



Exchange / Study Abroad Semester / Academic Year Program Application

Office of International Programs and Services (OIPS)

INSTRUCTIONS: Incomplete applications will be rejected.

1. **Print out entire application (7 pages).**
2. **Print out and attach a copy of your unofficial transcripts.**
3. **Complete form and return to the OIPS by the priority deadline with the application fee.**

► **Choose one or more of the following Coastal Carolina University Long-Term Exchange / Study Abroad Programs:**

- | | |
|---|--|
| <input type="checkbox"/> Australia - Deakin University | <input type="checkbox"/> Germany - University of Applied Sciences in Mainz (Undergraduate) |
| <input type="checkbox"/> China - Beijing Language and Culture University | <input type="checkbox"/> Germany - University of Applied Sciences in Mainz (MBA and MA International Business) |
| <input type="checkbox"/> Ecuador - Universidad San Francisco de Quito | <input type="checkbox"/> Germany - University of Applied Sciences in Rheinbach |
| <input type="checkbox"/> Ecuador - Universidad San Francisco de Quito (GAIAS) | (New International Business Certificate program for one semester) |
| <input type="checkbox"/> Ecuador - Universidad de Cuenca | <input type="checkbox"/> Germany - University of Applied Sciences in Rheinbach (Biology) |
| <input type="checkbox"/> England, UK – University of Exeter | <input type="checkbox"/> Japan - Nagoya University of Foreign Studies |
| <input type="checkbox"/> France - Ecole Superieure du Commerce Extérieur in Paris | <input type="checkbox"/> Japan - Osaka Gakuin University |
| <input type="checkbox"/> France - Ecole de Management de Normandie | <input type="checkbox"/> Lithuania - Vilnius University (International Business School Only) |
| <input type="checkbox"/> Germany - FH Koblenz RheinAhrCampus Remagen | <input type="checkbox"/> Spain - Universidad Europea de Madrid |

► **STUDENT INFORMATION**

Full name (print; as it appears on Passport or Birth Certificate) _____

Date _____ Student ID # _____

Date of birth _____ Age _____ Check one: ☐ Male ☐ Female

Academic major or degree program _____ Academic adviser _____

Citizen of what country _____ Passport # _____

Date of issue _____ Exp. date _____

E-mail address _____

Telephones: Home (_____) _____ Cell (_____) _____

Permanent home address _____

Local or campus address _____

► **STATE-SIDE EMERGENCY CONTACT INFORMATION WHILE ABROAD**

Name (print) _____ Relationship _____

Telephones: Home (_____) _____ Cell (_____) _____

Permanent Home address _____

Any alternate course credit other than the course(s) listed in the program must be approved by your academic adviser via a special enrollment form.
My signature signifies acknowledgement of prerequisites and/or adviser approval.

Student's signature _____ Date _____

Contact information:

Coastal Carolina University • Office of International Programs and Services • Singleton 119 • P.O. Box 261954 • Conway, SC 29528-6054, USA
Telephone: +1 843 349 2684 • Fax: +1 843 349 2252 • www.coastal.edu/studyabroad • internationalprograms@coastal.edu



Study Abroad Agreement

Office of International Programs and Services

Singleton 119 • P.O. Box 261954 • Conway, SC 29528-6054, USA

Telephone: +1 843 349 2684 • www.coastal.edu/studyabroad

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

This is an Agreement between the undersigned study abroad Participant, _____, and Coastal Carolina University ("the University"). Read carefully, sign, and return to the Office of International Programs and Services.

This Agreement incorporates by reference all informational material distributed by the University regarding the Participant's specific study abroad program, including the attached cost information. These materials address a general description of the program, eligibility requirements, cost, registration procedures, award of credit and related topics. The Participant agrees to: (1) read and understand all material distributed and agrees to be bound by it; (2) attend all pre-departure orientation meetings; (3) maintain the eligibility standards established for the program; and (4) consult with the U.S. Department of State Travel Advisory Service and Centers for Disease Control and Prevention (CDC) as specified in the distributed materials.

The University reserves the right to make such alterations in the program as may be necessary or appropriate, consistent with the goals of the program. While the University tries to maintain the stated program itinerary, activities, and costs, it may make modifications in the event of unforeseen or changed circumstances, such as changes affecting safety, changes in program expenses, currency fluctuations, tuition increases, room and board increases and changes in the academic calendar or course offerings at the host institution. The University shall not be liable for damages or other results caused by events beyond its control.

Should Participant fail to pay any fee or debt owed to the University or any host institution arising in relation to Participant's involvement in or actions taken in the course of the program, the University may place a "hold" on Participant's University records and ability to register until the debt is satisfied in its entirety, in addition to any other recourse available.

The Participant agrees to have sufficient funds for personal expenses and for return transportation, if applicable.

