

Clemson University Study Abroad Programs

Application instructions

Please read these instructions completely.

ELIGIBILITY

Clemson University Study Abroad Programs are open to sophomores, juniors, seniors, graduate students and appropriately prepared first year students. Students must be in good academic standing at Clemson or their home institution, have a minimum grade point average of 2.5 (2.75 and higher preferred), and normally at least one year of college-level coursework at the time of application. (In some instances, students with grade point averages below 2.5 will be considered.) You should be open to new ideas, enthusiastic and serious about learning in another culture, flexible, adaptable, culturally sensitive, respectful of program rules, and willing to be challenged both in and out of the classroom.

APPLICATION PROCEDURE

- Complete this application (pp. 2-4 and 8-10). (You will probably also need to complete an application for the specific third-party provider program or institution to which you are applying.)
- If you are a non-Clemson student, request official transcripts from the registrar at all colleges and universities you have attended. Transcripts should be sent to the address given below. For summer programs, submit the transient student application (undergrad or grad, as applicable) from: <http://www.registrar.clemson.edu/html/transient.htm>. For non-summer programs contact our office for appropriate student application forms.
- Clemson students may submit an unofficial transcript, unless notified otherwise by the Office of International Affairs (OIA).
- Request an academic reference from a university professor or academic advisor who knows you well. Complete the top section of the Academic Reference Form and then ask your reference to complete the remainder of the form and return it to us (pp. 6 - 7).
- All materials should be returned to:
Office of International Affairs
International Programs/Study Abroad
E-307 Martin Hall; Clemson, SC 29634
Phone: 864.656.2457 Fax: 864.656.6468
Email: abroad-L@clemson.edu

DEADLINES

Applications are due by:

February 15 (or earlier) for Fall Semester & Summer Sessions

September 15 (or earlier) for Spring Semester

In all instances, applications are accepted after the deadline as spaces remain.

ADMISSION NOTIFICATION

Students are accepted on a rolling basis until programs reach capacity. You must be accepted for admission and participation by Clemson University and by the third-party provider or other institution to which you are applying.

PRE-DEPARTURE ORIENTATION

For all study abroad programs, you are required to attend a pre-departure orientation at Clemson University. Your particular program may also supply other pre-departure orientation materials to which you should pay careful attention. The program may also offer an on-site orientation.

DEPOSIT AND BILLING

Some applications may require a deposit. If you are using a third party program the deposit is normally paid directly to the third party program. Clemson faculty-led programs require a \$250 deposit.

A Clemson University study abroad fee will be assessed through the normal student accounts billing process for all students studying abroad. The study abroad fee is currently approximately \$527 (10% of in-state tuition) for semester programs and \$250 for summer programs (6 hrs).

Because programs are often required to make commitments, such as travel arrangements, well in advance of the start date, program fees may be required in the event of withdrawal from the program. Please note that notification of withdrawal must be in writing.

SPECIAL SERVICES

Federal law prohibits us from making pre-admission inquiries about disabilities. Any information received regarding disabilities will be kept in strict confidence and will not adversely affect admissions decisions. If you require special services because of a disability, you should notify us immediately. Without having such information at least 90 days prior to the program, we cannot ensure appropriate support services to facilitate your learning.

PASSPORT

You must have a passport that is valid for at least six months after the program ends. If you do not, you should apply for one **immediately**. Wait times for passports (both new and renewals) have increased significantly since January 2007. You can find information regarding the passport application process, as well as forms, on the U.S. State Department's website: http://www.travel.state.gov/passport_services.html.

VISAS

If required by your country of destination, you are responsible for obtaining a valid visa. Requirements and procedures will vary by country. The U.S. Department of State provides information on entry and exit requirements in its country specific information sheets: http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html. You should visit the website of the embassy of your destination country to determine visa requirements and locations of consulates.

