

INTERNATIONAL STUDY APPLICATION

Students wishing to participate in an international study experience (credit or non-credit) must submit this application to the International Programs Coordinator for Student Affairs for initial approval. With this form, students must also submit the following:

1. Official documentation from the host agency or institution stating a formal commitment to supervise and be responsible for the student while in the region.
2. Documentation of recognized health and political hazards in the foreign country from the U.S. Department of State, the Centers for Disease Control, and the World Health Organization.

The form should be submitted a minimum of **3-6 months in advance for non-credit and 9-12 months in advance for-credit** of the intended experience.

Name of Student: _____ Date: _____

Location(s) of Experience(s): _____

Inclusive Dates of Experience: _____

Name of Host Institution / Agency: _____

Is the Host Institution / Agency affiliated with FIU? (Check one) Yes No

Agency Representative: _____

Address: _____

Telephone: _____ E-mail: _____

Description of experience and student's responsibilities (Attach additional pages as needed):

Name(s) of individual(s) who will be supervising the student: _____

Are you seeking credit for this experience? (Check one) Yes No

If yes, name of individual who will submit grade and evaluation: _____

Have you read the Toolkit for Going Abroad? (Check one) Yes No

Student Signature

Date

To Be Completed By Office of Student Affairs

Preliminary approval granted

Preliminary approval denied

International Programs Coordinator for Student Affairs

Date

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EMERGENCY CONTACT INFORMATION

Name of Student _____

Location of Experience _____

Inclusive Dates of Experience _____

Host Institution / Agency _____

Contact information during international experience

Street Address City State Zip code

Telephone #1 Telephone #2 E-mail

Permanent contact information

Street Address City State Zip code

Telephone #1 Telephone #2 E-mail

Contact Information for closest relative

Name Relationship

Street Address City State Zip code

Telephone #1 Telephone #2 E-mail

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To be completed by the Offices of Student Affairs and Academic Affairs

Section 1

Name of Student: _____ Date: _____

Location(s) of Experience(s): _____

Inclusive Dates of Experience: _____

Name of Host Institution / Agency: _____

Section 2: Verification of Documents (Attach to this form)

Document	Date Received
<input type="checkbox"/> Completed Application	_____
<input type="checkbox"/> Letter from Host Agency	_____
<input type="checkbox"/> U.S. State Department	_____
<input type="checkbox"/> Centers for Disease Control	_____
<input type="checkbox"/> World Health Organization	_____
<input type="checkbox"/> Proof of immunizations	_____
<input type="checkbox"/> Cultural preparation activity	_____
<input type="checkbox"/> Emergency contact information	_____
<input type="checkbox"/> Registered with Study Abroad Office	_____
<input type="checkbox"/> Release and Assumption of Risk Agreement	_____
<input type="checkbox"/> Health Insurance with evacuation/repatriation	_____

Section 3: Credit Experience

Approval by ADCME (Clinical Credit): _____

Approval by Course Director (Course: _____): _____

Approval by Director for Research (Research Credit): _____

Final approval by Exec. Associate Dean for Academic Affairs: _____

Final approval by Exec. Associate Dean for Student Affairs: _____

Section 4: Non-credit Experience

Final approval by Exec. Associate Dean for Student Affairs: _____