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.
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:

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<th>NAME</th>
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<th>TO</th>
<th>DEGREES</th>
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</tbody>
</table>
18. Language courses you will have completed prior to the beginning of the program that you are applying:

<table>
<thead>
<tr>
<th>TITLE</th>
<th>CREDITS</th>
<th>GRADES</th>
<th>HS or COLLEGE</th>
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</table>

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:

<table>
<thead>
<tr>
<th>Competence in major or specialization</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tr>
<td>Academic interest and motivation</td>
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3. Non - Academic attributes:

<table>
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<tr>
<th>Level of maturity</th>
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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___

Please return this 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 name ___ first name ___ 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 _____________________

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Evaluator’s Name (print) ____________________________________ Department ______________________________

Institution ___________________________________________ Signature ________________________________________ Date __________

Please return this 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:

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Signature of Participant ___________________________ Date ______________________

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Evaluator’s Name (print) ___________________________ Department ______________________

Institution ___________________________ Signature ___________________________ Date _________

Please return this form directly to: Global Education Office
Chesnut Hill College
9601 Germantown Avenue
Philadelphia, PA 19118
215-242-7989
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 administration of:

- Penicillin or other antibiotics .......... No Yes
- Morphine, Codeine, Demerol, other narcotics .... No Yes
- Aspirin or other pain remedies .......... No Yes
- Tetanus antitoxin or other serums ........ No Yes
- Any foods, such as egg, milk or chocolate . No Yes

**List:**

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

List:
I. APPLICANT’S MEDICAL HISTORY REPORT

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, MUMPS & RUBELLA)
   Measles __________
   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)

Please return this form directly to: Global Education Office
Chestnut Hill College
Philadelphia, PA 19118
215-242-7989
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 ___________________

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<tr>
<th>Normal</th>
<th>Abnormal</th>
<th>Please comment on all abnormal (use space below if needed)</th>
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<tbody>
<tr>
<td>Head, Ears, Nose, Throat</td>
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<tr>
<td>Eyes</td>
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<td>Respiratory</td>
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<td>Cardiovascular</td>
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<td>Muscular/ skeletal</td>
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<td>Metabolic/Endocrine</td>
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<td>Skin</td>
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<td>Psychiatric</td>
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<td>Neurological</td>
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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 ____________

Please return this form directly to: Global Education Office
Chestnut Hill College
Philadelphia, PA 19118
215-242-7989
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.

<table>
<thead>
<tr>
<th>Language Skills</th>
<th>Unable to Judge</th>
<th>Basic</th>
<th>Intermediate</th>
<th>Advanced</th>
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<tbody>
<tr>
<td>Listening Comprehension</td>
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<tr>
<td>Speaking Competency</td>
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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 ___________________________

Please return this form directly to: Global Education Office
Chestnut Hill College
Philadelphia, PA 19118
215-242-7989
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

Please return this form directly to:  Global Education Office
                                      Chestnut Hill College
                                      Philadelphia, PA 19118
                                      215-242-7989
# Study Abroad Academic Advising Form

**Student Name:** ________________________________  **Student ID:** ________________________________

**Major at CHC:** ________________________________  **Faculty Advisor:** ________________________________

**Expected Graduate Date:** ________________________________  **Class Level:** ________________________________

**Study Abroad Session:** ________________________________

**Host Institution:** ________________________________

**Address:** ________________________________

**Courses taught in English:**

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<th>Circle one</th>
<th>YES</th>
<th>NO</th>
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**Contact at Host Institution:** ________________________________

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## 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.**

<table>
<thead>
<tr>
<th>Classes taken abroad (Course # &amp; Name)</th>
<th>CHC Equivalencies (Course # &amp; Name)</th>
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<tbody>
<tr>
<td>Ex: COMM100 - Introduction to Communication</td>
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**Advisor Signature:** ________________________________  **Date:** ________________________________

**Student Signature:** ________________________________  **Date:** ________________________________

**Registrar’s Approval:** ________________________________  **Date:** ________________________________