Application

Program Information

Name of Program: _____
 (be specific)

Name of Third-Party Provider or Institution:

If this is a faculty-led program, name of Clemson faculty director:

Country(ies) to be visited: _____

Check one:

- Fall Semester
- Spring Semester
- Full Academic Year (Fall & Spring)
- Summer Session

Program Dates: _____

Personal Information

Name: _____
 first middle last nickname

M F Date of birth _____
 month/day/year

Clemson University ID number: _____

Country of citizenship: _____

Place of birth: _____

Student Status? first year sophomore junior senior
 graduate

Note: If you are a Clemson student within 43 hours of graduation you should contact undergraduate academic services/864-656-3022/E-103 Martin Hall regarding a waiver of the 37/43 residency policy.

Expected graduation date: _____

Home College/University: _____

Major: _____ GPR/GPA: _____

Preferred email address: _____

Alternate email address: _____

PERMANENT ADDRESS

_____ street

_____ city state postal code

Telephone number _____
 area code

LOCAL SCHOOL ADDRESS

_____ street

_____ city state postal code

Telephone number _____
 area code

Dates current address is valid _____

PARENT/GUARDIAN #1 (or other emergency contact)

Mr. Ms. Mrs. Other _____

Name _____

Address _____
 street

_____ city state postal code

Home telephone _____
 area code

Business telephone _____
 area code

Email address _____

PARENT/GUARDIAN #2 (or other emergency contact)

Mr. Ms. Mrs. Other _____

Name _____

Address _____
 street

_____ city state postal code

Home telephone _____
 area code

Business telephone _____
 area code

Email address _____

Study Abroad Advisor: _____

Name of Applicant: _____

SELF DESCRIPTION

Be as informative as you can, but confine your remarks to this page. This form will be photocopied, so it is important that your answers are in black ink and are legible.

Briefly describe your home community (hometown).

Briefly describe your extracurricular activities, major achievements, travel, and living experiences away from home.

Briefly describe your main academic interests.

List any courses in which you are currently enrolled.

List the courses which you plan to take as part of this program and how you will benefit academically from this program.

Indicate your ability in languages other than English (Note: Most programs do not require foreign language ability.):

Language	Speaking ability			Comprehension			Years studied
_____	<input type="checkbox"/> Rudimentary	<input type="checkbox"/> Functional	<input type="checkbox"/> Conversant	<input type="checkbox"/> Rudimentary	<input type="checkbox"/> Functional	<input type="checkbox"/> Conversant	_____ to _____
_____	<input type="checkbox"/> Rudimentary	<input type="checkbox"/> Functional	<input type="checkbox"/> Conversant	<input type="checkbox"/> Rudimentary	<input type="checkbox"/> Functional	<input type="checkbox"/> Conversant	_____ to _____

How did you hear about this study abroad program?

Study Abroad Advisor: _____

Name of Applicant: _____

Authorization for Release of Information

Information contained in this application will be used to evaluate your suitability for study abroad. It will be shared with program staff, faculty, or appropriate professionals only as pertinent to the study abroad program or the safety of related personnel or participants. By signing the certification below you also authorize the release of any information contained in your student records. You understand that this includes records related to academic performance, any judicial records you may have, and financial aid information related to payment of your study abroad fees.

Academic and Disciplinary Action: Have you ever been subject to disciplinary action by Clemson University, your current institution (if a non-Clemson student), or any other institutions which you previously attended? NO ; YES

If so, please explain: _____

Program Participation Information: I DO ; DO NOT authorize the release of information related to my study abroad program to the individuals listed on page 1 (parent/guardian #1 (or other emergency contact) and parent/guardian #2 (or other emergency contact) of this application. This information may include, but is not limited to, application materials, travel, lodging and flight information, health and safety records, academic records, course transfer information, and financial aid records. Whether you do or do not authorize release of information to those individuals listed on page 1, list below any additional or other individuals to whom you would authorize release of information.

1. Name: _____; Relationship: _____
Address: _____; Phone: _____
Email address: _____

2. Name: _____; Relationship: _____
Address: _____; Phone: _____
Email address: _____

I also DO ; DO NOT give permission to release my name and/or email address to other current or future study abroad program participants.

