

Date of Application: _____

Term applying for: Summer _____

APU ID # _____
(Visiting Scholars: Social Security #)

Personal Information:

Legal/Passport Name: _____ Cell phone (_____) _____ Gender: (circle) M F

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Country of Citizenship: _____

If citizenship is different than USA, list visa & number: _____

Email Address: _____ Passport Number: _____

(If you have a valid passport, please submit copy with this application. If you don't, apply NOW!)

Educational Information

Current Academic Status (Circle One): Fresh (0-27) Sophomore (28-59) Junior (60-89) Senior (90+)

Academic Major(s): _____ Minor(s): _____ Cum GPA _____

A minimum of a 2.5 GPA is required for this program.

Name of Instructor Reference: _____ Contact email: _____

(No separate reference form or letter from reference listed is needed.)

Questions for applicant to answer on separate pages & submit with application:

1. Why are you interested in this program?
2. How does a study abroad academic experience fit into your academic/career goals?
3. How will studying abroad influence your involvement in service and ministry opportunities?
4. What cross-cultural or personal experiences have helped to prepare you for studying in a challenging, new environment?
5. What are your top 5 Strengths? (from the *StrengthsFinder*) Pick one and describe how you envision it being used abroad.

Other Materials to be included with this application (along with all the attachments):

- ✓ \$300 Non-Refundable Deposit
- ✓ Unofficial Transcripts (*incoming freshman should submit unofficial high school transcripts*)
- ✓ Copy of Passport (if available)

- I will allow APU to use any photo that is taken during the extent of this program for marketing materials and recruitment. _____ (Please Initial)
- I will allow APU to share contact information (“Directory Information”) with other staff, faculty, and students working/participating in the Guadalajara Summer Program. _____ (Please initial)

Priority Deadline: December 1st
Final Deadline: January 15th

Applicant's Signature: _____ **Date:** _____

By signing this application form, you, the student are confirming that all information provided is true to your knowledge.

SEND APPLICATIONS TO:

Center for Global Learning & Engagement

Azusa Pacific University, 701 East Foothill Blvd., PO Box 7000, Azusa, CA 91702-7000

If you have questions, please call (626) 815-2110

Name: _____ APU Student ID: _____

Study Abroad Program: _____ Study Abroad Term: _____

Student Standards of Conduct Policy

All persons participating in an Azusa Pacific University administered or endorsed Travel-Study Program shall be subject to the "Student Standards of Conduct" policy appearing in the APU Undergraduate Student Handbook and any similar Standards set by the particular program. In the case of conflicting standards, the more stringent standard applies.

Due to the unique nature of the study abroad experience, strict adherence to the "Student Standards of Conduct" is required. Because of the possibility of serious effects on group safety and coherence, on-field staff must deal with violations immediately. On-field staff has discretion in imposing sanctions after investigating and holding a formal or informal hearing. The opportunity for appeal is limited by the nature of the study abroad experience. In addition to those listed in the Student Handbook, sanctions for violation of the Standards of Conduct while studying abroad include immediate expulsion from the program and the immediate return home of the participant, at the expense of the student participant. Additional sanctions may be imposed upon the student's return to campus.

I have read the above policy on Student Standards of Conduct and promise to comply with these Standards. I understand that violation of these Standards may result in my immediate dismissal from the program and my immediate return home.

 _____ **(Please Initial)**
Student Healthcare and Disability Abroad

The Center for Global Learning & Engagement, Azusa Pacific University, is committed to assisting all students in selecting study abroad opportunities that meet their needs, including students with disabilities. Many towns, communities, and institutions abroad are not equipped with wheelchair access or easily accessible for hearing or vision impairments. Further, some trips require activities that may be strenuous for some participants, including long climbs or hikes. The center will seek to advise students to appropriate study abroad programs for any disability needs.

Students in this course/program who have a disability that might prevent them from fully demonstrating their abilities should meet with an advisor in the APU Learning Enrichment Center as soon as possible to initiate disability verification and discuss accommodations that may be necessary to ensure full participation in the successful completion of course/program requirements.

Healthcare Abroad

Program directors and the Center for Global Learning & Engagement will do as much as possible to ensure the overall safety of study abroad participants. However, specific or special needs should be researched by the individual participant. The Center for Global Learning & Engagement can assist students with these things:

- Medication translation
- Healthcare facilities in nearby areas abroad
- Personal Emergency Planning
- Copies of important medical or travel documents (copies of passports, prescriptions, health insurance policies, etc.)

