

**VITERBO UNIVERSITY – STUDY ABROAD OFFICE
 NON-VITERBO SPONSORED STUDY ABROAD APPLICATION AND LIABILITY FORM**

(Please print clearly)

Today's Date _____

PERSONAL INFORMATION

Full Name: _____ Birthdate: _____

Sex: _____ Viterbo Student ID Number: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Permanent Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

What is the best method to contact you? (Circle) Email Phone Call Text Message

ACADEMIC INFORMATION

Current Class Standing: Fr So Jr Sr Grad Other: _____

Major Field of Study: _____ Minor: _____ Cumulative GPA: _____

PROGRAM PROVIDER INFORMATION

Name of Program Provider: _____

Name of Foreign Institution: _____

City and Country of Study Abroad Program Location: _____

Term of Study Abroad Program (circle one): Fall Spring Summer Year _____

Beginning and End Dates of Study Abroad Program: _____

Does this program provider's fees include international health insurance? (Circle one) Yes No

If yes, please provide proof or international health insurance coverage along with this application.

PREPARATION AND EXPERIENCE

List any previous study, travel or residence in another country:

Country	Length of Stay	Year	Purpose of Visit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

Name of Contact: _____ Relation to Applicant: _____

Cell Phone: _____ Home Phone: _____

Address of contact: _____

ADDITIONAL MATERIALS WHICH SHOULD ACCOMPANY THIS APPLICATION

- (1) Study Abroad Course Approval Form
- (2) Financial Aid Planning Form (Optional)- Turned into Financial Aid Office, Murphy 218

CERTIFICATION AND SIGNATURE

Although Viterbo University supports students in their quest for global citizenry, I understand that I am choosing to participate in a non-Viterbo sponsored study abroad program. Because Viterbo University has no relationship with the third-party provider I am choosing to provide my study abroad experience, I understand that Viterbo University, its officers and employees are not in any way responsible in the unlikely event of an injury, accident, death, emotional distress, loss or damage to personal property associated with activities sponsored by the third party provider.

I also understand that Viterbo University staff cannot resolve any concerns pertaining to accommodations or program specifics that should be directed toward the third party provider, including concerns regarding refund policies and security issues.

Additionally, I recognize that only those credits vetted through the Viterbo University pre-approval process can be applied toward my degree. I further understand that the Viterbo University portion of my financial aid will not be applied to my study abroad with any third party provider.

I also certify that the information provided in this application is complete and correct to the best of my knowledge. In accordance with section 438 of the Family Education Rights and Privacy Act (Public Law 90-247), I hereby authorize the release of these materials and academic records as needed to process my application for study abroad experience.

Applicant Printed Name

Applicant Signature

Date

Office Use Only

Course Equivalency Form	Yes	No	If no, reason why _____	Date _____
Financial Aid Planning Form	Yes	No	If no, reason why _____	Date _____
Business Office Clearance	Yes	No	If no, reason why _____	Date _____
Student Development Office Clearance	Yes	No	If no, reason why _____	Date _____
International Health Insurance Coverage	Yes	No	If no, reason why _____	Date _____
Program Provider Acceptance	Yes	No	If no, reason why _____	Date _____
Student Approved to Study Abroad	Yes	No	If no, reason why _____	Date _____
Student Registered?	Yes	No	If no, reason why _____	Date _____

Study Abroad Office

Date

Revised 5/19