



Shepherd University Study Abroad Office

STUDY ABROAD ACCEPTANCE PACKET AFFILIATE & NON-SHEPHERD PROGRAMS

Congratulations on your decision to Study Abroad!

We are delighted that you will undertake an international educational experience.

In order to receive credit for your study abroad program, you are required to attend a mandatory Pre-departure orientation and complete a Study Abroad Acceptance Packet BEFORE you begin your Study Abroad experience.

CHECK LIST:

- Attend a Pre-Departure Orientation. Check the website for dates and times. Please register online to attend a Pre-Departure session.

TURN IN:

- Student Information and Emergency Contact Form
- Study Abroad Contract
- Transfer Request Form (s)
- Proof of International Health Insurance
- Copy of Passport Photo Page

UPON ARRIVAL IN HOST COUNTRY:

- Update your Study Abroad Account online with your current phone number, e-mail address and physical address.

Questions? Please contact Ann Henriksson, Director of Study Abroad ~
awhenrik@shepherd.edu or (304)876-5412

Congratulations again. We look forward to working with you.

Shepherd University Study Abroad Office

STUDENT INFORMATION FORM

Please answer all of the questions on both pages. Print clearly using blue or black ink. This information will be used in case of an emergency.

STUDENT INFORMATION

Name: _____ Student ID: _____

Shepherd email: _____ Personal email: _____

Phone #: _____ Alt. Phone #: _____

Local Address: _____

Valid until: _____

Permanent Address: _____

PROGRAM INFORMATION

Host Institution: _____

Program Provider: _____

Location (Country & City): _____

Semester (s): Fall 20_____ Spring 20_____ Summer 20_____

Dates of Program: from _____ to _____

EMERGENCY CONTACT INFORMATION

Please provide the names and emergency contact information for two family members that have different mailing addresses:

EMERGENCY CONTACT #1

Name: _____

Relationship to you: _____ Email: _____

Phone #: _____ Alt. Phone #: _____

Address: _____

Shepherd University Study Abroad Office

STUDENT INFORMATION FORM (continued)

EMERGENCY CONTACT #2

Name: _____

Relationship to you: _____ Email: _____

Phone #: _____ Alt. Phone #: _____

Address: _____

In case of emergency, I hereby grant the Shepherd University Study Abroad Office permission to contact the individuals listed above and to release any and all pertinent information to them.

SIGNATURE: _____ **DATE:** _____

ACADEMIC BACKGROUND

Academic level at beginning of the study abroad experience:

- First Year Fourth Year
 Second Year Graduate Student
 Third Year Other: _____

Major: _____

Minor: _____

Current cumulative GPA: _____

DEMOGRAPHIC BACKGROUND

The provision of this information is optional and will be used for demographic purposes only.

Date of birth: _____ Age at beginning of study abroad experience: _____

Gender: Male Female

Ethnicity/Race:

- African American / Black Hispanic / Latino / Chicano
 American Indian / Native American Multicultural
 Asian American / Pacific Islander Other: _____
 Caucasian / White

Shepherd University Study Abroad Office

STUDENT INFORMATION FORM (continued)

CONFIDENTIAL HEALTH INFORMATION

Name: _____ Student ID: _____

The purpose of requesting this information is to help the Study Abroad Office be of maximum assistance to you before and during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life in an unfamiliar environment. With this form, we would like to create an awareness of any health issues that you should take into consideration before going abroad. The information that you provide will be used to best advise you regarding the program which you will attend and the extent to which the host institution can accommodate your needs, i.e., the extent to which the nature or degree of a condition may prevent your successful participation in a program, whether or not appropriate medical care for the condition is available in the location of the program, and/or the degree to which the living and environmental conditions to which you could be exposed would present a risk to your health or the health of others.

I understand that I am authorizing the Shepherd University Study Abroad Office to review and evaluate my medical information in order to determine my eligibility to participate in a study abroad program.

Signature: _____ ***Date:*** _____

If any of the following are applicable how do you intend to deal with your condition if it intensifies while you are overseas?

- Mental, emotional or nervous disorders
- Major injuries, diseases or ailments
- Chronic conditions for which you take medication on a regular basis
- Allergies
- Restricted diet
- Physical or learning disability or other conditions
- Past drug or alcohol addiction

Please use the space below or attach additional sheets if necessary.

Shepherd University Study Abroad Office

STUDY ABROAD CONTRACT

Name: _____ Student ID: _____

Host Institution: _____

Program Provider: _____

Program Location (Country & City): _____

Semester (s): Fall 20_____ Spring 20_____ Summer 20_____

This Study Abroad Contract will guide and inform Shepherd University students of certain required policies and procedures regarding study abroad. Initial each item in ink after you read it to accept the conditions stated.