The University may cancel the program should the University determine circumstances require such cancellation, in which case the Participant shall receive such refund as the University in the exercise of its reasonable efforts is able to recover for the Participant.

The Participant understands that living in or traveling through a foreign country may involve certain health and personal risks, including terrorists attacks and other acts of violence, and the Participant accepts those risks. He or she agrees to exercise reasonable and prudent care while abroad with regard to food, substance use and abuse, threats to physical safety and political instability.

The Participant authorizes the on-site program coordinator (whether an employee of the University or host institution) to seek and obtain medical treatment in the event the Participant does not have the capacity to do so.

The Participant is required to be covered by adequate health and accident insurance applicable in the program locale and to the program activities, including medical evacuation and repatriation of remains benefits. The Participant understands that any sickness and accident insurance provided by the program may or may not cover pre-existing conditions up to a particular amount and he/she will read the insurance information provided for details of the coverage in effect. If the University or host institution should pay for Participant's medical or other personal expenses, Participant shall reimburse the payer for the expense.

The Participant understands the essential elements of participating in the program and has read the program Health Sheet. The Participant represents that he/she is able to fully take part in the essential elements of the program. If the Participant believes that he/she is in need of a reasonable accommodation in order to fully take part in the essential elements of the program, the Participant represents that he/she has contacted the University's 504/ADA Coordinator and completed an accommodation evaluation in such a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. The Participant has informed the study abroad coordinator and the program coordinator of any accommodation to be provided as a result of that evaluation. The Participant has disclosed to the study abroad coordinator and the program coordinator any health condition, to the extent that it may affect the Participant's safety and welfare or that of the other program participants. If in the course of the program, the study abroad coordinator or the program coordinator should determine in his/her good faith judgment that the health, safety or welfare of the Participant or others, or the integrity of the program, is jeopardized by the Participant's health condition, the Participant agrees to withdraw from the program and return to the U.S.

The Participant agrees to abide by the rules and policies of the University and the laws and regulations of the host country and the host institution. The Student Code of Conduct shall apply to student Participants throughout the course of the program. The University may remove the Participant from the program should the University determine that the Participant's actions, conduct or behavior impede, disrupt or obstruct the program in any way, subject the University to risk of liability, or jeopardize the Participant's health or safety or that of the other program participants. Termination from the program shall result in a forfeiture of all program fees and a loss of academic credit where applicable.

The University may terminate the Participant from the program if he/she fails to enroll or ceases to be enrolled at the host institution, withdraws from the program or violates the host country's or institution's laws, regulations or rules. Termination for such cause shall be without refund.

The Participant is responsible for ascertaining the applicability of credits to be earned through the program to his or her degree requirements.

While the University may assist with or arrange for transportation in connection with the program, Participant agrees the University shall not be liable for any injury, accident, delay, or irregularity, or any loss or damage to baggage resulting from strikes, lockouts, weather, government regulations, sickness or other causes. The Participant is urged to purchase trip cancellation and baggage loss insurance.

The Participant shall obtain a valid passport or proof of citizenship and all other necessary travel documents prior to departing the U.S. (Non-U.S. citizens are especially advised to thoroughly understand the particular entrance requirements of those countries he or she plans to enter, as well as re-entry into the U.S.)

The Participant consents to the University's use of his or her name, photograph, likeness, and comments for publicity or promotional purposes, as the University in its sole discretion may determine.

The Participant will indemnify, hold harmless, release and forever discharge the University, its Board of Trustees, its officers and agents, either in their individual capacity or by reason of their relationship to the University, for all claims or demands the Participant, his or her heirs, representatives, executors or administrators, may have against the University by reason of any accident, illness, or injury or other consequences arising or resulting directly or indirectly from the program, any air flights or other travel associated with the program, any provision of medical care, or by reason of the actions or negligence of other parties which may result in injury, death, property damage or other loss to the Participant.

This Agreement shall be governed by and in accordance with the laws of the State of South Carolina. Any claim brought arising from a claim under the terms of this Agreement shall be brought in a forum of proper jurisdiction and venue located within the State of South Carolina. This Agreement takes effect upon receipt by and signature of The Office of International Programs and Services.

I have read and fully understand the terms of this Agreement and, in consideration of participation in this program, agree to the provisions thereof, including the payment and withdrawal/refund policies. I understand this is a contractual acceptance of the terms of this Agreement should I be accepted into the program.

Signature of Participant

Date

Name (printed)

ID Number

If the Participant has not yet reached his/her 19th birthday, this agreement must be signed by his/her parent/legal guardian.

Signature of Parent/Guardian

Name/Relationship (printed)

Date

Coastal Carolina University, Authorized Signatory

Date



Long Term Study Abroad Program

Health Form and Participation Fitness Certification

Last name (print) _____ First _____ Middle _____

Are you ALLERGIC to any of the following?

☐ Yes ☐ No MEDICATIONS: If yes, name _____

☐ Yes ☐ No FOOD: If yes, name _____

☐ Yes ☐ No INSECT VENOM: If yes, name _____

☐ Yes ☐ No POLLEN, DUST, MOLD, ANIMALS: If yes, name _____

☐ Yes ☐ No OTHER _____

HAVE YOU HAD	YES	NO	HAVE YOU HAD	YES	NO	HAVE YOU HAD	YES	NO	HAVE YOU HAD	YES	NO
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	Bone Disease	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Gall Bladder Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Chest Pains	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Rupture, Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmurs	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Weight Changes	<input type="checkbox"/>	<input type="checkbox"/>	STDs	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	OTHER		
MALES ONLY			FEMALES ONLY			Hernia Repair	<input type="checkbox"/>	<input type="checkbox"/>			
Testicular Mass	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problem	<input type="checkbox"/>	<input type="checkbox"/>	Other surgery (specify):					
Prostate Infection	<input type="checkbox"/>	<input type="checkbox"/>	Endometriosis	<input type="checkbox"/>	<input type="checkbox"/>						

PRESENT MEDICATIONS: (Include birth control, vitamins and herbal supplements.)

Drug	Dose	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you smoke? ☐ No ☐ Yes If yes, how much _____

Do you use alcohol? ☐ No ☐ Yes If yes, how much _____

Do you exercise? ☐ No ☐ Yes If yes, how often/type _____

CERTIFICATION: I have read the physical requirements for the study abroad program to _____ and state that I am in good health and able to participate in the above program, with / without special accommodations.*

I agree to hold Coastal Carolina University and all of its employees harmless with regards to my physical ability (or lack thereof) to participate in study abroad activities. It is my intent by this instrument to hold Coastal Carolina University and all of its employees harmless from liability for personal or bodily injury, or wrongful death resulting from my physical ability (or lack thereof).

I also understand that I am responsible for self administering any medications I am taking.

The above information is true to the best of my knowledge.

Student's signature _____ Date _____

*If you require special accommodations, please describe your needs:



Statement of Purpose

STUDY ABROAD

Office of International Programs and Services

► TO BE COMPLETED BY THE APPLICANT

Name of applicant (print clearly) _____

Student ID # _____

Program name / Destination _____

Telephone (_____) _____

E-mail (print clearly) _____

Under the provisions of the Family Education Rights and Privacy Act I hereby waive my right of access to this file:

Signature of applicant* _____ Date _____

* By signing you waive access to the contents of this recommendation and it will be sent directly to Office of International Programs and Services.

Study abroad applicants must submit a statement of purpose. Applicant must complete each of the following:

1. Statement of purpose of one typed page in length supporting the applicant's suitability for the study abroad program and ability to represent him/herself and Coastal Carolina University appropriately, which may highlight the reasons why the specific study abroad program was chosen, any travel experiences to date, why they applicant is a good candidate for the study abroad experience.
2. A response of between 3-4 typed paragraphs which addresses the following questions:
 - What do you expect to gain from this study abroad experience?
 - How will it contribute to your personal and/or professional goals?

Please send completed form to:

Lori M. Patterson, DSO, Coordinator, Study Abroad, Office of International Programs and Services
Coastal Carolina University • Singleton 119 • P.O. Box 261954 • Conway, SC 29528-6054, USA

Telephone: +1 843 349 2684 • Fax: +1 843 349 2252 • www.coastal.edu/studyabroad



Academic Reference Form

STUDY ABROAD

Office of International Programs and Services

► TO BE COMPLETED BY THE APPLICANT

Name of applicant (print clearly) _____

Student ID # _____

Program name / Destination _____

Telephone (_____) _____

E-mail (print clearly) _____

Under the provisions of the Family Education Rights and Privacy Act I hereby waive my right of access to this file:

Signature of applicant* _____ Date _____

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► SECTION II: TO BE COMPLETED BY THE STUDENT'S UNIVERSITY FACULTY/ADVISER

How long and in what capacity have you known the applicant? _____

Please assess according to the following criteria by checking the appropriate boxes.

Academic performance Comments:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Do not know
Ability to tolerate differing viewpoints Comments:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Do not know
Judgement Comments:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Do not know
Motivation Comments:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Do not know
Personal maturity Comments:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Do not know
Emotional stability Comments:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Do not know
Ability to cope with difficulties Comments:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Do not know

Are there any other comments that you have that we should consider when reviewing the applicant's application for study abroad? _____

I recommend this applicant for participation in a Maymester, spring break or semester/year study abroad program:

☐ Without reservations ☐ With reservations (please explain)

I do not recommend. (Please explain) _____

Name of evaluator (print clearly) _____

Title _____ Date _____

Telephone (_____) _____

E-mail (print clearly) _____

Please send completed form to:

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