

## INSTRUCTIONS FOR COMPLETION OF INTERNATIONAL STUDY APPLICATION

### Deadlines:

**Spring overseas – Day before fall break**

**Summer/Fall overseas – Day before spring break**

1. Meet with the faculty study abroad coordinator relevant to the geographical area where you wish to study. Students interested in studying in Spanish-speaking countries should see Sra. Calderon. Students interested in French-speaking countries should see Prof. Christa Hill. Students interested in any other country or region should see Prof. Lori Kanitz.
2. Meet with the appropriate contact person, major advisor, and/or minor advisor to discuss what courses to take in the foreign country and how they will fit into your degree plan sheet.
3. Fill out the Study Abroad packet. Be sure to include the required proposal.
4. Take your study abroad packet with you and meet with each of the first six signatories on the signature page. If they approve of your proposal to study abroad, have them sign in the appropriate place.
  - a. In Financial Aid you will make an appointment with your counselor to come up with a way to pay for your trip regarding loans, etc. Financial Aid will write on the signature line the loans you are eligible for. You will need to write on the blue pages the amount of personal monies you will be paying for the trip.
  - b. In Student Accounts you will make an appointment with your counselor regarding your account.
  - c. If you are a non-USA student, you will make an appointment with the International Student Advisor in Admissions.
  - d. If you are an Athlete you will need to get permission to study abroad from the Athletics Dept.
5. Submit the original plus two copies of your application packet to the study abroad coordinator with whom you initially met in the English and Modern Languages Department.
6. Your proposal will then be presented to the Study Abroad Committee.
7. After the Study Abroad Committee approves your proposal, it will be submitted to the Dean of Arts & Cultural Studies for approval.
8. Your application and travel dates will then be forwarded to Risk Management for approval and to set the cost of the travel insurance. This figure will be given to Student Accounts to add to your account.
9. You will then be notified of your application's approval or disapproval by email to your personal email address.
10. You will then go to the study abroad coordinator in the English and Modern Languages Department to pick up your original "yellow" packet. You will then obtain the next three exit interview signatures:
  - a. Registrar to enroll in the Foreign Studies PRF- class (15 hours limit for one semester and nine hours for the summer study. This does not mean that you will get that many hours. **The number of hours you will get will be determined after you return and your transcript is evaluated**);
  - b. Financial Aid exit interview
  - c. and Student Accounts exit interview
11. A REQUIRED pre-departure orientation meeting will be scheduled near the end of the semester, and you will receive your final signature at that time when you submit your picture for the bulletin board.
12. **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.**
13. Have your grades sent directly from the overseas institution or program to the Transfer Advisor in the Registrar's Office at ORU. He or she will need a letter grade for the course and the original, unopened, transcript.
14. 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 PROPOSAL PACKET

**Deadlines for submission of application packet:**  
**Summer/Fall overseas: Last day before spring break**  
**Spring overseas: Last day before fall break**

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Last Name	First	M.I.
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ORU Address	Cell phone/personal email address)
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Z#	Major/Minor
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Semester/Dates of Travel	No. of credit hours requested
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Name of study abroad institution and country in which you will be staying.

**The following documents are attached and will need to be filled out. After the first set of signatures, please return this application packet to the Study Abroad Director/Co-director in the English and Modern Languages office with the original copy and two copies of each of the following:**

1. Title page (yellow form)
2. Signature page (yellow form)
3. Statement of Responsibility, Release from Liability, and Authorization to Participate in a Study Abroad or Missions Program (two-sided white page)
4. General Release form
5. Study abroad student information form (blue form)
6. Emergency information form (blue form)

**You will need to provide the original copy and two copies of the following:**

1. A copy of your degree plan sheet filled out with classes you have taken checked off
2. A typed tentative itinerary/proposal
3. A copy of your passport (by end of semester)
4. A small picture of yourself for our bulletin board (by end of semester)

**NOTE: Your study abroad trip will not be officially approved until you turn in your small picture for the bulletin board and attend the required study abroad meeting to receive the final signature.**

## STUDY ABROAD SIGNATURES PAGE

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

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
_____ Major Department Chairman	_____ Date
_____ Financial Aid (preliminary consultation)	_____ Date
_____ Student Accounts (preliminary consultation)	_____ Date
*_____ International Student Advisor (if non-USA student)	_____ Date
*_____ Athletic Advisor (athletes only)	_____ Date

### Return to English and Modern Languages

_____ Study Abroad Committee Approval	_____ Date
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### Final Approval

_____ Dean of Arts and Cultural Studies	_____ Date
_____ Vice-President for Academic Affairs	_____ Date

### Study Abroad Co-Director will obtain the following:

_____ *Insurance	_____ Date
_____ *Commuter Code	_____ Date

### Exit Interview

_____ Registrar (pre-departure enrollment)	_____ Date
_____ Financial Aid (pre-departure consultation)	_____ Date
_____ Student Accounts (pre-departure consultation)	_____ Date

### Obtain at Study Abroad Meeting: (bring picture, date of meeting)

_____ Study Abroad Co-Director (exit interview)	_____ Date
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# **THE ORAL ROBERTS UNIVERSITY STATEMENT OF RESPONSIBILITY, RELEASE FROM LIABILITY, AND AUTHORIZATION TO PARTICIPATE IN A STUDY ABROAD OR MISSIONS PROGRAM**

This Agreement must be signed and returned to the Group Sponsor. If the Participant will not be 21 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 Study Abroad or Missions Program 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 ORU's 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.

