

Date of Application: \_\_\_\_\_ Semester/Term applying for: \_\_\_\_\_

Home Institution: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Personal Information:**

Legal Name: \_\_\_\_\_ Gender:(circle) M F

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Did anyone refer you to this program? \_\_\_\_\_ If yes, who: \_\_\_\_\_

Name of Instructor Reference: \_\_\_\_\_ Contact email: \_\_\_\_\_

**Educational Information**

Academic Status:  Freshman (0-27)  Sophomore (28-59)  Junior (60-89)  Senior (90+)  Grad  Doctoral

Academic Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_ Cum GPA \_\_\_\_\_  
(2.5 GPA minimum is required)

Instructor (Name & Department) available for a possible verbal reference: \_\_\_\_\_

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

1. Why are you interested in studying in this location?
2. How does a study abroad education experience fit into your academic/career goals?
3. How will studying in this location 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 if chosen to be a part of this Study Abroad Program. If you have not taken Strengths Finder, please describe personal character traits you feel you have that are relevant to this program.

**ALL Materials To Be Attached With Your Application:**

- Question Responses
- Unofficial Transcripts
- Domestic Waiver Form
- Student Agreements Form
- Advisor Form
- Student Signature Form

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**SEND ALL APPLICATION FORMS TO:**

APU Center for Global Learning & Engagement (CGLE)/Study Abroad Office  
Azusa Pacific University, 701 East Foothill Blvd., PO Box 7000, Azusa, CA 91702-7000  
If you have questions, please contact us at (626) 857-2440 or [studyabroad@apu.edu](mailto:studyabroad@apu.edu)

Statement of Responsibility, Release & Authorization to Participate in an Azusa Pacific University Domestic Travel Studies Program.

I, [REDACTED] (name), am a student at Azusa Pacific University (“the University”). I have agreed to participate in [REDACTED] (Program), a domestic travel study enrichment program sponsored or endorsed by the University. 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, while traveling on the Program. By my signature below, I certify that my health insurance policy will adequately cover me, 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 participating in this Program. 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, [REDACTED] (initial), understand that my insurance coverage for [REDACTED] (program) in [REDACTED] (country) is provided for this activity by [REDACTED] (name of insurer).

**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 home 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 [REDACTED] (Program &/or host organization), which I hereby agree shall apply to my conduct while participating in the Program, 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. 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, during or in connection with the Program or any travel related thereto.

**5. Field Trips and Elective Travel:** I may elect to participate in field trips and/or personal travel during the Program. 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 of injury or death due to civil unrest, violence, terrorism, crime or political instability by traveling to or in \_\_\_\_\_ (city and/or state). 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 \_\_\_\_\_ (city and/or state).

**6. Authorization for Health and Medical Treatment:** I, \_\_\_\_\_ (name), do hereby authorize \_\_\_\_\_ and/or \_\_\_\_\_ 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.

**7. 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.

**Name (Printed):** \_\_\_\_\_

**Witness Name\*(Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

\*Signatures can be witnessed by anyone. Does not need to be CGLE Staff  
5.2010

Name: \_\_\_\_\_ Home Institution: \_\_\_\_\_  
 APU International Program: \_\_\_\_\_ Semester/Term: \_\_\_\_\_

**1. Policy Agreement:** By signing below you are stating that you have thoroughly read each policy and are in agreement to follow each policy. All undergraduate students need to fill in the necessary information in section D.

**Student Signature:** \_\_\_\_\_

**A. Student Standards of Conduct Policy**

Due to the unique nature of the study abroad experience, 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. Because of the possibility of serious effects on group safety and coherence, on-field staff will deal with violations immediately and 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.

**B. Student Disability and Healthcare Abroad**

The Center for Global Learning & Engagement (CGLE), 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. Program directors and the CGLE 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 CGLE can assist students with 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.). 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 CGLE.

**C. General Agreements**

1. I will allow APU to use the photo from my student account and/or photos taken during the extent of my study abroad program for forms, marketing materials and recruitment.
2. I will allow APU to share contact/directory information with other APU staff, faculty, and students working/participating in my study abroad program.

**D. Undergraduate Academic Level Policy (ALL Undergraduate Students Only):**

Major/Program: \_\_\_\_\_ Expected Graduation Term (i.e. December 2055): \_\_\_\_\_

Current Status:  Freshman  Sophomore  Junior  Senior Units Completed Prior to Study Abroad Term: \_\_\_\_\_

APU Policy: (from APU UG Catalog) **"Seniors are not allowed to Study Abroad their last semester."**

Any student originally intending to study abroad their final semester must request APU's General Petition Form from the Registrar's Office and submit the completed form to the Registrar.

**E. Admission to Azusa Pacific University Policies**

APU's mission includes cultivating in each student the academic skills required for a degree and the academic integrity and moral responsibility integral to a sound Christian education. Spiritual knowledge and growth are an important part of each student's experience at APU. While APU is a distinctively Christian institution, students do not have to be Christians to be admitted. However, every student is encouraged to be open to learning about the Christian faith and expected to uphold the school's policies and regulations. These include, but are not limited to, the following:

**1.)** As a student at this Christ-centered university, I will uphold the highest standards of academic integrity. I will not lie, cheat, or steal in my academic endeavors, nor will I accept the actions of those who do. I will conduct myself responsibly and honorably in all my academic activities as an Azusa Pacific University student. A complete copy of the academic integrity policy is available on the university website at [www.apu.edu/registrar/undergraduate/policies/integrity/](http://www.apu.edu/registrar/undergraduate/policies/integrity/).