Affirmation of Application

I affirm that all my statements on this application form are complete and accurate. If I am accepted by Clemson University to study abroad, I agree to follow its rules and regulations, and to complete additional paperwork and supply additional information as necessary for carrying out the program.

I understand that student selection is based on a variety of factors and criteria and may differ across programs. The Office of International Affairs and/or the program director have the right to make the final decision regarding acceptance into the program.

I further understand that all Clemson University policies, rules, standards of conduct and instructions for student behavior apply while I am studying abroad.

Signature of Applicant: _____ Date: _____

Academic Reference Form

TO THE STUDENT:

Please complete the top section of this form and ask a professor or academic advisor to complete the reference section or attach a letter of reference. (In rare instances, you may be asked to submit a second academic reference.) Personal references may be submitted only as additional support. [Note: The reference form is not required if you are participating in an "embedded" (e.g. spring break) program as part of a primarily on-campus course in which you are already enrolled.]

Name: _____
first middle last (nickname)

Study Abroad Program: _____ Fall Semester; Spring Semester; Summer Session

Current address: _____
street city state postal code

Home Institution: _____

Telephone: _____ Email: _____
area code

Under Section 438, General Education Provisions Act (Public Law 90-247), you have the right to review materials submitted to the university in connection with your application. This law also allows you to waive this right if you so choose, with the understanding that confidential recommendations are not required in the admissions process.

Please check one and sign:

- I do **not** waive my right of access to this recommendation.
 I do waive my right of access to this recommendation.

Signature: _____ Date: _____

TO THE FACULTY MEMBER or ACADEMIC ADVISOR COMPLETING THIS REFERENCE:

Clemson University Study Abroad Programs expect students to learn from traditional academic methods as well as field-based experiences and to synthesize these approaches. Students are involved in challenging cross-cultural situations, both in and out of the classroom. To succeed, the applicant must have a high degree of academic and personal motivation and the ability to adjust to people of different social and cultural backgrounds; therefore, we ask for your candid appraisal in enabling us to determine whether the applicant is appropriate for this kind of program and, if so, to help him or her obtain the most from the experience. If you prefer, we will accept a letter in lieu of this form.

Please return to:
 Office of International Affairs
 International Programs/Study Abroad
 Clemson University
 E-307 Martin Hall
 Clemson, SC 29634
 FAX: 864.656.6468; Email: abroad-L@clemson.edu

How long and in what capacity have you known this student? _____

Name: _____; Title: _____

Institution: _____; Department: _____

Address: _____
street city state postal code

Telephone: _____ Email: _____
area code

Signature _____ Date: _____

Study Abroad Advisor: _____

Name of applicant: _____

Study Abroad Program: _____ Fall Semester; Spring Semester; Summer Session

In comparison with other students you have known, please rate the applicant on the following characteristics:

	Excellent	Good	Average	Poor	Unknown
Writing Ability					
Ability to express himself or herself orally					
Foreign language ability (if known)					
Initiative					
Ability to cope with ambiguity					
Ability to adjust to and cope with unusual/uncomfortable situations					
Ability to work with a group of peers					
Common sense and good judgment					

I would or would not welcome this student as a participant if I were the director of the program.

Please explain: _____

What are this student's intellectual and/or other strengths relevant to studying abroad?

What are this student's intellectual and/or other weaknesses that might be relevant to studying abroad?

Please comment on the student's motivation for studying abroad. Does he or she have the ability and maturity to achieve his or her goals in studying abroad?

