

INSTRUCTIONS FOR COMPLETING OFF-CAMPUS and STUDY ABROAD APPLICATIONS

Application Deadlines

OCTOBER 1 - Spring Semester

MARCH 1- Summer/Fall Semesters

COMPLETING AND SUBMITTING THE APPLICATION PACKET:

- _____ 1. Meet with the faculty study abroad coordinator relevant to the geographical area where you wish to study.
 - For study in Spanish-speaking and Francophone countries, see Lynda Manghum, Office GC5B11, lmanghum@oru.edu
 - For study in all other countries and domestic study, see Dr. JoAnn Allen, GC5A02, ext. 7391, joallen@oru.edu
- _____ 2. Meet with your academic advisor for your major, minor and/or the person relevant to the approval of courses you wish to take while studying off campus to discuss how they will fit into your degree plan sheet.
- _____ 3. Fill out the Off-Campus and Study Abroad Application packet. Be sure to include the required study proposal.
- _____ 4. Make appointments with each of the first four signatories on the signature page and obtain signatures from the following individuals and departments. NOTE: Be sure to make appointments and state the reason for your visit rather than drop in, especially with Financial Aid and Student Accounts. This will ensure you are directed to the right person.
 - Your academic advisor and/or the chair of the department granting credit for the course
 - Your major department chairperson
 - Financial Aid
 - Student Accounts

NOTE: If you are a not an American citizen, see the International Student Advisor in Admissions.
If you are an athlete, see your Athletic Advisor.
- _____ 5. Submit the original plus two additional copies of your entire application packet to the study abroad coordinator with whom you initially met in the English and Modern Languages Department.

Your proposal will then be presented to the Study Abroad Committee. If approved, it will be submitted to Risk Management, the Dean of Arts & Cultural Studies, and the Provost. After their review, you will then be notified of your application's approval or disapproval. Your travel dates will then be forwarded to Risk Management to set the cost of the travel insurance. This figure will be given to Student Accounts and billed directly to your account.

PRE-DEPARTURE COMPLETION OF YOUR APPLICATION

- _____ 6. Pick up your original packet from your study abroad coordinator once you receive word that your application has been approved.
- _____ 7. Take your original packet to the Registrar, Financial Aid, and Student Accounts to obtain their final signatures upon your enrollment and finalization of your financial aid and payment plans.
- _____ 8. Attend the REQUIRED pre-departure orientation meeting scheduled near the end of the semester. Bring your packet to the meeting to obtain the study abroad coordinator's final signature when you submit your picture for the bulletin board.
- _____ 9. If your study abroad dates change in any way (e.g. for extra travel days), please notify the English and Modern Language administrative assistant at extension 6765. Your insurance will have to change also to ensure coverage for the extra days.

AFTER RETURNING TO ORU:

- _____ 10. Have your grades sent directly from the overseas institution or program to the Registrar at ORU. He or she will need a letter grade for the course and the original, unopened, transcript.
- _____ 11. Upon return to ORU, go to the English and Modern Languages Department to complete the REQUIRED return questionnaire and turn in any applicable reading lists and course notes.

STUDY ABROAD APPLICATION CHECKLIST

DEADLINES FOR SUBMISSION OF APPLICATION PACKET

OCTOBER 1 - Spring Semester

MARCH 1 - Summer/Fall Semesters

The following required items constitute your application to study off campus. They must be completed in full. Please attach your ENTIRE APPLICATION PACKET and TWO ADDITIONAL COPIES. LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

- 1. Off Campus and Study Abroad Application Checklist (completed) (p. 2)
- 2. Off Campus and Study Abroad Signatures Page (p. 3)
- 3. Off Campus and Study Abroad Application, which includes the following:
 - Statement of Responsibility, Release from Liability, and Authorization to Participate in a Study Abroad or Missions Program (pp. 4-5)
 - General Release Form (p. 6)
 - Off Campus and Study Abroad Application (p. 7-12)
- 4. Letter of Recommendation
- 5. Your trip proposal
- 6. Your degree plan sheet with classes you have completed checked off
- 7. A copy of the photo page of your passport if studying outside the United States
- 8. A small photograph of yourself
- Two additional copies of the entire application packet (items 1-8 above)**

NOTE: Your study abroad trip will not be officially approved until you attend the required study abroad predeparture meeting at the end of the semester in which you apply. There you will receive the final approval signature from your study abroad coordinator.

OFF CAMPUS AND STUDY ABROAD APPLICATION SIGNATURES PAGE

Student Name: _____ Z# _____

This is to certify that the proposed study abroad program for the above student has been reviewed and approved by:

Preliminary Signatures

Contact Person/Major Advisor _____
Date (Month,Day,Year)

Major Department Chairman _____
Date (Month,Day,Year)

Financial Aid (preliminary consultation) _____
Date (Month,Day,Year)

Student Accounts (preliminary consultation) _____
Date (Month,Day,Year)

International Student Advisor (if non-USA student) _____
Date (Month,Day,Year)

Athletic Advisor (athletes only) _____
Date (Month,Day,Year)

Return Packet to English and Modern Languages

Study Abroad Committee Approval _____
Date (Month,Day,Year)

Risk Management _____
Date (Month,Day,Year)

Academic Dean of Major _____
Date (Month,Day,Year)

Dean of Arts and Cultural Studies _____
Date (Month,Day,Year)

Provost _____
Date (Month,Day,Year)

Final Pre-Departure Interviews

Registrar (pre-departure enrollment) _____
Date (Month,Day,Year)

Financial Aid (pre-departure consultation) _____
Date (Month,Day,Year)

Student Accounts (pre-departure consultation) _____
Date (Month,Day,Year)

Study Abroad Co-Director (exit interview)* _____
Date (Month,Day,Year)

* Obtain at Study Abroad Meeting (bring photo of yourself to meeting if you have not submitted it previously)

ORAL ROBERTS UNIVERSITY
STATEMENT OF RESPONSIBILITY, RELEASE FROM LIABILITY AND
AUTHORIZATION TO PARTICIPATE IN FOREIGN TRAVEL

This Agreement must be signed and returned to the Group Sponsor. If the Participant will not be 18 years of age or older by the date of signing hereon, this Agreement also must be signed by the parent or guardian. Failure to accept and/or abide by the terms and conditions of this Agreement as provided may result in the Participant's inability to participate in the Program or in dismissal from the Program.

I, _____, have agreed to be a Participant in a business, mission or education tour or trip sponsored in whole or in part by Oral Roberts University ("ORU"). I am not required to participate in this Program; my participation in this Program is wholly voluntary. In consideration of being allowed to participate in this Program, I hereby state and agree as follows:

1. STANDARDS OF CONDUCT

A. I agree to abide by the student conduct regulations and the directions of the Group Sponsor and his or her designees. I understand that the Group Sponsor has the right to enforce appropriate standards of behavior and that I may be dismissed from the Program at any time for failure to comply with such standards. ORU reserves the right to decline, to accept or retain me on the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person, including but not limited to my own welfare. Similarly, if my conduct violates any policy or procedure of ORU, I understand that I may be required to leave the Program at the sole discretion of ORU's agents and representatives, and may be referred to the appropriate ORU officials for further disciplinary or other action. I understand that if my participation in the Program is terminated by the Group Sponsor I will be sent home with no refund of fees. If I am sent home before completion of the Program, I understand that I will be responsible for any and all costs and expenses associated with my return home. In addition, I will forfeit all credits and rights of further participation in the Program.

B. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior, which violates those laws or standards, could harm my own health and safety and ORU's relations with those countries and institutions. I will conduct myself with awareness that standards in the particular country may be markedly different from standards to which I am accustomed. I will take appropriate steps to familiarize myself with standards and customs as necessary so I act to reflect well on myself and ORU during the course of my travels related to the Program.

C. I understand that, while United States nationals are under the protection of a United States passport, certain acts will place me beyond this protection. In particular, the possession, use of or association with illegal drugs or public drunkenness may subject me to severe legal penalties; I understand that any student possessing, using or associated with illegal drugs will be immediately dismissed from the Program. If I disagree with this decision I may address it in the proper forum once I return to the ORU campus.

D. I acknowledge and understand that, while I am a Participant, I am responsible for my own behavior and any legal or financial consequences just as I would be in Tulsa or my home location.

2. INSTITUTIONAL ARRANGEMENTS I understand that ORU does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that ORU is not responsible for matters that are beyond its control. I hereby release ORU from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

3. PROGRAM CHANGES I understand that ORU reserves the right to make cancellations, substitutions or changes to the Program in its sole discretion, with or without notice, and ORU shall not be liable for any loss to Participants by reason of any such cancellation or change. ORU is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the Participant or ORU makes a flight arrangement. Any additional expense resulting from the above will be paid by the Participant. ORU reserves the right to substitute hotels or accommodations or housing of a similar category at any time. If I become detached from the Program group, fail to meet a departure vehicle, airplane, boat or train, I will at my own expense seek out, contact and reach the Program group at its next available destination.

4. INDEPENDENT ACTIVITY I understand that, if I choose to travel independently before, after or during my free time in the Program, such travel will be unsupervised by ORU's agents or employees. I agree that ORU and its agents and employees shall have no responsibility or liability for injury, damage or loss suffered by me during such periods of independent travel.

5. HEALTH AND SAFETY

A. I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience while abroad, and, more specifically, in the countries in which I will be living and/or traveling while on the Program; and I release and absolve ORU of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses I may incur while abroad, including periods before, during, and after the duration of the Program. I understand that this Foreign Travel Insurance policy is required and I will purchase it as a part of the program cost.

B. ORU requires Travel Participants purchase the Foreign Travel Insurance through the Risk Management Department. I also understand, however, that I am responsible for ensuring that I am adequately covered by health and accident insurance while abroad, including periods before, during and after the duration of the Program. Evidence of emergency contact information and any information I want ORU to have on me regarding coverage for accident, illness, hospitalization, accidental death and dismemberment, emergency medical evacuation and repatriation is attached to this agreement, or has been provided to the Group Sponsor.

C. I agree that ORU, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety, I authorize ORU and its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back to the United States or other country for medical treatment. I agree that I, along with my parents or guardian, will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

D. I agree to report to the Group Sponsor and Travel Office, as soon as I become aware of such, any physical or mental condition I have which may require special medical attention or accommodation while abroad. I understand that ORU may not be able to provide accommodations abroad, and that all requests for accommodations must be timely, initiated by me and processed according to the any applicable policy as provided in the student, faculty or staff handbooks.

E. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that ORU is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States before, after or during the Program, ORU is not responsible for the cost or quality of such treatment or care.

6. ASSUMPTION OF RISK AND RELEASE OF CLAIMS

A. I hereby acknowledge my awareness that my participation in the Program may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks I may encounter include by way of example: airplane crashes, motor vehicle accidents, terrorist incidents, cuts, bruises, broken bones, political unrest, strikes, acts of God, sickness and criminal acts as well as other risks that may or may not be foreseeable. I HEREBY ASSUME ANY AND ALL SUCH RISKS, AND I ACKNOWLEDGE THAT I AM RESPONSIBLE TO ACT REASONABLY AND PRUDENTLY WITH RESPECT TO MATTERS OF PERSONAL HEALTH AND SAFETY.

I understand and acknowledge that ORU assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of ORU, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant transportation, or other service or for any substitution of hotels or of common carrier or other circumstances beyond ORU's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, ORU will not be responsible for my hotel transfers, meal costs or other expenses. My baggage and personal property is at my risk entirely. The right is reserved by ORU, in its sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all Participants return to the United States, if ORU determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

KNOWING THE RISKS DESCRIBED ABOVE, and in consideration of ORU's arranging for my participation in the Program, individually and on behalf of any family, heirs, assigns and personal representative(s), to the maximum extent permitted by law, I HEREBY ASSUME THESE RISKS AND RELEASE, WAIVE AND FOREVER DISCHARGE ORU, the Board of Trustees of Oral Roberts University and their officers, trustees, agents and employees of each employer (the "Releasees") from liability for any and all harm, injury, claims, demands, rights, causes of action, costs and expenses of whatever kind, arising from or by reason of any loss, damage or injury sustained by me or caused to my property, or the consequences hereof resulting from or in any way connected with my participation in the Program.

B. This Agreement shall be construed in accordance with the laws of the State of Oklahoma, which shall be the forum for any lawsuits filed against any of the Releasees incident to this Agreement or the Program. The terms of this Agreement shall be severable, such that if a court holds any term to be illegal, unenforceable or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

7. ACKNOWLEDGMENT

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Signature of Participant

Date (Month,Day,Year)

(Please Print Name)

I (a) am the parent or legal guardian of the above Participant, who, if unmarried, will not reach his/her 25th birthday prior to departure for study abroad, (b) have read the foregoing Agreement (including such parts as may subject me to personal financial responsibility and assumption of risk, (c) am and will be legally responsible for the obligations and acts of the Participant as described in this Agreement and (d) agree, for myself and for the Participant, to be bound by its terms.

Signature of Parent/Guardian

Date (Month,Day,Year)

GENERAL RELEASE

The receipt of which is hereby acknowledged, the undersigned being of legal age, does hereby release and forever discharge Oral Roberts University, its Trustees, officers, agents and employees from and against any responsibility, claim, debt, demand, action of every kind for any delay in completion of my degree requirements and/or my graduation from Oral Roberts University following my study abroad.

I understand that by choosing to study away from Oral Roberts University, I may delay the completion of my Oral Roberts University degree program requirements and the date of my graduation. I agree that I will take the required steps of contacting my academic advisor and/or appropriate person at Oral Robert University regarding the completion of my degree program and the transfer of courses from an off-campus program to Oral Roberts University.

AGREED TO AND EXECUTED THIS _____ day of _____, 201_____

(Print name here)

(Sign here)

Proposed Academic Program

Off-Campus Course Number and Title	ORU Course Number and Title	Proposed Credit Hours*	Major/Minor Elective	Advisor/Dept. Chair Approval
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Please note that credit hours earned will be subject to the grade you earn for the course and the level of course taken. In some cases class notes and/or additional requirements may be made for course credit to be awarded.

*Please also note that if course work remains to be completed at the end of the off-campus study experience, an "I" (Incomplete) letter grade will be assigned until the work is submitted for grading. If the work is not completed within one semester of your return, the letter grade will automatically become a "F," in accordance with ORU's incomplete policy.

Budget

Estimated Expenses for Program	Dollar Amount	Currency Conversion? (Yes/No)
Tuition	_____	_____
Room	_____	_____
Board	_____	_____
Books/Supplies	_____	_____
Airfare	_____	_____
Additional Travel	_____	_____
Personal	_____	_____
Miscellaneous	_____	_____
Total Costs	_____	_____

Financial Information

Estimated Sources of Income	Dollar Amount
Financial Aid	_____
Scholarships	_____
Personal Funds	_____
Total Amount of Funding	_____

Address Where Financial Aid Checks Should be Mailed:

Name of Addressee

Addressee phone number

Street Address

City

State

Zip Code

Passport Information

Name AS IT APPEARS ON PASSPORT* _____
Last
First
Middle

Date of Birth: _____
Month
Day
Year

Citizenship: American citizen? Yes No

If NOT an American citizen:

Country of Birth

Country of Citizenship

***Attach a photocopy of the first page (photo page) of your passport with your application**

Emergency Contact Information

Father/Guardian: _____
Last Name *First Name* *M.I.*

Phone number

Mother/Guardian: _____
Last Name *First Name* *M.I.*

Phone number

Personal Doctor: _____
Name

Phone number

Emergency Contact: _____
Name

Relationship

Home Phone *Cell Phone*

Emergency Contact: _____
Name

Relationship

Home Phone *Cell Phone*

Personal Medical Insurance Information

Do you have PERSONAL medical Insurance? Yes No

Policy Information: _____
Insurance company name

Policy Number *Phone number*

***NOTE: Anyone traveling outside the United States on an ORU study abroad trip will be required to purchase ORU travel insurance. The cost of the insurance is based on the length of your trip, and the amount will be billed directly to your account in Student Accounts.**

Medications

Are you currently taking any medications, including over-the-counter medication? Yes No

Medication	Dosage	Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health History

Please place a check mark below next to past or present illnesses or conditions:

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Amoebic dysentery | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infectious mononucleosis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Foot/leg difficulties | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gastro-Intestinal problems | <input type="checkbox"/> Malaria | |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Migraine headache | |

Have you been treated in the last three years for any mental or emotional condition? Yes No

Are you currently on any drug for treatment of mental or emotional condition? Yes No

If your answer is "yes" to either of the above, please give a brief explanation and provide the name of your physician or counselor for reference.

Physician/Counselor Name

Address

Phone number

NOTE: Any travel participant going abroad with any pre-existing medical problems should carry a letter from the attending physician, describing the medical condition and any prescription medications, including the generic name of prescribed drugs.

Medications being carried overseas should be left in the original containers and be clearly labeled. The travel participant should check with the foreign embassy of the country they are visiting to make sure any required medications are not considered to be illegal narcotics.

To the best of my knowledge, the above medical information is complete and correct.

Signature

Date (Month/Day/Year)