassment and Retaliation, the University will comply with its policies and US law. Your information remains subject to US student record privacy protections. Title IX and the Clery Act will continue to apply, as may the laws of the country where the conduct occurs.

Please check as applicable:

to administer and implement my study abroad program without my consent.

_____ If I become ill or suffer an injury, I consent to the disclosure of my health information to my parents/guardians, emergency contacts, emergency responders, healthcare providers, other University officials, officials at my EU university, clinical affiliation or study abroad tour provider, and law enforcement or governmental authorities.

_____ I consent to the collection, use, retention, and transfer to the University of information relating to any incident of harassment, sexual or gender-based misconduct, or criminal behavior, whether I am the subject or alleged perpetrator, consistent with University policy.

_____ I understand that although I can revoke my consent, doing so will not affect the handling of my personal information when required for the University’s legal or contractual obligations, to protect my vital interests or a substantial public interest, in an emergency, or with respect to legal claims.

_____ I understand I can withdraw my consent while in the EU and can review, retract or correct my personal data.

By signing, below, I acknowledge I have read, understand and agree to the terms and conditions set forth in this consent and authorization.

Signature of student

Name of Student (printed)

Date

Study Abroad Application Supplements

Certification of Social Standing

If you probation level 2 or higher, 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

- Letters should attest to your personal character, maturity level, work/study ethic, etc,
- At least one letter of recommendation must be from a SHU professor, the other may be from an employer.
- **No personal recommendations accepted.**

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.

Enroll at the following link: <https://step.state.gov/STEP/Index.aspx>

Please submit a copy of your confirmation page or confirmation email to the OIP.

Passport

Please submit a copy of your passport. To apply for / renew your passport, go to:

<https://travel.state.gov/content/travel/en/passports/apply-renew-passport/apply-in-person.html>

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 during their study abroad program. 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.

Students seeking accommodations on a study abroad program, are encouraged to begin the process with the DSS office at least 6 months in advance of the program start date.

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 all of the following (*absolutely no exceptions*):

- (1) Medical benefits of at least \$100,000 per person per accident or illness;
- (2) Repatriation of remains in the amount of \$25,000;
- (3) Medical evacuation in the amount of \$50,000; and
- (4) Evacuation for major event (such as natural disaster or political unrest)

-Insurance via Third-Party Program Providers-

If you are using a Third-Party Study Abroad Provider you will most likely be covered with adequate insurance.

If you are using the Third-Party company Arcos, please be aware that if you opt out of the insurance that they offer, you must purchase GeoBlue, as we cannot accept any other insurance companies.

All Exchange students traveling abroad must purchase Geo Blue Insurance.

Students can satisfy this requirement by:

- Being accepted to a program that includes an insurance plan that meets the above criteria
- Purchasing GeoBlue Insurance (instructions below), **or**

Please do not submit information on your regular medical insurance in the U.S.

GeoBlue Insurance

The 2021 rate for GeoBlue is \$2.30* per day for individuals up to 74 years old.

*This rate is subject to change each year.

GeoBlue Insurance covers emergency medical expenses abroad, as well as provides evacuation services due to medical emergencies, political unrest and natural disasters., as well as offers on the ground global health and safety services.

How to Buy GeoBlue Insurance

1. Visit <https://www.geobluestudents.com/>
2. Enter the Group Access Code: **IMD-7720** in the “Students and Plan Members” box on the lower right side of page and follow the prompts
3. Print out your GeoBlue insurance card and send to our office as proof of purchase

How to Complete the Credit Transfer Sheet

1. **Top section:**
 - a. Fill in your student information
2. **Middle section:**
 - a. **“Course #”:** write the course code/name of the course Abroad (ex. “Spanish in Madrid”)
 - b. **“SHU Equivalent”:** write the SHU Course Code it was approved for (ex. SPAN1001)
 - c. **“Title”:** write the course name of the SHU course (ex. Elementary Spanish)
3. **Bottom section: (Complete A to G in order)**
 - a. **“Student, Box 1”:** Your signature
 - b. **“Academic Advisor, Box 2”:** Academic Advisor’s signature (*Sometimes is the Student Chair too*)
 - c. **“Student Chair, Box 3”:** Chair of your department’s signature (*They may also sign for sections 4, 7, 10, 11 & 12 if the courses are in their departments*)
 - d. **“Course Equivalent Chair, Boxes 4, 7, 10, 11 & 12”:** The chair of the department’s signature, that matches the course you recorded in the middle section
 - e. **“Dean of Student’s College, Box 5”:** Associate Dean’s signature
 - f. **“Director of OIP, Box 6”:** Bring this form back to the OIP & we will sign it
 - g. **“Enrollment Services, Boxes 8 & 9”:** The OIP will send it for you