Additional comments

If you have questions please contact:

Clemson University Office of International Affairs

International Programs/Study Abroad

E-307 Martin Hall

Clemson, SC 29634

Telephone 864.656.2457 FAX: 864.656.6468 Email: abroad-L@clemson.edu

Study Abroad Advisor: _____

Name of applicant: _____

Clemson University
Office of International Affairs

Conditions of Participation: Release and Indemnification Agreement

In consideration of being allowed to participate in a Clemson University Study Abroad Program or other Clemson University sponsored or approved overseas experience (hereafter referred to as "the Program"), I, _____, hereby agree to the following terms and conditions:

1. I am an adult, 18 years of age or older.
2. I understand and acknowledge that Clemson University, the Program staff, the Director and Co-Director have the authority to establish rules and guidelines specific to and necessary for the operation of the Program. I further understand that all Clemson University policies, rules, standards and instructions for student behavior apply while I am studying abroad.
3. I understand that I will be a guest in a host country, and it is essential that I become informed of, understand and respect norms of conduct and patterns of behavior that may be different from standards at home. Acceptable behavior includes and requires compliance with local laws and regulations, host university policies and regulations (including local housing regulations and policies, and adherence to the social patterns of the local housing placement) and the local community.
4. As a participant in the program, I recognize that my conduct can influence the educational and other benefits intended by the program, both for other participants and myself. I agree to conduct myself in a manner that will support mutually beneficial interactions with other participants and hosts. Any behavior that, in the judgment of the Program staff, Director or Co-Director, causes pain or discomfort to others or that reflects discredit on me, Clemson University, my home institution or the Program is considered unacceptable and may subject me to immediate administrative action including, but not limited to, immediate dismissal from the Program and return home (at my expense).

Examples of behavior while on the Program that may lead to immediate administrative action by the Program Staff, Director or Co-Director include, but are not limited to, illegal drug use, abuse of alcohol, failure to attend class and/or other required academic activities, hitchhiking, unauthorized absence from the Program, unauthorized changes in housing, or arrest for infractions of local laws.

I agree to abide by these rules and understand that the Program has the right to dismiss me from the program at any time if in the judgment of the Program Staff, Director or Co-Director there has been a violation of such rules, disruptive behavior, or conduct which could jeopardize the integrity of the Program or bring the Program into disrepute. I understand further that a decision to dismiss me from the Program will be final and no refund will be made. I also understand that due to the circumstances of study abroad programs, procedures for notice, hearing and appeal normally applicable to student disciplinary proceedings may not be available. Procedural hearings and appeals will be available upon return to campus.

5. I understand and agree that I am ultimately responsible for securing all necessary travel documents (e.g., passport, visa, etc.) for the Program. My failure to do so will not constitute grounds for a refund except according to the normal refund policies established by the Program.
6. I understand and agree that there will be times during the Program when I will not be under the direct supervision of Program personnel. I understand and hereby declare that the Program will have no responsibility for me during these times, or during any time I am absent from the Program sponsored activities, or if I choose to enter or remain in the countr(ies) either before or after the Program officially begins or ends.
7. The Program reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to or after departure, if the Program determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.
8. I understand and agree that my withdrawal, departure or dismissal from the Program prior to its formal completion will result in forfeiting the deposit and will require me to forfeit payments as outlined in the refund policy.
9. I also understand and acknowledge that there are inherent health risks associated with living, studying and traveling abroad, and I agree that I am personally responsible for obtaining all health information, medications, medical procedures, immunizations, and prophylactic medications appropriate to the Program and to my personal medical situation, and for consulting a physician prior to departure for any supplemental advice. I understand and agree that the Program cannot make any promises or guarantees with regard to any health or safety risks which I may incur as a result of my participation in the Program. I understand that I am required to purchase Clemson University study abroad insurance during my participation in the program.

Study Abroad Advisor: _____

Name of applicant: _____

I am physically and mentally capable of participating in the Program. In the event of severe illness or injury that renders me incapacitated and unable to make my own decisions abroad, I authorize representatives of the Program to request medical intervention and diagnosis, which may include hospitalization, and secure any necessary medication and treatment, including the administration of anesthetic and surgery (at my expense).

10. I understand that the Program reserves the right to make changes in the Program's itinerary, and that the Program may substitute excursions and activities, as well as lecture and site visits without liability.

11. I agree that I will abide by all policies and regulations established by the host institutions and obey local laws and ordinances. I understand that I am subject to the laws and penalties of the country (or countries) I am visiting. I understand that Clemson University bears no responsibility for providing me with legal assistance.

