NAZARETH UNIVERSITY

Center for International Education
Study Abroad Application Checklist

The Center for International Education establishes and authorizes international study abroad programs and enforces and upholds eligibility criteria consistent with policies and procedures described below as well as in the *Student Handbook University Policies*.

By signing the form below, prospective students of a study abroad program acknowledge that they have read the pre-application checklist in full and affirm that the information below is accurate and complete.

Please indicate YES or NO to each of the following statements:

_____ I will have completed at least one (1) full semester of study at Nazareth University (either as a first-time freshman or a transfer student, for example)

_____ My cumulative GPA meets the institutional requirement of a 2.5 or higher needed to participate in Study Abroad Programs. *Please provide your current cumulative GPA_____ Students who have a GPA of lower than 2.5 should contact the Executive Director of the Center for International Education, Dr. Nevan Fisher (nfisher2@naz.edu), for directions on how to submit an appeal.*

_____ I understand that accommodations available in the United States, including those protected under the Americans with Disabilities Act, may not be available or guaranteed in my host country. If applicable, we strongly advise you to share your official accommodation letter with CIE as early as possible so we can determine whether this program is the best fit for your needs.

_____ Would you like to connect with Academic Success and Accessibility (ASA) to further discuss how your disability and study abroad goals can work together? This is a great opportunity to talk through any concerns, ask questions, and get support navigating accommodations while abroad.

_____ I understand that chronic medical and/or mental health conditions may impact my ability to participate in Nazareth study abroad programs. It is my responsibility to schedule an appointment with my medical provider to discuss suitability for study abroad, including continued treatment options, managing symptoms, and developing an emergency plan.

_____ I understand that specific vaccinations may be required for my study abroad program, and that I am expected to talk with my family and my physician to decide which immunizations and medicines I will get before I travel.

_____ Do you have any past or pending University-related disciplinary and/or student conduct actions on your record?

_____ Do you have a criminal record, including a felony conviction or misdemeanor charges? Any such record could impact or prevent your ability to participate in a Study Abroad Program. Please speak with Dr. Nevan Fisher for further information.

_____ I commit to participate in mandatory pre-trip meetings and activities and will inform the program director well in advance if I am unable to attend for an excusable reason. I am responsible for gathering any missed information and/or materials.

_____ I understand final approval for participation is contingent upon respective parties including, but not limited to: Center for International Education (CIE), Program Directors, host institutions/organizations, advisors, and designated personnel from offices mentioned below.

_____ I agree to submit all necessary documents and payments on time.

I acknowledge that the following offices will provide relevant documentation to CIE and will discuss information with professional staff of the CIE for the sole purpose of determining whether I am eligible to and may safely participate in a study abroad program:

1. Academic Advisement
2. Campus Safety
3. Registrar
4. Student Accounts
5. Student Experience Offices (Title IX, Student Conduct, and Residential Life)

Failure to comply with these requirements and/or to provide the requested authorization will prevent or delay the consideration process for approval of participation. **Your signature below is your consent. This authorization will remain in effect for one academic year.**

Student Name (Print): _____

Student Signature: _____ Date:_____