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. I understand that ORU will assist in providing information regarding health insurance for students studying abroad, and that ORU requires Travel Participants purchase the Foreign Travel Insurance for minimum insurance coverage. 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 ORU Travel Office.

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 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 even if it could do so on campus, and that all requests for accommodations must be timely, initiated by me and processed according to the applicable policy as provided in the student handbook.

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 Regents of Oral Roberts University and their officers, trustees, agents and employees (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

\_\_\_\_\_  
(Please Print)

I (a) am the parent or legal guardian of the above Participant, (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

Effective: February 21, 2001

## **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)

By \_\_\_\_\_

## STUDY ABROAD STUDENT INFORMATION FORM

Name \_\_\_\_\_ Z# \_\_\_\_\_

Residential Address (not CPO) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Classification:** Fr \_\_\_\_ Soph \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_

**Anticipated Date of Graduation** \_\_\_\_\_

### PLACE OF STUDY:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**DATE OF STUDY:** Exact beginning and ending dates of classes (not including extra travel)  
(month/day/year)

**Beginning** \_\_\_\_\_ **Ending** \_\_\_\_\_

<u>Proposed Courses to be taken at Study Abroad destination</u>	<u>(is substituted for) Equivalent ORU Course # and Course title</u>	<u>No. of Credits</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\*FACULTY APPROVAL REQUIRED FOR THIS PROPOSED PROGRAM**

\_\_\_\_\_

**NOTE:** Be sure to have the study abroad institution send your transcript of courses taken with a letter grade to ORU transfer evaluator, Mr. Phil Salee at Oral Roberts University, 7777 S. Lewis Ave., Tulsa, OK 74171.

**NOTE:** Credit hours will be subject to the grade you receive for that course and the level of courses taken. In some cases class notes need to be provided upon your return.

**List estimated expenses for this program (attach foreign school program brochure):**

Tuition	_____	Travel	_____	Misc.	_____
Room	_____	Airfare	_____		_____
Board	_____	Personal	_____		_____

**FINANCIAL AID YOU WILL BE RECEIVING AND SOURCES:**

\_\_\_\_\_

**PERSONAL FUNDS YOU ARE EXPECTING TO USE:** \_\_\_\_\_

**CONTACT PERSON AT PLACE OF STUDY**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

**FAMILY INFORMATION**

**Father/Guardian**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Mother/Guardian**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**ADDRESS WHERE YOU WISH TO HAVE YOUR FINANCIAL AID CHECKS  
MAILED**

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER WHERE YOU CAN BE REACHED WHILE STUDYING ABROAD  
(If known):** \_\_\_\_\_



## EMERGENCY INFORMATION

Use **complete formal name** as it appears on your passport (no nicknames).

Mr. Ms. Mrs. \_\_\_\_\_  
First (Please Print) Middle Last

Date of Birth: \_\_\_\_\_  
Month/Day/Year

**YES**, I am an American Citizen. ☐

**NO**, I am NOT an American citizen ☐

**If not an American Citizen:**

Country of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

**Please attach a copy of valid Passport.**

Passport No. \_\_\_\_\_

### EMERGENCY CONTACTS:

Name of Doctor: \_\_\_\_\_

Phone No. \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

**NOTE: Anyone traveling through ORU will have to obtain ORU travel insurance.**

Do you have personal medical insurance? Yes\_\_\_\_ No \_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Are you currently taking any medications, including over-the-counter medications?

Yes\_\_\_\_ No\_\_\_\_

Medication	Dosage	Condition

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. Any 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.

### HEALTH STATEMENT

Please indicate past or present illnesses or conditions:

Allergies _____	Hepatitis _____	Paralysis _____
Amoebic dysentery _____	Hypertension _____	Pneumonia _____
Asthma _____	Hypoglycemia _____	Rheumatic fever _____
Diabetes _____	Infectious mononucleosis _____	Tuberculosis _____
Epilepsy _____	Kidney trouble _____	Ulcers _____
Foot/leg difficulties _____	Pregnancy _____	Other _____
Gastro-intestinal _____	Malaria _____	_____
Heart _____	Migraine headache _____	_____

Have you been treated in the last three years for any mental or emotional condition? \_\_\_\_\_

Are you currently on any drug for treatment of mental or emotional condition? \_\_\_\_\_

If your answer is yes to either of the above, please give a brief explanation and also the name, address and phone number of your physician or counselor for reference. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature