

Study Abroad Program Application

(for Fall Semester, Spring Semester, Breaks & Academic Year)

- Application Checklist**
Applications will not be considered final until ALL application parts have been received. Print clearly and legibly using black or blue ink. Check off the boxes below as you complete each part.
 - General Information:** Complete the general information pages (2-3) in full.
 - Academic Recommendations:** You will need **3 (three)** letters of recommendation from professors. Your academic advisor **must** be one of your references.
 - Health Information Forms:** Information provided on these forms has no bearing on acceptance.
 - I. **Applicant's Medical History Form**
 - II. **Health Information Form**
 - III: **Proof of health insurance information**
 - Language Evaluation Form**
 - Transcript(s):** Provide an official transcript from each university or college that you have received credits.
 - Passport copy:** **Two** copies of your passport photo page must be attached to your application packet. If you do not have a passport, you must apply for one as soon as possible.
 - FERPA Consent Form:** Read this page carefully.
 - ISIC:** Purchase the International Student Identity Card (ISIC) through the GEO after receiving an acceptance letter from host university.
 - Academic Advising Form**
 - Consortium Agreement:** Financial Aid form
You will receive this once you are accepted
-

PLEASE NOTE THE FOLLOWING:

Application Deadlines

Application deadlines are October 1 for spring semester programs and March 1 for fall semester programs.

GPA requirement: 3.0 or higher. Students between a 2.5 or 2.99 need Academic Dean approval.

Address and Contact Changes

Please inform the GEO of changes to your permanent or local address and telephone numbers.

E-Mail Address

The GEO will **ONLY** use your **CHC e-mail address** (no gmail, Hotmail, Yahoo, etc.) to convey important information before, during, and after your semester abroad. If you do not use your CHC e-mail on a regular basis, begin getting into the habit of doing so now.

Pre-Departure Orientation

All students accepted into a CHC sponsored study abroad program are **required** to attend pre-departure meetings and are responsible for the information covered in these meetings.



Study Abroad Application

General Information

FOR OFFICE USE ONLY

Principal _____
 Alternate _____
 Conditional _____
 Not recommended _____

1st COUNTRY/PROGRAM CHOICE _____ 2nd CHOICE _____
 (Chestnut Hill College will make every effort to accommodate your first program choice; however, we ask that you provide us with a second choice so that we can better work with you if your first choice is not available.)

GENERAL INFORMATION

1. Applicant's name _____
 (please print or type) last _____ first _____ M.I. _____
2. GENDER: Male [] Female []
3. Period of study for which you are applying. FALL 20____ SPRING 20____ ACADEMIC YEAR 20____/20____
4. Social Security Number _____ Student ID _____
5. Birth Date_month _____ day _____ year _____ Place of Birth: _____
 City/state _____
6. Visa held if not a U.S. Citizen _____ 6b. Country of Citizenship _____
7. Local Address: Street _____ Tel#() _____ Cell# () _____
 City _____ State _____ Zip _____
8. E-mail Address _____
9. Permanent Address: Street _____ Tel#() _____ Cell# () _____
 City _____ State _____ Zip _____

10. NAME and RELATIONSHIP OF EMERGENCY CONTACT: (If under 21, name and address of a PARENT or GUARDIAN is required).

Name _____ Relationship _____
 Street _____ Phone # () _____
 City _____ State _____ Zip _____

ACADEMIC BACKGROUND

12. Major or Prospective Major _____ Minor _____
13. Specialty within major field, e.g. piano, sculpture, Russian history, etc: _____
14. Cumulative Grade Point Average: _____
15. Circle your educational level: Freshman Sophomore Junior Senior Graduate
16. Academic Advisor's Name (Print) _____
17. High School and Colleges/Universities you have attended:

NAME	FROM	TO	DEGREES

Study Abroad Program Application

18. Language courses you will have completed prior to the beginning of the program that you are applying:

TITLE	CREDITS	GRADES	HS or COLLEGE

19. Why do you wish to participate in this program?

20. How will you finance your participation in the study abroad program?

21. Do you have any special needs that the GEO office or the site of your exchange should be informed including, but not limited to reasonable accommodations for a disability? If you have a disability and require accommodations you must be registered through the Disability Resource Center at Chestnut Hill College. This information is **confidential** and should be written on a separate sheet of paper and sealed in an envelope to be attached to your application. Please write **confidential to be opened by the director** on the envelope.

I attest that the above information is correct and truthful to the best of my knowledge. By signing this form, I grant permission to the Director of the GEO, the Academic Dean, and the Director of Student Affairs to review my academic and disciplinary record to determine my eligibility for participation in study abroad.

Student Signature: _____ **Date**_____

Please return the original form directly to: **Global Education Office**
Chestnut Hill College
9601 Germantown Avenue
Philadelphia, PA 19118
215-242-7989

Recommendation Form for Study Abroad

Applicant's Name _____
 (please type or print) last first M.I.

Study Abroad Program _____

Semester /Year of participation: FALL 20__ __ SPRING 20__ __ ACADEMIC YEAR 20__ __/20__ __

Check ONE of the following statements and then sign below:

- I hereby forgo any claim to access this letter of reference written on behalf of my application to the Chestnut Hill College study abroad program.
- I do **NOT** wish to forgo any claim to access this letter of reference written on behalf of my application to the Chestnut Hill College study abroad program.

