

This checklist is designed to assist you in your study abroad preparations. No credits from a study abroad program will be accepted for transfer unless all the necessary preliminary authorizations from the departments listed on this sheet have been obtained. **This form is good for one semester only.** If you stay abroad for an academic year, you must complete one checklist for each semester. Please bring the completed form to the McGlothlin Center for Global Education and Engagement to finalize your study abroad preparations.

**PROGRAM INFORMATION**

ISEP Exchange Program: \_\_\_\_\_  Other Exchange Program: \_\_\_\_\_

Other Program: \_\_\_\_\_  Faculty-Led Program: \_\_\_\_\_

Term you're applying for:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

**STUDENT INFORMATION**

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	RU ID	RU E-mail
_____		_____	_____	_____
Local Address		City	State	Zip Code
_____		_____	_____	_____
Parent's Address		City	State	Zip Code
_____		_____	_____	_____
Parent's Phone (w/ Area Code)		_____		
Class Standing:		Major(s) at RU		
<input type="checkbox"/> Freshman	<input type="checkbox"/> Junior	_____		
<input type="checkbox"/> Sophomore	<input type="checkbox"/> Senior	_____		

**EMERGENCY CONTACT**

By signing this form you authorize the University to contact the following person should it be judged that a condition exists that appears to be dangerous for you or others and thus requires assistance or intervention (e.g. if you are incapacitated in some way, unconscious, delirious/confused, behaving unusually, seriously ill, unable to communicate, communicating incoherently, etc.):

_____	_____	_____	_____
Name of Contact	Relationship	Day Phone Number	Evening Phone number
_____		Does this person have a valid passport while you're abroad?	
E-mail Address of Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If this person is not one of your parents, please answer the following:

Are you claimed as a dependant by your parents?  Yes  No  No parents living

Will this emergency contact keep your parents informed?  Yes  No  No parents living

Note: If you answered YES to question #1 and NO to question #2, your Emergency Contact won't be keeping your parents informed. Please know that your parents will have the right to sign a FERPA waiver, which identifies you as a dependent and authorizes us to provide them with the requested information.

**BURSAR'S OFFICE SIGNATURE**

- The account for this student is in good standing.
- The account for this student is NOT in good standing. (Please attach a brief explanation on a separate sheet)

_____	_____	_____
Bursar's Office Representative	Print Name	Date

**ACADEMIC DEPARTMENT APPROVAL**

**Option A:** Please review the student’s academic program at Radford University and the proposed course of study/curriculum of the study abroad program. Based on your review, please complete the following information. Students should get approval for no less than 5 courses per semester.

How many credits hours does the student plan to take while studying abroad? \_\_\_\_\_

<b>Host Institution</b>	
<b>Course Code &amp; Name</b>	<b>Credits*</b>

<b>Radford University</b>			
<b>RU Equivalent</b>	<b>Credits</b>	<b>Dept. Chair or Dean's Signature</b>	<b>Registrar's Signature</b>

*\*Please include the type of credit (for example, ECTS, etc.)*

**Option B:** Selection of specific courses for this program is not possible at this time. The student has been instructed to contact our department upon availability of a class schedule for this program. Approvals must be secured before student begins taking courses.

\_\_\_\_\_ Dept. Chair or Dean’s Signature      \_\_\_\_\_ Print Name      \_\_\_\_\_ College/School      \_\_\_\_\_ Date

**OFFICE OF FINANCIAL AID SIGNATURE**

- Option A:** Student will be eligible to receive the following types of aid: \_\_\_\_\_, **OR**
- Option B:** Student may apply for the following aid programs: \_\_\_\_\_, **OR**
- Option C:** Student has declined to apply or will not be eligible to receive any aid programs.

\_\_\_\_\_ Financial Aid Officer      \_\_\_\_\_ Print Name      \_\_\_\_\_ Date

\*\*Radford University may enter into Financial Aid Consortium Agreements with other institutions which provide sound and unique, full-time, full-semester educational experiences which are not available at Radford University. These agreements allow Radford University to process certain types of financial aid for a student’s use for no more than one year at the other institution. The deans of individual colleges must evaluate and may approve, on a case-by case basis, the academic merit of the study-away experience/course work and its transferability to the student’s University degree program. Such Financial Aid Consortium Agreements will allow students, contingent on aid program regulations, to utilize only the federal Pell Grant, Federal Direct Loan, federal parent Loan, and any state or private (non-University) student aid programs in meeting the costs of attendance at the consortium institution. A signed consortium agreement may be required. Please contact the Financial Aid Office for more information.

**HOUSING OFFICE SIGNATURE**

- This student has submitted a housing exemption **or** has been advised to submit a housing exemption through the OneCampus portal (click on the “Housing” tile, then click on “Housing Application”, and then select “Request for Exemption”). Please upload a completed copy of this study abroad checklist with your housing exemption request.
- I don’t live on campus or I’m going for the summer. (No signature required)

\_\_\_\_\_ Name of Housing Office Representative      \_\_\_\_\_ Title/Position      \_\_\_\_\_ Date

**STUDENT SIGNATURE**

I understand that my failure to abide by any Radford University policies and procedures, including those for education abroad, before and throughout my experience abroad, may result in the refusal of participation in the program, transfer of academic credit, processing of financial aid, and/or non-assignment of on-campus housing upon my return, among others.

\_\_\_\_\_ Student Signature      \_\_\_\_\_ Printed Name      \_\_\_\_\_ Date

**EDUCATION ABROAD SIGNATURE**

\_\_\_\_\_ Education Abroad Office      \_\_\_\_\_ Date      RU Placeholder Course: INST 489 (A-Z) \_\_\_\_\_