



Center for International Services and Programs (CISP)  
2121 Euclid Ave. MC 412  
Cleveland OH 44115  
Phone: (216) 687-8910  
Fax: (216) 687-8965  
www.csuohio.edu/csuea

## Affiliate Programs Pre departure Forms Checklist

Once accepted by an affiliate program for study abroad, all students must submit the following required pre departure paperwork. Paperwork is first Monday in December or First Monday in May. Required forms are included in this package. Please use the checklist below to keep track of the forms you have filled out. This list is a copy of your acceptance letter.

2. \_\_\_\_ Copy of ID Page of Passport (and Student Visa)  
Apply for a passport and if

necessary a student visa. Submit a copy to CISP when you turn in your forms

3. \_\_\_\_ Assumption of Risk & Release (Form)  
Read the form, sign and submit to CISP.
4. \_\_\_\_ Course Pre Approval for Study Abroad (Form)  
Fill in top section of the approval form. Then fill in the tentative list of courses that you plan to take abroad. Make appointments to meet with the academic department chairs of the courses from your list (if the course were taught at CSU) to get their signed approval and indication on how the course should transfer back into CSU (ex. Upper division credit, major or minor credit). In consultation with the Registrar general education courses can be reviewed and approved by CISP.
5. \_\_\_\_ Budget worksheet / Cost of Attendance Agreement (Form)  
Fill in all estimated costs and submit to CISP.
6. \_\_\_\_ Flight / Travel Itinerary  
Submit a copy of your flight itinerary with your departure and return date information.
7. \_\_\_\_ Health & Wellness Form (optional)  
Help us help you to better prepare for your experience abroad by disclosing any medications and/or your health history. If you are currently seeing a therapist, please talk to him/her regarding your trip abroad. In general, problems at home are exacerbated abroad, not the other way around.
8. \_\_\_\_ Power of Attorney Statement (optional)  
Submit a copy of your Power of Attorney notarized statement. POA is useful when it comes to things like financial aid disbursement or working with the Financial Aid Office when you're out of the country.
9. \_\_\_\_ Consortium Agreement (optional only if you do not use financial aid)  
Submit a copy of your Consortium Agreement. This form is used for students who are planning



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INDEPENDENT PROGRAM AFFILIATE STUDY ABROAD PROGRAM  
ASSUMPTION OF RISK AND RELEASE OF CLAIMS FORM  
THIS IS A RELEASE OF LEGAL RIGHTS, READ AND UNDERSTAND BEFORE SIGNING.

Name of Participant: \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program: \_\_\_\_\_

I, \_\_\_\_\_ have requested that I to be allowed to participate in the above referenced study abroad program (the "Program"). I identified and sought approval to participate in the Program and my participation is entirely voluntary. In consideration for being allowed to participate in the Program, and for other consideration, the sufficiency of which is acknowledged, I hereby agree as follows:

1. Risks of the Program I understand that participation in the Program involves risks not found in study at the University. These include, but are not limited to, risks involved in traveling to, within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions and potential unrest; different standards of design, safety and maintenance of buildings, public places, roads and





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EMERGENCY CONTACT FORM/FERPA RELEASE

Name of Participant: \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program: \_\_\_\_\_

In the event of an emergency during the time that I am a participant of the above referenced study abroad program (the "Program") including times when I am traveling to or returning from the Program, I hereby give permission to representatives of the University to notify the following named persons of my whereabouts and condition and to provide any and all additional information requested by them.

First Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Second Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

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

x \_\_\_\_\_

Signature of Participant

Date

x \_\_\_\_\_

Signature of Parent or Legal Guardian (if Participant is under 18)

Date



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Please complete the budget worksheet below. This should reflect the total cost of attendance at your education abroad program for your length of stay (term). Some of the costs are fixed and charged up front before you leave, while others will only be estimates of the costs that you will incur abroad. By signing at the bottom of this form you are affirming that you understand that you are responsible for all of your study abroad related expenses and agree to pay them. You may use all eligible loans, scholarships, grants, etc.

Full Name: (as in your passport) \_\_\_\_\_

CSU Student ID# \_\_\_\_\_ Email \_\_\_\_\_

Education Abroad Program \_\_\_\_\_

EAP Program Location \_\_\_\_\_

Education Abroad Term & Year (ex. Fall 2019, Summer 2020, etc.) \_\_\_\_\_

Estimated Costs in US dollars per Term: Use a checkmark ( → ) if it's included or not applicable (N/A)

Tuition or Program Fee		
Roundtrip, International Airfare to/from home to Host Country		
CSU CISP Admin Fee		\$150
Room (rent)		
Board (food)		
Passport		
Visa or Residence Permit, if applicable		
Transportation upon arrival in country to and from the airport		
Entry and Exit Taxes if applicable		
Cellphone		
Local Transportation (to school and around town)		
Health Insurance with international coverage (if not included in Program fee)		
Special Course Fee(s) if applicable		
Personal Expenses	Entertainment/ Going out	
	Additional Lodging (intersession)	
	Books and Supplies (art, paper, etc.)	
	Non refundable Housing Deposit, if applicable	
	Independent Travel, site seeing	
	Toiletries, Laundry, Postage, Gifts, etc.	
	Special Needs (Immunizations, medications, etc.)	

Total Expense (total cost of attendance) \$ \_\_\_\_\_

Anticipated Financial Aid award for the Term \$ \_\_\_\_\_

Scholarship I am applying for: \_\_\_\_\_

The above is a true and accurate list of the actual and estimated costs of my program abroad. I understand that I am responsible for all of these expenses and agree to pay all of them.

Student Signature \_\_\_\_\_ of \_\_\_\_\_ Date \_\_\_\_\_ Total \_\_\_\_\_



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## Consortium Agreement for Study Abroad

A consortium agreement is a contract between the student, Cleveland State University and the visiting school. The agreement permits the Cleveland State University Financial Aid Office to process student aid based on the combined registered hours at both schools for the semester. Please return this form no later than 30 business days prior to the start of the semester at CSU for which you are enrolling. You are required to submit a copy of your grades at the end of this term from the school listed below before any future financial aid disbursements will occur.

Directions: Student completes Section I and submits form to CISP no later than 30 business days prior to the start of the applicable semester at CSU. The Center for International Services and Programs is responsible for completing Section II and ensuring Section III is completed by the hosting institution and that all parts are submitted to the Financial Aid Office at Cleveland State University.

### I. Student Information & Agreement:

Under this consortium agreement, I understand: I must be enrolled in a degree seeking program, be registered for at least six hours at CSU to report deferment eligibility to my guarantor/ lender and receive campus based awards. This agreement will not be honored after the published drop/ add dates. I will notify the Financial Aid Office of enrollment changes. If a change of enrollment occurs, my aid may be adjusted and I will be billed. My financial aid will be calculated on the combination of registered hours at both schools.

If I am entitled to a refund, the Office of Treasury Services will mail the check to my home address or deposit it per my election. It is my responsibility to make payment arrangements with the host school.

I understand that I am responsible to clear all balances owed to my Study Abroad institution. An official transcript should be issued to CSU 30 days after the end of the Study Abroad term. If the transcript transcript

election Abroad Studa.Y0016 IDP 0



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