Conditions for Enrollment

The undersigned is a student enrolled in a study abroad program for which credit shall be granted upon successful completion of the program. The undersigned understands that he or she must deliver an executed copy of the Study Abroad Contract to the Study Abroad Office **prior** to the start of any study abroad program. Completion and delivery of this form to the Study Abroad Office is **required** to receive credit .

Initials: _____

A. Academic Responsibilities: The undersigned agrees to the following policies and procedures relative to academic matters:

Credit Pre-Approval: Pre-approval for study abroad credit for ***Affiliate*** and ***non-Shepherd programs*** will be determined by the student's Academic Advisor, Departmental Chair (s), and the Registrar via the Transfer Request Form. A Transfer Request Form must be completed and turned into the Registrar **BEFORE** a student leaves for his/her study abroad experience. The Transfer Request Form is a contract between the student and Shepherd stating how much credit will be granted for classes taken at another university. Transfer credit can be classified as required or elective. In cases where course descriptions cannot be determined before a study abroad program begins and where on-site course registration occurs upon arrival, students and their advisors should complete the Transfer Request form listing several alternatives **BEFORE** the student departs. Students and advisors should correspond via email once the student has registered for classes abroad, at which time an attempt should be made to revise the Transfer Request form, if necessary.

Initials: _____

Course Registration and Prerequisites: For ***Affiliate*** and ***non-Shepherd programs***, the sponsoring institution or program will assume responsibility for registering the student. Many institutions and non-Shepherd programs may offer classes that have prerequisites. In most cases this information will be available, but there may be instances where it is not possible to know this until after arrival at the host institution. Shepherd has no power over the registration process at host institutions, and students must follow the rules for registration and prerequisites at the host institution..

Initials: _____

Grades and Transfer Credit: When pre-approved, transfer credit can be received for ***Affiliate*** and ***Non-Shepherd programs***. Grades awarded by the host institution will transfer back to Shepherd along with the associated credits and will be utilized when calculating grade point averages (GPA). Transfer credit will be awarded for classes completed with a grade equivalent of a “D” or better, as was pre-approved on the student’s Transfer Request form, or as the student can demonstrate retroactively with a course description and the host institution transcript. Failed classes (a grade equivalent of an “F”) will receive zero credit points, but will be reflected on the student’s transcript and will be used in calculating GPA.

Initials: _____

Enrollment Verification: Students participating in ***Affiliate*** and ***Non-Shepherd programs*** are considered enrolled at Shepherd for academic and financial aid purposes, unless otherwise stated by the host institution. Students participating in such programs are responsible for having the organization, association or institution send written verification that you are attending the program and detailing your registration status (full-time, part-time, etc.). Failure to do so could affect your enrollment status at Shepherd as well as your financial aid status. **This does not apply to students participating in summer only programs.**

Initials: _____

- B. Financial Responsibility:** The undersigned agrees to the following policies and procedures regarding Financial Responsibility.

Federal Financial Aid: All students who receive federal financial aid and/or who wish to apply this aid to their study abroad program payment must contact the Shepherd Office of Financial Aid and meet with the individual responsible for study abroad programs. There is a process that students must abide by in order to receive their financial aid on time. It is the students responsibility to complete this process.

Initials: _____

Shepherd Scholarships: Students with Shepherd scholarships are responsible for contacting the scholarship-granting office to ensure that their award may be used toward the chosen study abroad program or put on “hold” while the student is abroad.

Initials: _____

Program Fees: Students enrolled in ***Affiliate*** and ***Non-Shepherd programs*** are responsible for the applicable program fee, which may include tuition, room and board, and other expenses as outlined in the program information.

Initials: _____

Cancellation and Refund Policies: Each ***Affiliate*** and ***Non-Shepherd program*** has its own cancellation and refund policy, which Shepherd has no power over, to which the student must adhere.

Initials: _____

Program Withdrawal: Return passage and all other expenses occasioned by a participant’s **voluntary or involuntary withdrawal** from an ***Affiliate*** or ***Non-Shepherd program*** shall be the sole and exclusive financial responsibility of the student concerned.

Initials: _____

C. **Behavioral Responsibilities:** The undersigned is aware of the expected behavioral responsibility while participating in any study abroad program. As a guest of a foreign country, there are certain behaviors which are considered unacceptable and could lead to possible disruption of the program. The undersigned hereby assures the University that he/she shall conduct himself /herself in an appropriate manner which does not infringe upon the customs and mores of the country in which the program is being conducted, or upon the rights and safety of the undersigned and of other participants in the program. Behavioral responsibilities shall be applicable during the course of the program both when in the company of other program participants and when the undersigned is physically separated from other program participants. In addition to cultural disruptions, inappropriate behavior may compromise the health and safety of the undersigned. Inappropriate behavior is cause for dismissal from **Affiliate** and **non-Shepherd programs** without refund and return flight and other costs will be the sole responsibility of the student.