Mental Health Abroad

If a student participant has been treated for depression, anxiety, eating disorders, or anything else that can be classified as a mental health condition, students should obtain appropriate insurance coverage for treatment abroad, separate from the global medical insurance provided from Azusa Pacific University.

For more information, please contact the Center for Global Learning & Engagement at 626-815-2110.

I acknowledge that I have read the above policies and agree to the content thereof.

 Student Signature

 Date

Senior Year Student Agreement

(Must be completed by ALL APU students returning from their semester abroad with 90 cumulative units or more)

I, _____ (print student name) agree to initiate and accomplish all of the requirements for graduation by the necessary deadlines.

By signing, I also understand that if my program dates go beyond the APU graduation date, I will miss my intended graduation ceremony.

Requirements may include, but are not limited to the following forms/processes:

- Transfer Inquiry Forms (Registrar) for courses studying abroad
- Off-Campus Registration Form (Study Abroad)
- Ministry and Service requirements (MAS)
- Intent to Graduate Form (Registrar)

By signing this agreement, I understand that anything not accomplished prior to departure may inflict on graduating by the expected date. **My estimated graduation term and date are:** _____.

 Student Signature

 Date

 Authorized Study Abroad Signature

 Date

STATEMENT OF RESPONSIBILITY, RELEASE & AUTHORIZATION TO PARTICIPATE IN AN AZUSA PACIFIC UNIVERSITY INTERNATIONAL STUDIES PROGRAM

I, _____ (name), am a student at Azusa Pacific University (“the University”). I have agreed to participate in APU - Guadalajara (program), an International Program sponsored or endorsed by the University, in collaboration with international host organization(s) APU - Guadalajara (name of organization), in Mexico (country). I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

1. Comprehensive Health & Accident Insurance: I hereby represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance through Insurance Services of America, which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and/or traveling while on the Program. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States and, I absolve the University of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.

Special Addendum for Exceptional Program: I, _____ (initial), understand that my insurance coverage for APU - Guadalajara (program) in Mexico (country) is provided for this activity by HTH Worldwide Insurance.

2. Right to Make Changes: I understand that the University reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the University makes a flight arrangement. Any additional expense resulting from the above will be paid by me. The University reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.

3. Responsibility or Liability: I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death),

losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond the University’s control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfer meal costs or other expenses. My baggage and personal property are transported at my risk entirely. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University’s sole discretion to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States if the University determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

4. Right to Decline, to Accept or Retain Me: The University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, or any provision of APU – Guadalajara/UAG (program &/or international host organization), which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the Program in the sole discretion of the University’s employees, agents and representatives and I may be referred to the appropriate Azusa Pacific University officials for further disciplinary action. I understand and hereby acknowledge that institution(s) I attend or in whose facilities I reside or learn in connection with the Program, if I violate either or both institution’s rules, policies or student conduct codes. I hereby consent to the jurisdiction of all such institutions (including Azusa Pacific University), to discipline me, separately or cumulatively, for any instance(s) of misconduct which occur(s) during the Program or during my time abroad. I agree not to challenge in any forum or proceeding the authority or jurisdiction of Azusa Pacific University to discipline me at any time for my misconduct abroad, during or in connection with the Program or any travel related thereto.

5. Consular Information: I understand and hereby acknowledge that I have received and reviewed the attached

U.S. State Department Consular Information concerning travel to, in and around Mexico (country); that I am aware of and understand the risks and dangers of travel to, in and around Mexico (country), including but not limited to the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from , in or around Mexico (country).

6. Field Trips and Elective Travel: I may elect to participate in field trips and/or personal travel during the Program, including but not limited to a trip to Mexico (country). I hereby represent and warrant that my participation in these activities is not required by the University and is wholly voluntary. I understand and hereby acknowledge that I may face an increased risk or injury or death due to civil unrest, violence, terrorism, crime or political instability by traveling to or in Mexico (country). I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in or around Mexico (country).

7. Laws and Customs of the Host Country: I agree to respect and adhere to the laws and customs of the host country or countries and understand that the intentional violation or disrespect for those laws and customs may result in my dismissal from the Program. Further, I acknowledge that the violation of such laws and customs may have legal

ramifications with consequences beyond the control of the University's representatives and the U.S. government.

8. Authorization for Health and Medical Treatment: I, _____ (name), do hereby authorize APU Modern Languages &/or UAG and/or Señor Solorzano the Program director/leader, hereafter "the Agent," to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent in the event of my disability to give specific consent to any and all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby authorize the medical facility, which has provided treatment to me to surrender my physical custody to the Agent upon completion of treatment.