Signature of Participant _____ Date _____

1. In what capacity and how long have you known the applicant?

2. **Academic attributes:**

	Excellent	Good	Fair	Poor	Unknown
Competence in major or specialization					
Academic interest and motivation					
Capacity for independent study					
Resourcefulness					
Reliability					
Integrity					

3. **Non - Academic attributes:**

	Excellent	Good	Fair	Poor	Unknown
Level of maturity					
Self-confidence and self-esteem					
Emotional stability					
Open-mindedness					
Ability to adapt to new or unstructured circumstances					

4. Please state frankly (**on the reverse side or attach an additional sheet**) your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program, weighing both strong and weak points.

Evaluator's Name (print) _____ Department _____

Institution _____ Signature _____ Date _____

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Study Abroad Program _____

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Reliability					
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	Excellent	Good	Fair	Poor	Unknown
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Study Abroad Program Application

APPLICANT'S MEDICAL HISTORY REPORT
Chestnut Hill College
(Confidential)

This form is to be completed by you and your Health Care Provider.

Program: _____ FALL 20 _____ SPRING 20 _____ ACADEMIC YEAR 20 _____ 20 _____

Name _____ Birth Date _____ / _____ / _____

Insurance Data: No. _____ Insurance Carrier _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Past Medical History: Have you had?

Measles.....	No	Yes	STD's.....	No	Yes	Strokes.....	No	Yes
Mumps.....	No	Yes	Concussion or Head Injuries.....	No	Yes	Tuberculosis.....	No	Yes
Chickenpox.....	No	Yes	Rheumatic Fever or Heart Disease.....	No	Yes	Broken bones.....	No	Yes
Epilepsy.....	No	Yes	Have you had any serious illness.....	No	Yes	Cancer.....	No	Yes
Diabetes.....	No	Yes	If yes, what?.....					

Have you ever been hospitalized, had surgery, or been under extended medical care? No Yes If yes, for what reason?

Systemic Review: Do you have any of the following?

Eyes-Ears-Nose-Throat:

Eye disease or injury..... No Yes
 Do you wear glasses..... No Yes
 Double vision..... No Yes
 Headaches..... No Yes
 Glaucoma..... No Yes
 Nosebleeds..... No Yes
 Chronic sinus trouble..... No Yes
 Ear disease..... No Yes
 Impaired hearing..... No Yes
 Do you wear hearing aids..... No Yes
 Dizziness..... No Yes
 Episodes of unconsciousness..... No Yes

Skin:

Skin disease, hives, eczema..... No Yes
 Jaundice..... No Yes
 Frequent infection or boils..... No Yes
 Abnormal pigmentation..... No Yes

Neck:

Stiffness..... No Yes
 Thyroid trouble..... No Yes
 Enlarged glands..... No Yes

Respiratory:

Spitting up blood..... No Yes
 Chronic or frequent cough..... No Yes

Have you been in good general health most of your life? No Yes If not, please explain _____

Allergies and Sensitivities: Is there a history of skin reaction or other reaction or sickness following injections or oral administrative of:

Penicillin or other antibiotics.....	No	Yes	Novocain or other anesthetics.....	No	Yes
Morphine, Codeine, Demerol, other narcotics.....	No	Yes	Sulfa drugs.....	No	Yes
Aspirin or other pain remedies.....	No	Yes	Adhesive tape.....	No	Yes
Tetanus antitoxin or other serums.....	No	Yes	Iodine.....	No	Yes
Any foods, such as egg, milk or chocolate.....	No	Yes	Any other drug or medication.....	No	Yes

List:

List:

Any other allergies? No Yes If yes, please list _____

Neuro-psychiatric:

Have you ever had psychiatric care? No Yes Please explain if yes _____

Have you been advised to see a psychiatrist? No Yes Please explain if yes _____

Have you ever had fainting spells? No Yes Please explain if yes _____

Immunizations:

a. TETANUS (within last 10 years) DATE: _____

b. POLIO (IPV or OPV) series of three (3) and boosters DATE: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

c. Were you BORN BEFORE 1956? YES/NO If YES, you are required to show immunity to Measles, Mumps and Rubella by Blood Test (TITERS). If NO, complete dates of MMR.

MMR Immunization DATES, You must have 2	OR	RESULT OF TITERS
1. _____ 2. _____		Measles _____
MEASLES, MUMPS & RUBELLA)		Mumps _____
		Rubella _____

d. Date of MENINGITIS Vaccination _____

e. Chicken Pox: Date of Immunization _____ OR Date you had Chicken Pox _____

f. Hepatitis B Vaccination _____

g. TB Test (PPD Skin Test) _____

If you have a *disabling physical condition or history of disease such as, Rheumatic Fever, Heart Disease, Tuberculosis, Diabetes or Seizure Disorder*, please describe the condition and the prescribed treatment below.