Initials: _____

Illegal Drugs: The use or possession of illegal drugs during a study abroad program is cause for immediate dismissal from **Affiliate** and **non-Shepherd programs** without refund. Furthermore, laws in other countries may have severe penalties for those caught with drugs. Neither the U.S. Embassies nor Shepherd can anything more than contact your family if you are arrested and detained abroad.

Initials: _____

Arrest: Inappropriate behavior in some countries may lead to student arrest. It is the responsibility of the student to become informed about the legal systems in the host country (ies) in which they are traveling and studying.

Initials: _____

D. **Medical Responsibility:** The undersigned acknowledges that there are certain risks inherent in international travel and that Shepherd University cannot assume responsibility for the provision of medical services to its students or for the payments associated with medical care. The undersigned is expected to have consulted with a medical doctor, as he/she may have deemed necessary, with regard to any individual medical issues or needs. Further, the undersigned is aware that the University cannot be responsible for attending to any of the medical needs of the undersigned. The undersigned acknowledges that medical services and treatment in other countries may not meet his/her expectations. The way that medical help is provided and how patients are treated are culturally dependent and can vary considerably.

Initials: _____

The undersigned agrees to provide the Study Abroad Office with a completed and signed *Confidential Health Information* form.

Initials: _____

E. **Health and Travel Insurance:** The undersigned is aware that, should he/she be hospitalized or require medical treatment, while in a foreign country or in the U.S. during the course of the study abroad program, that Shepherd University cannot and does not assume legal responsibility for payment of such costs. Rather, the undersigned understands that all study abroad program participants are required to maintain sufficient **medical, travel assistance and repatriation insurance** while participating in this program. Before participating in an **Affiliate** or **non-Shepherd program** the undersigned must demonstrate proof of adequate insurance to the Study Abroad Office using the Proof of Insurance form.

Initials: _____

F. **Inoculations and Vaccinations:** I understand that prior to my departure I must visit a public health department, my personal physician or a physician specializing in International Health Regulations adopted by the WHO to ensure that I have received all required vaccinations and have official International Health Certificates. ***I understand that I must get all vaccinations and inoculations required by the host country AND receive the proper certificate of vaccination from the health provider*** and that I ***WILL*** be checked for appropriate documentation at the immigration desk upon arrival in my host country (ies). I also understand that if I do not have proof of vaccination or inoculation I may either be refused admittance or be vaccinated/revaccinated at the border. In addition, I understand that it is recommended that I check with my physician to determine if I am in need to any additional booster inoculations, immunizations or vaccinations including Hepatitis B, MMR or any others that are deemed necessary.

Initials: _____

G. **Students with Disabilities:** The undersigned acknowledges that the absence of law mandating equal access for individuals with disabilities in some countries may affect their ability to activate accommodations in certain locations. Disclosure of the disability to the Shepherd University Study Abroad Office will ensure that every effort is made to prepare the undersigned for limitations to access in certain locations and for requesting accommodations for a disclosed disability.

Initials: _____

H. **Orientation:** An extensive pre-departure orientation will be conducted by the Study Abroad Office during the semester immediately prior to participation in study abroad programs. The undersigned agrees to attend the required orientation, read the pre-departure orientation handbook and ask questions if there are any misunderstandings or if the issues are unclear. Additional specific pre-departure orientation information may be available from ***Affiliate*** and ***Non- Shepherd program*** providers and students are encouraged to participate and read carefully any additional information provided to them.

Initials: _____

I. **Travel:** Shepherd University does not view study abroad programs as travel tours. While travel during free time can be quite educational in itself, the University does not grant academic credit for travel. Study abroad is academic in nature and students must expect to invest at least the same amount of time and effort that would be required at home for the courses of the same academic level being held through a study abroad program. Travel on weekends and holidays must not conflict with the regular class schedule; students are responsible for making travel plans which will permit them to attend all regularly scheduled classes and field trips. Students must notify the contact individual in the host country prior to any travel outside of the host city.

Students are responsible for researching entry requirements and obtaining their own passports, visas and other necessary travel documents. Shepherd is not responsible for students who are unable to participate in a study abroad program because of late application for passports, visas, or other documentation. Refund program fees will be subject to the policies of the program provider. The undersigned also understands that if he/she does not have the appropriate travel documents that he/she may be refused admittance to the host country. Any return flight and other costs will be the sole responsibility of the student.