9. Security & Safety: I recognize that in case of political unrest, an official representative of the University will take measures the University deems appropriate for the protection of Program participants. I understand that the University and its official representatives assume no responsibility for damage to or loss of property, injury or death arising out of political unrest.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Signature: _____

Name (Printed): _____

Dated: _____

Witnessed by: _____

Witness Name (Printed): _____

Dated: _____

*Signatures can be witnessed by *anyone*. Does not need to be CGLE Staff

Student: Please complete the following information.

 Undergraduate Graduate

Name _____ APU ID# _____ - _____ - _____ (or Social Security no.)

APU Living Area/Room _____ APU contact phone (_____) _____ APU box # _____

Permanent address _____ City _____ State _____ Zip _____

APU Email _____ (Mandatory to receive Pre-registration info) Major/Minor _____

Year in school _____ Study Abroad Term _____ Country _____ Program dates _____

PROGRAM NAME:					Office Use Only	
Study Abroad Course ID	Units	Course Title	APU Equivalent	Applies Towards (major, minor, general studies, elective)	TIF Approved	Pre-Approved
Total Units						

Academic Advising Approval

I have discussed courses this student will take abroad and courses when they return to APU.

 Academic Advisor Signature Date

Registrar Approval

 Signature of Registrar Representative Date

Please read the following:

- If you have questions about possible financial aid please contact the study abroad financial aid counselor in Student Financial Services. If you are a Faculty Staff Benefit recipient please check here. Name of Faculty/Staff Member _____
- By signing this form, you understand that your campus housing assignment or contract will be terminated for any upcoming semesters. It is your responsibility to checkout of housing properly by the posted checkout deadline and/or notify Housing Services if you decide not to study abroad.

STUDENT SIGNATURE: _____ **Date:** _____

Please send completed form to:

 Center for Global Learning & Engagement • Azusa Pacific University
 701 East Foothill Blvd. • Azusa, CA 91702-7000 • (626) 815-2110 • FAX (626) 815-2111

 Approval of Study Abroad Representative Date

Add Classes					Office Use Only	
Study Abroad Course ID	Units	Course Title	APU Equivalent	Applies Towards (major, minor, general studies, elective)	TIF Approved	Pre-Approved

Drop Classes			
Study Abroad Course ID	Course Title	Units	APU Call #

Office Use Only	Student is registered in _____ units for the _____ semester/term	Date _____	Initials _____	Updated 3/26/2009
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Personal Information (please print clearly)

Name: _____ APU Student ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Will you be taking this cell phone with you while out of the country? (Check with carrier) YES NO

APU Email: _____ Box #: _____

***** IMPORTANT: APU will use this email address to stay in contact with you while you are abroad.**

Date of Birth: _____ Social Security #: _____

Optional – medical insurance purposes only

Ethnic Background (Optional):

- American Indian/Eskimo Black/Non-Hispanic Middle Eastern Other
 Asian of Pacific Islander Hispanic White/Non-Hispanic

Gender: Male Female

Educational Data

Academic Major: _____ Academic Level: Freshman Sophomore Junior Senior

Academic Advisor: _____

Expected Graduation Term (i.e. December, 2050): _____

Study Abroad Information

Study Abroad Program: _____ Country/Countries: _____

Dates of Program: _____ Exact Dates of Travel: _____
(incl. additional travel dates) to purchase International Insurance

Passport #: _____ Passport Expiration Date: _____

(Please provide the Office of Study Abroad a copy of your passport.)

I give permission to the Study Abroad Office to share my email address with other prospective study abroad students YES NO

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____ Cell: _____

Health Report

Primary/Family Doctor: _____ Phone Number: _____

Do you have any of the following?
(please Circle one) If yes, please describe? _____ If yes, please describe? _____

Allergies	Yes	No	_____	Learning Disability (Optional)	Yes	No	_____
Food Allergies	Yes	No	_____	Heart Condition	Yes	No	_____
Medication Allergies	Yes	No	_____	Heat exhaustion	Yes	No	_____
Asthma/				High Blood Pressure	Yes	No	_____
Other Respiratory Problems	Yes	No	_____	Nose Bleeds	Yes	No	_____
Back trouble	Yes	No	_____	Physical Handicap	Yes	No	_____
Diabetes	Yes	No	_____	Sinus Problems	Yes	No	_____

Other (please explain): _____

Do you need a special diet? If so, please describe. _____

Do you take any medications regularly? _____
(Please bring a complete supply of your prescription for the entirety of the trip. Also, have a valid copy of your prescription with you.)

For recommended immunization information, please see <http://www.cdc.gov/>