

## AUM Study Abroad Student Application (Faculty-Led)

109 Administration Building

334-244-3544

[studyabroad@aum.edu](mailto:studyabroad@aum.edu)

---

### Requirements for Acceptance into the AUM Study Abroad Program

1. Minimum institutional cumulative GPA of 2.75 for undergraduate students, 3.0 for graduate and professional students
2. Age 19 before the start date of the program
3. No pending judicial actions and be in good academic standing. Students with pending judicial actions will not be eligible for AUM Study Abroad program enrollment
4. Complete all forms and return them to your faculty director by the specific date

Last Name:

First/Middle:

AUM E-Mail:

AUM S#:

Date of Birth:

Gender:

Male

Female

Program City:

Program Country:

Program Period:

AUM Sponsor:

### Personal information:

Current Level:

FR

SO

JR

SR

Grad Student

PT

Major:

College of

GPA:

Permanent Mailing Address in the US:

Address:

City:

State:

Zip Code:

Phone:

Citizenship:

I hereby certify that the above information is true and correct. I understand the purpose and the activities of this program and will adhere to the program policies, preparation and on-site requirements of this program. I understand that I am responsible for paying the ***nonrefundable program fees*** and I understand the refund and cancellations policies of this program (Page 7).

*Student Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

As the student's adviser, I have checked the student's GPA and verify that the information given in this application is true and the student is eligible to study abroad with AUM.

*Academic Adviser Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

## AUM Course Approval Form

---

**Last Name:** 
**First/Middle:**

**AUM E-Mail:** 
**AUM S#:**

**Program City:** 
**Program Country:**

**Program University:**

STUDY ABROAD COURSE # & TITLE	HRS	AUM COURSE # & TITLE	AUM HRS	DEPARTMENT HEAD NAME	DEPARTMENT HEAD SIGNATURE

**FOR FINANCIAL AID APPLICATION ONLY:** “I understand that I am contracting to complete \_\_\_\_\_ CREDIT HOURS from the course listing above. **I understand that failure to meet contracted minimum credit hours may result in partial or full repayment of the financial aid which has been disbursed to me.**”

### Information Release:

I, grant permission to representatives of AUM, including but not limited to my Study Abroad program faculty director and AUM Study Abroad Manager to discuss details of my program with my parents, guardian, emergency contact and others I have identified in my AUM application paperwork.

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Consent: I understand that I am enrolling in a study abroad program that will cost me more than the standard AUM tuition. I understand that if I accept financial aid in the form of loans I will be required to repay them. I understand that I may not enroll in work study while studying abroad. In order to study abroad, I understand that I will be required to pay any cost not covered by scholarship or financial aid.

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## AUM Agreement and Release Form

---

AUM Study Abroad Program is managed and directed by AUM Study Abroad, in collaboration with AUM academic schools, and in some cases, host institutions located in foreign countries around the world. As with any program encompassing travel outside the United States, there are risks involved to both person and property. Therefore, in consideration for my participation in the Program, I hereby agree as follows:

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGAL BINDING DOCUMENT.**

### **Student Acknowledgement and Understanding Regarding Assumption of Risks**

- I acknowledge and understand that as a student during the Program, housing and other accommodations are provided for my convenience, safety and security. I agree to stay in program housing and follow the rules for such housing.
- I acknowledge and understand that the Program is a “group” program and as such, I will be expected to accept the will of the majority whenever a matter of choice is presented to the group.
- I acknowledge and understand that AUM reserves the right to enforce standards of appropriate conduct and behavior and may, at the direction of AUM faculty, administrations or designated local resident program directors, terminate me from the program when my conduct is incompatible with University rules, regulations, and policies or the Code of Student Discipline. Should my participation be terminated, I hereby acknowledge my consent to being sent home at my own (or my parents/guardians) expense without refund fees.
- I acknowledge and understand that, as a participant in the Program, there are dangers, hazards and inherent risks not found in study at AUM to which I may be exposed when traveling to or in a foreign country. These include risks, both known and unknown, involved in traveling to and within, and returning from, one or more foreign countries, include but are not limited to:
  - Delays or changed departure or arrival times; fare changes; dishonors of hotel, airline or vehicle rental reservations; missed carrier connections
  - Risk of sickness, disease and serious physical injuries (including death); temporary or permanent disability; public health risks; economic losses; damages; property damage; weather; strikes; acts of God; terrorism; war; quarantine; foreign, political, legal, social, and economic conditions (including terrorist activities, social or labor unrest)
  - Different standards of design, safety and maintenance of utilities, buildings, public places and conveyances; criminal activity; inconveniences; cessation of operations; mechanical defects and failure or negligence of any nature howsoever caused.
- I acknowledge and understand that any independent traveling and/or living in a foreign country outside of the Program and the supervision, safety and security provided, may expose to me to additional risks and dangers, both known and unknown.
- I acknowledge and understand that AUM on occasion may use either statements by me or my photograph in publicity materials for University benefit.
- Therefore, to participate in the Program and with full knowledge of the dangers and risks imposed

(including the risks inherent in travel by aircraft) and other hazards that may be either foreseen or unforeseen, contemplated or not contemplated, obvious or hidden, or through omission or commission; I, for myself, my heirs, personal representatives and assigns, expressly and voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling during the program.

**Waiver of Claims**

I hereby release AUM, its Board of Trustees, Administration, Faculty, Staff, and all other officers, directors, employees and agents (hereafter AUM) from any and all liability, claims, demands, damages, costs, expenses, actions and causes of action, for any right of action that may affect to myself, or my heirs or representatives, for any injury or loss that I may suffer while participating in the Program. This agreement is binding on my heirs and assigns. I understand that this release includes all transportation to and from the Program and all aspects of my time overseas, whether my activities are directly related to the program or not.

**Hold Harmless**

I further release, indemnify and hold harmless AUM from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or does arise out of participation in the Program.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. I have been given ample time to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liabilities to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Print Name:

AUM S #:

*Student Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

## AUM Student Responsibility Form

---

To participate in the Program, I acknowledge and understand that I am subject to AUM rules, regulations and policies, specifically those contained in the AUM Student Handbook, and that I will exercise good judgment in compliance with all rules, regulations and policies, including those relating to illegal drug use, alcohol abuse, lewd and/or disruptive behavior.

1. I agree to be flexible and understanding of cultural differences, to respect the rights, feelings, property and cultural morals of others, as well as subscribe to the laws and customs of the host country.
2. I acknowledge and understand that violations of any host country law, custom or violation of AUM rules, regulations and policies may result in my being subjected to consequences including (but not be limited to):
  - 1) Written or public apology for my behavior
  - 2) Loss of letter grade for academic offenses (missed classes, academic dishonesty)
  - 3) Monetary compensation for damage to the property of others
  - 4) Assignment of my case to the AUM Disciplinary Committee upon return to the US
  - 5) Notation in my permanent AUM record
  - 6) Verbal or oral warning as appropriate, followed by a written warning (minimum one oral and one written warning prior to expulsion or other appropriate significant actions)
  - 7) Expulsion from the AUM Program and sent home at my own expense (without refund of Program fees)
  - 8) Arrest, incarceration and prosecution by local authorities, for which I acknowledge and understand the US State Department, my parents, and AUM may have no ability to assist me
  - 9) Loss of health, accident and emergency assistance insurance coverage as a direct result of my behavior
  - 10) Loss of insurance coverage due to my participation in hazardous or life-threatening activities
3. Initiation of any disciplinary action will be handled through the following: the AUM Study Abroad Manager, and/or the designated local resident program director(s), and/or appropriate AUM administrator(s) on the AUM campus.
4. Further, in the event I might be removed from an AUM or Non-AUM program, I authorize AUM officials to contact my parents, guardians, emergency contacts and others I have identified in my AUM paperwork regarding any changes to my study and travel program, or plans.
5. I acknowledge and understand that I alone am solely responsible for obtaining and keeping safe, my passport, all money, traveler's checks, tickets, jewelry and other personal property while participating in the AUM Program.
6. I agree to pay all program fees assessed by AUM in accordance with the requirements of the AUM Program, as well as the AUM Financial Aid and Cashier's Offices.
7. I acknowledge and understand that to receive any funding consideration prior to departure, it is my sole responsibility to ensure that the Office of Financial Aid has all required paperwork, fully

completed, by the required deadline.