Initials: _____

J. Statement of Risk: The undersigned acknowledges that the decision to study in a particular region of the world must be made by each student and his/her family in light of their own interpretation of world events. It is regrettable, but true, that nowhere in the world including many cities in the United States can one expect a completely safe environment. It is impossible for anyone to predict future events or give guarantees about the course of events in the world. Through the pre-departure information packets and orientations, Shepherd offers students as much information and guidance as is possible regarding health and safety issues within the contexts of different cultures. These issues include, but are not limited to, the following:

- Alcohol - consumption, public intoxication, laws and arrest
- Drugs - use, possession, sale of, laws and arrest
- Vehicle and other transportation - driving, travel warnings, laws and arrest
- Legal systems in different countries - laws, rights, arrests
- Assault - avoiding attracting attention, when and where to travel, laws and arrest
- Theft - protecting valuables
- Health - over-all wellness, avoiding illness and injury, carrying adequate insurance, visiting a physician before travel, traveling with appropriate medications, prescriptions and medical records

Please see the Shepherd Study Abroad Office Pre-Departure Guide and the Study Abroad website (<http://www.shepherd.edu/university/studyabroad/>) for more information on each of the items outlines above.

Initials: _____

Total Immersion Programs: Participation in a total immersion program, such as ISEP programs, carries significantly different responsibilities than participation in an island program where American faculty and staff are present. During a total immersion/exchange experience, there may be limited or NO American or program faculty or staff present at the host institution. Therefore, awareness about health and safety issues must be increased for total immersion/exchange participants.

Initials: _____

K. Acceptance of NAFSA Guidelines: The undersigned agrees to read and accept the Responsibilities of Participants section of the Guideline for Responsible Study Abroad: Health and Safety, created and promoted by NAFSA listed below:

- Read and carefully consider all materials issued by the sponsor that relate to safety, health, legal, environmental, political, cultural and religious conditions in host countries.
- Consider their health and other personal circumstances when applying for or accepting a place in a program.
- Make available to the sponsor accurate and complete physical and mental health information and any other personal data that is necessary in planning for a safe and healthy program experience.
- Assume responsibility for all the elements necessary for their personal preparation for the program and participate fully in orientations.
- Obtain and maintain appropriate insurance coverage and abide by any conditions imposed by the carriers.
- Inform parents/guardians/families, and any others who may need to know, about their participation in the program, provide them with emergency contact information, and keep them informed on an ongoing basis.
- Understand and comply with the terms of participation, codes of conduct, and emergency procedures of the program and obey host-country laws.

Continued on next page ...

NAFSA guidelines continued from previous page ...

- Be aware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express and health or safety concerns to the program staff or appropriate individuals.
- Behave in a manner that is respectful of the rights and well-being of others and encourage others to behave in a similar manner.
- Accept responsibility for their own decisions and actions.
- Become familiar with the procedures for obtaining emergency health and law enforcement services in the host country.
- Follow the program policies for keeping program staff informed of their whereabouts and well-being.

Initials: _____

L. **Completion of Documentation:** The undersigned agrees to read, complete and sign the following forms BEFORE leaving for the study abroad program as well as to **provide the Study Abroad Office with a copy of his/her current passport.**

- Student Information Form
- Study Abroad Contract
- Transfer Request Form (s)
- Proof of International Health Insurance
- Copy of Passport Photo Page

Initials: _____

M. **Overseas Contact Information:** The undersigned agrees to contact the Study Abroad Office *upon arrival* at their host institution with notification of safe arrival, current phone number, e-mail address and physical address.

Initials: _____

MEMORANDUM OF UNDERSTANDING

This contract must be completed prior to the departure of the student’s study abroad program. Only original copies of the document can be accepted by the Shepherd University Study Abroad Office; faxed copies will not be accepted.

TO THE STUDENT:

I certify that I have read, understood and agree to comply with the policies and procedures outlined in the Study Abroad Contract.

Signature: _____ Date: _____

TO THE PARENT OR GUARDIAN OF THE STUDENT *

* If student participant is under the age of 18, the signature of a parent or guardian is required below.

I certify that I have read and understand that my child is responsible for the policies and procedures outlines in the Study Abroad Contract.

Name of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Shepherd University Study Abroad Office

PROOF OF INTERNATIONAL HEALTH INSURANCE

Name: _____ Student ID: _____

Shepherd University requires all students who go abroad on any program to have appropriate international health insurance. The minimum insurance coverage that you are required to have while studying abroad includes:

- Medical: Full coverage
- Emergency: Full coverage
- Accidental Death/Dismemberment: up to \$15,000
- Repatriation: up to \$25,000
- Evacuation: up to \$10,000

All students studying abroad must purchase private insurance unless they can provide documentation that their program provides international health insurance that meets the above requirements.

The Shepherd University Study Abroad Office maintains a list of companies that provide international health insurance.

Name of company: _____

Policy #: _____ **Policy holder's name:** _____

Signature: _____ **Date:** _____