I certify that I am a Health Care Provider legally qualified to practice medicine in the state of _____; and that I have examined the above named applicant; that the above statements are correct; and that I find the applicant is neither mentally nor physically disqualified by reason of tuberculosis or any chronic or acute defect from successful performance as a college student, except as noted above.

(Health Care Provider)

(Address)

(Date of Examination)

(City) (State) (Zip)

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Last Name: _____

First Name: _____

PART 2: MUST BE COMPLETED AND SIGNED BY A HEALTHCARE-PRACTITIONER.

To the practitioner: Please review the student's history and complete the physical exam and immunization record. Please comment on all positive answers.

Ht. _____ Wt. _____ BP _____

	Normal	Abnormal	Please comment on all abnormal (use space below if needed)
Head, Ears, Nose, Throat			
Eyes			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Muscular/ skeletal			
Metabolic/Endocrine			
Skin			
Psychiatric			
Neurological			
Comments:			

SIGNATURE OF HEALTHCARE PRACTITIONER:

Health Practitioner _____ Date _____

Address: _____

Phone: _____
Street City State Zip



Study Abroad Program Application

II. HEALTH INFORMATION

This form is to be completed by the participant.

Applicant's Name _____
(please type or print) last first M.I.

Study Abroad Program _____ Date of Birth _____

Semester /Year of participation: FALL 20__ __ SPRING 20__ __ ACADEMIC YEAR 20__ /20__

The purpose of this form is to help Chestnut Hill College 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 participating on an overseas program. It is important that the program coordinator is 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 program staff, faculty, or appropriate professionals only if it is pertinent to your well-being. Chestnut Hill College may not be able to accommodate all individual needs or circumstances. This information will not affect your admission to the program.

MEDICAL HISTORY

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

Yes ___ No ___ Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.)

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

Yes ___ No ___ Are you taking any medications? (If yes, please explain.)

Yes ___ No ___ Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)

Yes ___ No ___ Are you on a restricted diet for medical reasons? (If yes, please explain.)

Yes ___ No ___ Is there any additional information (concerning medical conditions or disabilities) that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain.)

I certify that all responses made on this Health Information form are true and accurate and I will notify Chestnut Hill College hereafter of any relevant changes in my health that occur prior to the start of my study abroad program.

Signature of Participant _____ Date _____

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Foreign Language Assessment Study Abroad

For the student:

Applicant's Name _____
 (please type or print) last first M.I.

Study Abroad Program _____

Semester /Year of participation: FALL 20__ __ SPRING 20__ __ ACADEMIC YEAR 20__ __/20__ __

Check ONE of the following statements and then sign below:

- I hereby forgo any claim to access this assessment written on behalf of my application to the Chestnut Hill College study abroad program.
- I do **NOT** wish to forgo any claim to access this assessment written on behalf of my application to Chestnut Hill College study abroad program.

1. Native Language _____ Language evaluated _____

2. Please explain your language preparation relevant to the country in which you are applying to study.

3. How many semesters have you completed in the target language in high school and university? _____

Signature of Participant _____ Date _____

Section to be Completed by a Language Professional

1. Evaluation is Based on:
2. How long and in what capacity have you known the applicant?
3. Please rate the student's foreign language competency in the following areas.

Language Skills	Unable to Judge	Basic	Intermediate	Advanced
Listening Comprehension				
Speaking Competency				
Reading Comprehension				
Writing Competency				

3. If the student is a native speaker, are you satisfied that he/she can read and write the language at the intermediate level? Yes No N/A (not a native – speaker)
4. Based on your knowledge of the applicant please comment on his/her linguistic ability to participate in native language classes and benefit from a semester of study abroad. Would you recommend student take only classes offered in English?

Assessor's Name _____ Title _____ Telephone _____

Signature _____ Institution _____

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Family Educational Rights and Privacy Act (FERPA) Consent Form

I, _____, a student at _____

Authorize CHC's Global Education Office to discuss my study abroad information and application and program, including billing, financial resources, and other study abroad information (other than general information that can be accessed on our website) with the following individual(s):

Name *Relationship to student*

Name *Relationship to student*

Do not authorize my information to be discussed with anyone other than appropriate university officials. I would like my information to remain confidential.

Student's Signature *Date*

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Study Abroad Academic Advising Form



**CHESTNUT
HILL
COLLEGE**
Global Education Office

Student Name: _____ Student ID: _____
 Major at CHC: _____ Faculty Advisor: _____
 Expected Graduate Date: _____ Class Level: _____
 Study Abroad Session: _____

Host Institution: _____
 Address: _____
 Courses taught in English: Circle one: YES NO
 Contact at Host Institution: _____

Course Choices	
If you need help in selecting appropriate courses and alternates, contact your faculty advisor, host institution International Office or the Global Education Office at Chestnut Hill College. All courses must be selected from our CHC List of approved academic offerings in the course catalogue. Study Abroad students are required to take a minimum of 12 credit hours of courses per semester to retain full-time status; generally four courses valued at 3 credit hours each.	
Classes taken abroad (Course # & Name) Ex: COMM100 - Introduction to Communication	CHC Equivalencies (Course # & Name) Ex: COMM100 - Introduction to Communication
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Registrar's Approval: _____ Date: _____