8. I acknowledge and understand that if the minimum number of credit hours—as mandated by Financial Aid and indicated on my Course Approval Form—is not completed, I may be required to pay back a portion of any Aid received.
9. I understand the cancellation and refund policies of the AUM Program in which I have applied to participate. They are:
  - 1) **Cancellation (Student Choice):** Student must notify Study Abroad Manager in a *timely* manner
  - 2) **Cancellation (Host Institution):** Refunds will be based only on uncommitted and/or recoverable funds.
  - 3) **Student Dismissal from Program:** Refund of tuition, program fees, or cost associated with my departure from the program is NOT reimbursable.
  - 4) **Student Down Payment:** Students must place a *nonrefundable \$250 down payment* with AUM Study Abroad to hold their slot for their selected program.

Print Name:

AUM S #:

S

*Student Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

## AUM Student Health & Emergency Treatment Authorization

---

The medical review of this form and admission into a program are independent of each other. The purpose of this form is to help the appropriate AUM administrative offices provide appropriate assistance to you should the need arise while you are abroad. It is important that we be aware of any medical problems (past or current), including mental health conditions, which might affect your ability to participate in an AUM Study Abroad program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to appropriate individuals, and handed with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, leaders, or appropriate professionals as it relates to your health and safety. Failure to disclose significant issues may result in dismissal from the program. Health tests may be required prior to departure in certain circumstances.

<b>Last Name:</b>	<input type="text"/>	<b>First/Middle:</b>	<input type="text"/>
<b>AUM S#:</b>	<input type="text"/>	<b>Citizenship:</b>	<input type="text"/>
<b>Date of Birth:</b>	<input type="text"/>	<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Current Address:**  
Street address, City, State, ZIP

**Name of the Study Abroad Program:**

**Country/Countries of the Program:**

**Date and Year of the Program:**

The following information is required to coordinate treatment in the event of a medical emergency. If you have dietary restrictions or limitations, we strongly recommend you discuss them with your program faculty director and the Study Abroad Manager.

**ALLERGIES** Answer "N/A" if not applicable

<u>Medication allergy:</u>	<u>Reaction:</u>	<u>Treatment, if exposed:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Food or environmental allergy:</u>	<u>Reaction:</u>	<u>Treatment, if exposed:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Ex: Food, pets, mold, smoke, chemicals, pollen, bee stings, etc....)

**MEDICATIONS:** Please list any medications you are taking on a daily, regular, or as needed basis and indicate how often and why each medicine is taken. We suggest you bring a copy of all prescriptions while traveling.

<u>Name of medication:</u>	<u>How often taken:</u>	<u>For what condition:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**DISABILITIES**

Do you have a disability that will require accommodations while abroad?

Yes  No

If yes, please list them:

**ADDITIONAL HEALTH CONDITIONS**

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or that may affect your participation in this program?

Yes  No

If yes, you are advised to consult with your health care provider. Please supply an explanation below (or attach to this form)

<u>Condition(s)</u>	<u>Frequency of Symptoms</u>	<u>Plan for Managing the Condition While Traveling</u>

**HEALTH AND EMERGENCY AGREEMENT**

I authorized the release of information in this *Student Health & Emergency Treatment Authorization* form for access and review by the appropriate individuals in the AUM Study Abroad, the appropriate health professionals in the AUM Nursing Care Center, and other appropriate University officials. I understand that if this information pertains to my health and safety abroad, it may be discussed in a confidential manner with the AUM Study Abroad manager, the host institution’s resident director(s), and host family.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize AUM, through its representatives, to secure any necessary treatment. In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through the AUM/Auburn University Study Abroad insurance program (United HealthCare), I understand that such treatment shall be solely at my expense, and I shall reimburse AUM or its representative for any expenses that they might incur resulting from my condition or treatment. In the event of any emergency abroad, AUM may notify my emergency contacts (next page).

I certify that all responses made on this form are complete, true and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated *Student Health & Emergency Treatment Authorization* form. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withholding information, I will be responsible for all incurred costs. I understand that participation in this Study Abroad program is contingent on receipt by AUM Study Abroad of this completed and signed form.

- I agree to the above terms
- I DO NOT agree to the above terms

*Student Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_



## AUM Self-Assessment Guide for Study Abroad

---

The following self-assessment questionnaire is designed to help you define your study abroad goals and meant to alert you to a variety of things you need to think about before studying abroad. You are encouraged to answer each question as accurate as possible. Please return this form, along with your application, to the Study Abroad Manager.

Name:

Program Country:

### **Personal Preparedness and Goals**

1. Do you have a valid passport (valid for an additional 12 months beyond program end date)?  
Yes  No
2. Have you ever been on an airplane?  
Yes  No
3. Have you ever traveled to a foreign country?  
Yes  No

4. Why do you want to study abroad?

5. What personal, academic, and career goals do you hope to fulfill on a Study Abroad program?

6. What cultural experience do you want to have overseas?

7. Are there countries that seem to draw your attention, but are too afraid to visit?

8. What worries you most about going overseas?

9. What will you miss most from home when you are abroad?

10. What will your biggest challenge be while overseas?

**Academic Preparedness**

1. How will the Study Abroad program complement your academic goals?
2. Will this course abroad fulfill any major, minor, or core requirements?  
Yes  No  If yes, which one: MAJOR  MINOR  CORE
3. Do you have elective credits at your disposal?  
Yes  No  If yes, how many?
4. Have you discussed with your academic advisor how study abroad can fit into your academic plan?  
Yes  No
5. Do you or will you meet minimum GPA requirements to study abroad?  
Yes  No
6. What courses (cultural, language, ecological, etc.) should you take at AUM or abroad to make your cultural experience all the more enjoyable and meaningful?
7. Do you have the language proficiency to take courses abroad in the language or in English? Should you fulfill your language requirements at AUM or studying abroad?

**Cultural Immersion**

1. How familiar are you with your own cultural heritage?
2. What degree of cultural immersion are you ready for?
3. Do you have the language skills and openness to learn from a different culture?  
Yes  No  I don't know
4. Are you prepared to deal with the frustrations and disappointments associated with bureaucratic red tapes, gender discrimination, and racial comments against citizens of the United States or whatever country of which you are a citizen?  
Yes  No  I don't know
5. Are you ready to deal with fewer or no amenities?  
Yes  No  I don't know

## **Financial Planning**

1. Have you discussed your intention to study abroad with your family?  
Yes       No       If yes, are they supportive?    Yes       No
  
2. Have you thought about the detailed costs associated with studying abroad? And how you and/or your family will cover these costs, such as:  
    Hotel and Food Costs      Yes       No   
    Airfare      Yes       No   
    Passport/Visas      Yes       No   
    Travel Expenses      Yes       No   
    Personal Expenses      Yes       No   
    Unexpected Expenses      Yes       No   
    Can you and/or your family afford it?    Yes       No
  
3. Do you know your financial aid options?      Yes       No
  
4. Do you have any financial aid that you can use towards study abroad tuition and housing?  
Yes       No

## **Health & Safety**

1. Do you have special needs (physically, mentally, academically, learning disabled) for which or will you need other accommodations while abroad?  
Yes       No
  
2. Are you being honest with yourself about any physical, medical, or emotional health issues that might make study abroad risky to yourself or others? (Examples: diabetes, depression, anxiety, eating disorders, arthritis, or other bone/joint limitations, severe asthma)  
Yes       No
  
3. Have you discussed with your family that studying in a foreign culture comes with some sense of responsibility on your part to be safe?  
Yes       No
  
4. Do you have prescription drugs that may not be readily available in a foreign country for which you may need to take with you?  
Yes       No
  
5. Are you aware of the fact that breaking the law in a foreign country can lead to imprisonment?  
Yes       No

## AUM Vital Information Form

---

**COPIES REQUIRED** (please attach copies to this application):

- (1)  Passport Photo Page
- (2)  Driver's License (Both Sides)
- (3)  Domestic Insurance Cards (Both Sides)

Date Departing from the USA:  Date Returning to the USA:

**In case of an emergency, how can we contact you while you are abroad?**

Will you use phone abroad?    Yes             No

If yes, the phone number we can reach you: +  -   
country code                      phone number

If no, please list the way(s) for us to reach you:

**Emergency Contacts in the US – Please list two.**

Note: you may list both parents and/or other close family members.

EMERGENCY CONTACTS	CONTACT 1	CONTACT 2
Name:		
Relationship to you		
Home Phone:		
E-mail:		
Address:		
City/State/Zip		
Do they have a valid passport?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

---

<b><i>AUM Study Abroad Program Use Only – Do not write below this line</i></b>			
SA Advisor		Date Received	
All Document(s) Attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Missing Document(s):	