Most Common Department Chairs, Deans, and Secretaries:

School of Diplomacy & International Relations

Dean, Dept. Chair & Advisor: Assoc. Dean Ursula Sanjamino
973-313-6210; Ursula.sanjamino@shu.edu

College of Communications

Dept. Chair: Dena Levine
973-275-2450; dena.levine@shu.edu
Corrigan Hall; Music Room

College of Arts & Sciences

Associate Dean: Christopher Kaiser
973-761-9430;
christopher.kaiser@shu.edu
Fahy Hall; Rm 130

Modern Languages Dept. Chair:
Diana Alvarez Amell
973-275-5849; diana.alvarez-amell@shu.edu
Fahy Hall; Rm 227

Psych. Dept. Chair: Kelly Goedert, Ph.D
973-791-9485; kelly.goedert@shu.edu
Jubilee Hall, Rm. 345

Political Sciences Dept. Chair:
W Mott, Ph.D
973-275-2903; w.mott@shu.edu
Jubilee Hall; Rm 505

Stillman School of Business

Assoc. Dean: Steven Lorenzet
973-275-4827; steven.lorenzet@shu.edu
Jubilee Hall; Rm 527

Marketing Dept. Chair: Stephen Pirog
973-761-9327; Stephen.pirog@shu.edu
Jubilee Hall; Rm 654

Finance Dept. Chair: Anthony Loviscek
973-761-9127; Anthony.loviscek@shu.edu
Jubilee Hall; Rm 615

Management Dept. Chair: Paula Alexander
973-761-9798; Paula.Alexander@shu.edu
Jubilee Hall; Rm 644

Economics Dept. Chair: Dr. Henry Amoroso
973-761-7168; Henry.Amoroso@shu.edu
Jubilee Hall; Rm 673

Accounting Dept. Chair: Dr. Mark Holtzman
973-761-9133; Mark.Holtzman@shu.edu

Management Dept. Exchange Program Liaison:
Dr. Hector Lozada-Vega, hector.lozada-vega@shu.edu

Seton Hall University - Office of Enrollment Services
Application to Study at Another Institution – Credit Transfer Form

Taking Laptop?
Yes ____ No ____

Name (Last)		(First)		(Middle)		Student ID #	
Permanent Street Address				City	State	Zip	
Local or Residence Hall Address				Res. Box No.	City	State	Zip
School	Major	Expected Graduation Date	Number of transfer credits requested this term ____ Total ____ Number of credits taken at SHU this term: ____ Note: this may not exceed 12 during summer sessions				

I request permission to take the course(s) specific below at _____ in _____

City, State

During the _____ semester/session 20 _____

Reason for request _____

Other School		Transfer Credit as it will Appear on SHU Record		DO NOT WRITE IN THIS AREA - ENROLLMENT SERVICES				
Course #	CR	SHU Equivalent Sought	Title	ETS School Code	Earned Credits	Begin Date	End Date	Term Applied
				000				
				000				
				000				
				000				

The student is responsible for sending an official transcript of this coursework to Enrollment Services, Seton Hall University, and South Orange, NJ 07079-2689 within 30 days of the completion of studies. Authorization to study at another Institution is not granted until this form is endorsed by Enrollment Services.

University Regulations Regarding Transfer Credit

1. Transfer credit is granted only when the student has secured permission in advance by filling this form with all required signatures.
2. Approval is granted for specific course. The college number, title, and description of course content must be presented in writing when the student seeks approval. Only academic credits earned at accredited college/universities may be transferred. Application to study abroad must be endorsed by the Director of International Programs before their approval.
3. Transfer credit is not awarded for courses similar in content to those already completed.
4. Credits may be transferred only when the grade is **C** or higher (**B** or higher, graduate students). Courses with Pass grades are not acceptable in transfer.
5. No transfer credits are permitted within the student's final 30 credits (Undergraduate students only).
6. If a course to be transferred is outside the student's major, the chair of the SHU equivalent department must approve the permit by signing on blocks 4, 7, 10, 11, and / or 12 below.
7. Grades for transferred course are not recorded on the students SHU record, and they are not computed in the student's grade point average.
8. Individual colleges may apply additional regulations and restrictions regarding transfer credit. The student must comply with these rules.
9. Students studying outside the U.S. must have this form signed by the Director of International Programs before registering for the study abroad courses.
10. Students studying outside the U.S. must register for the Study Abroad Course at Seton Hall University before exiting the United States.