**2.)** Attendance at chapel services three times per week is mandatory for all undergraduate students, or specified required faith integration portions of off-campus academic opportunities. Students may choose from various options offered throughout the week and/or the academic semester. **3.)** Unmarried cohabitation with members of the opposite sex, sexual misconduct, and sexual intimacy with members of the same or opposite sex are unacceptable behaviors for students enrolled at APU. **4.)** Students possessing, distributing, and/or using alcohol, narcotics, or other intoxicants on university premises or at university-sponsored activities will be subject to judicial action. The university also reserves the right to confront behavior that is detrimental to the student, the community, the university, and/or others, regardless of the location or age of the student. **5.)** Smoking or chewing tobacco is not permissible on the APU campus at any time.

If admitted to APU or an APU program, you are expected to abide by the rules and regulations of the University as contained in the current Undergraduate Catalog, Student Handbook, and departmental brochures in addition to what is described above. If there is a dispute between you and the university, the catalog outlines the procedure for making an appeal. It is your responsibility to be aware of the policies outlined in the current Undergraduate Catalog. I certify that the information in my application is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, standards, and regulations at Azusa Pacific University and respect the ideals, principles, and traditions it upholds as a Christian institution of higher learning. I authorize the university to verify the information I have provided. I further understand that this information will be relied upon by the officials of the university in determining my admission status and that the submission of false information is grounds for rejection of my application, withdrawal of an offer of acceptance, dismissal from the university, revocation of a degree, and/or other disciplinary action. I also have read and understand the enclosed Statement of Agreement, and I pledge to abide by the rules and regulations of Azusa Pacific University.

*Notice: This information needs to be filled out in order for your application to be considered complete at Azusa Pacific University. Please obtain the appropriate signatures from your institution requested and return this entire form to our office: Center for Global Learning & Engagement, PO BOX 7000, Azusa, CA 91702 or fax to (626)857-2444.*

Name: \_\_\_\_\_ University Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Please visit your Home University Study Abroad / Registrar's Office / Advisor to discuss your study abroad plans and to have the following completed:**

**Study Abroad/Registrar/Advisor:** \_\_\_\_\_

**Credit Transfer and Academic Standing**

a. Is this student seeking an undergraduate degree at the home university?

Yes

No

b. Is this student considered to be in good academic standing?

Yes

No

c. Has this student ever been involved in any serious legal or disciplinary action at the home university?

Yes (If yes, please provide a statement of the type of incident.)

No

d. Has this student ever been on academic probation while attending the home university?

Yes

No

e. Does this student have the home university's approval to study abroad through Azusa Pacific University?

Yes

No

f. The home university will transfer credits for courses taken abroad, however individual course approval is required prior to departure for credit to be confirmed:

Yes

No

g. The home university will transfer credits if the student receives satisfactory marks equivalent to the U.S. grade of \_\_\_\_\_.

h. The home university will transfer failing marks:

Yes

No

i. The home university will award: (Circle One)

Letter Grades Pass/Fail Transfer Credit Other

j. These marks will be calculated in his/her GPA:

Yes

No

Details and signature of person completing the above questions:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

## STUDENT DECLARATION

**Student's Name:** \_\_\_\_\_

I hereby certify that full payment for my study abroad experience through Azusa Pacific University must be received in full prior to departure.

I hereby certify that to the best of my knowledge the information provided and the statements I have made on this application are true and complete. I understand that if found otherwise, it is sufficient cause for refusal or dismissal.

I authorize Azusa Pacific University to forward copies of my application including transcripts and any and all records to U.S./overseas institutions and personnel with regard to participation in this program.

I hereby allow the release of information between the home university and Azusa Pacific University when it concerns health, safety and disciplinary matters.

I hereby give my consent to the Azusa Pacific University resident director or other appointed program provider official, to secure necessary medical treatment through appropriate medical staff in case of extreme medical emergency if I am physically unable to give such consent or when a delay in obtaining such consent could constitute a serious risk of life.

I agree to abide by the rules and regulations of Azusa Pacific University, the host University, U.S. sponsoring university and/or program provider. I understand that failure to do so may result in immediate dismissal from the program, at my expense.

I hereby authorize Azusa Pacific University to distribute my name, address, email address and telephone numbers to other participants who will be attending the program prior to departure.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Before you mail this form, make sure to include the following:**

- Unofficial transcript(s)
- Completed "Visiting Student" Application Form (with attachments)
- Visiting Student Advisor Form

Please mail your completed application to:

**Azusa Pacific University**  
**Center for Global Learning & Engagement**  
**701 East Foothill Blvd**  
**PO Box 7000**  
**Azusa, CA 91702**

E-mail: [studyabroad@apu.edu](mailto:studyabroad@apu.edu)

[www.apu.edu/studyabroad](http://www.apu.edu/studyabroad)

If you have any questions about this application, please call (626) 857-2440

Fax: (626) 857-2444