12. I agree that Clemson University and the host institutions may use photographs and multi-media images of me taken during the program for marketing and academically related purposes.

13. I agree that this agreement, release and indemnification shall be governed by South Carolina law and that any litigation related to the Program shall be brought in the State of South Carolina.

14. I understand that study abroad may involve risks not usually found on a domestic campus. These risks may include, but are not limited to, traveling to, from and within one or more foreign countries, differing standards of design, safety and maintenance of buildings, public places and transportation systems, local medical, health, safety, and weather conditions, water quality, civil disturbances, terrorist attacks, and political unrest. These risks could result in personal injury, loss of life, or property damage. I choose to voluntarily participate in this study abroad program with full knowledge that foreign travel may be hazardous to me and/or my property.

15. Knowing the risks described above, and in consideration of being permitted to participate in the Program, to the maximum extent permitted by law, I, on behalf of myself, my heirs and personal representatives assume all risks and responsibilities surrounding my participation in the Program. I hereby release Clemson University Board of Trustees, Clemson University, and their officers, employees and agents, and any cooperating institution, agency or entity and their officers, employees, successors and agents from any and all claims and causes of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death arising out of my participation in the Program and/or travel or activity conducted by or under the control of the Program or any cooperating institution, agency or entity. This includes periods in transit to or from any country where the Program is being conducted.

I release and agree not to sue the Program or any cooperating institution, agency or entity liable or responsible for any delay, inconvenience, change of itinerary, accident expense, or damage to person property, or otherwise in connection with any accommodation, transportation or other services, resulting directly or indirectly from any acts of God, acts of government or other authorities, wars, hostilities, civil disturbances, terrorism, strikes, riots, thefts, epidemics, quarantines, sickness, weather, and medical or customs regulations, or for any loss or damage resulting from improperly issued passports or visas. I understand that Clemson University does not represent or act as an agent for, and cannot control, the acts or omissions of any host institutions, or of any other cooperating institutions, agencies, entities or providers involved in this Program.

16. I further agree to indemnify and hold harmless the Program, Clemson University Board of Trustees, Clemson University, and their officers, employees and agents, and any cooperating institution, agency or entity and their officers, employees, successors and agents from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the Program.

17. This agreement constitutes the entire agreement between the Program and me with reference to liability, release, and indemnification. I understand that I shall not rely upon any promises, inducements or agreements not stated herein, including, but not limited to, any oral statements made by representatives, agents or employees of the Program. Any amendments or additions to this agreement shall be written and signed by both an authorized representative of the Program and by me.

18. I have carefully read and understood the foregoing and I agree to the conditions described above and herein. I understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while participating in the Program and it obligates me to indemnify the parties named for any liability for injury or death of any person(s) and damage to property caused by my negligent or intentional act or omission.

Signature of Participant

Date

Study Abroad Advisor: _____

Health Information

Name: _____ Date of birth: _____ Sex: _____

Program: _____ Term/Semester: _____ Year: _____

The purpose of this form is to help Clemson University to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program director be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. Clemson University may not be able to accommodate all individual needs or circumstances.

This information does not affect your admission to the program, and if you so choose, you may complete the form at a later time; however, it must be completed at least 60 days prior to departure.

Medical History

Yes ___ No 1. Are you generally in good physical condition? (If no, please explain.)

Yes No 2. Do you have any psychological or emotional problems that would adversely affect your participation in the program? (If yes, please explain.)

Yes No 3. Do you have allergies? (If yes, please explain.)

Yes No 4. Are you taking any medications? (If yes, list and explain.)

Yes No 5. Have you had any major injuries, surgeries, diseases or ailments in the past five years that would adversely affect your participation in the program? (If yes, please explain.)

Yes No 6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)

Yes No 7. Is there any additional medical information which would be helpful for the program director to be aware of during your study abroad experience? (If yes, please explain in detail).

I affirm that all responses made on this Health Information form are true and accurate, and I will notify Clemson University Office of International Affairs hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant _____ Date _____