Student 1	Date	Academic Advisor 2	Date	Student's Chair 3	Date
Course Equivalent Chair (Req'd if outside your major)	Date	Dean of Student's College 4	Date	Director of International Programs 5	Date
Course Equivalent Chair (Req'd if outside your major)	Date	Received by Enrollment Services 6	Date	Approved by Enrollment Services 7	Date
Course Equivalent Chair (Req'd if outside your major)	Date	Course Equivalent Chair (Req'd if outside your major)	Date	Course Equivalent Chair (Req'd if outside your major)	Date

Once Completed: White-Enrollment Services Green-Dean's Office Yellow-Major Department Chair Pink-Student Gold - Office of International Programs



Office of International Programs

Study Abroad Information

Factors to Consider When Making Your Decision to Study Abroad

1. Destination
 - Language
 - Relevancy to coursework
 - Personal preferences/desires
 - Cost of living (daily life costs, travel within and to the country, exchange rate)
2. When to study abroad
 - First and last 30 credits should be taken at SHU, unless permission is given by your Dean to do otherwise
 - Discuss with your academic advisor how studying abroad can fulfill requirements of your academic program
 - Summer language credits may not be transferrable if an equivalent SHU course is offered
 - Take into account local weather
 - Think about travel options prior to or after your studies
3. Choosing a program/provider
 - Does SHU have an exchange or faculty-led program in your desired country? You can apply your scholarships and aid to SHU's exchange programs!
 - Reputation of provider (ask OIP and check reviews online)
 - What is included in program cost (i.e., tuition, accommodations, insurance, some excursions, etc.)
 - Costs can vary depending on which city in the country you choose, accommodation options, etc.
 - Available scholarships from provider
 - Additional services available (excursions, insurance, accommodation options)
4. Scholarships and funding search engines:
 - www.iie.org/program-finder www.scholarships.com www.moneygeek.com
 - www.internationalscholarships.com www.fastweb.com
 - www.studyabroad.com (also find resources on Visa, Budgeting, Guides, Tips & more)
5. Gather information from former participants
 - Ask OIP to reach out to previous participants and discuss personal experiences
 - Find program reviews for third party providers from students nationwide at these sites:
www.studyabroad101.com <https://www.gooverseas.com/>

Study Abroad Checklist -To be completed in order!

1. If you are a student with a disability in need of accommodations to fully participate on a study abroad trip, you must contact the Office of Disability Support Services (DSS), Duffy Hall, Room 67, at the time of application. For more information or to register for services, contact DSS at (973) 313-6003 or by e-mail at DSS@shu.edu
2. Apply for passport (**May take up to six weeks to process**)
3. Meet with your academic advisor to discuss course selection (**bring credit transfer form and course descriptions**)
4. Meet with Gary Thomas in Financial Aid if you intend to use any aid toward your study abroad program.
5. Apply to study abroad program. Deadlines vary by semester and program!
6. Complete the OIP study abroad application (**check application checklist for deadlines**)
7. Apply for your student visa (if necessary) – check with program to inquire
8. **Attend mandatory pre-departure orientation**
9. Book flight! ONLY after you have been approved by program, OIP and received visa, if applicable

IF YOU CHOOSE TO STUDYABROAD, YOU MUST APPLY THROUGH THE OIP! Contact us: oip@shu.edu
or 973-761-9072



OFFICE OF INTERNATIONAL PROGRAMS

Study Abroad Health Fact Sheet

Talk to Your Doctor

– Even if you are a generally healthy individual, you should discuss the following with your doctor:

- o Vaccinations: Being up-to-date with all required/recommended vaccines for your trip
- o Destination information (city, rural, etc.), length of trip, planned activities, your specific health
- o How to stay healthy, manage any medical conditions you have, and carrying/maintaining any prescription/non-prescription medicines abroad.
- o Warning signs indicating you should seek care
- o Alternative medications, if yours isn't available or allowed at your destination
- o Allergies: how the country/region you will be studying in will affect your allergies and what medicines you may need to bring to keep allergies under control



Other Notes to Consider

- Please be aware of how to use your health insurance abroad (whether Third-Party or GeoBlue insurance)
- If you require accommodations to participate in the study abroad program, students are encouraged to contact DSS at least 6 months prior to departure at: dss@shu.edu

Resources

- <https://wwwnc.cdc.gov/travel>
- <https://www.geobluestudents.com/>
- <https://www.shu.edu/health-services/health-resources.cfm>
- <https://www.shu.edu/disability-support-services/index.cfm>