



IWU Study Abroad Pre-Departure Packet

Congratulations on your decision to study abroad! Now that you have received permission from IWU to study off campus and have submitted your study abroad application—and possibly been accepted already—it's time to focus on several next steps.

These include:

1. Completing and submitting a Course Approval Form (CAF). Note: the CAF is not required of students on the IWU London or IWU Spain Programs.
2. Completing the forms contained in this pre-departure packet:
 - Waiver
 - Medical Information Form
 - Physician's Report (if required)
 - Study Abroad Financial Aid Form
 - Letter of understanding
3. Apply for a passport, if you do not already have one. Please note that your passport should be valid for at least 6 months beyond the end of your program.
4. Apply for a visa to enter your host country, if required.
5. Complete and submit any post-acceptance paperwork required by your program.
6. Attend the mandatory Pre-Departure Orientation.

Pre-Departure Forms are due

October 31: for spring study abroad programs

March 31: for fall, summer, and academic year programs.

Waiver

Statement of Responsibility and Authorization: Waiver, Release, and Indemnification Agreement

I, _____, am a student at Illinois Wesleyan University. I have agreed to participate in _____(the "Program") in _____(Country) during the period _____ through _____. My participation in the Program is wholly voluntary. In consideration of the University's agreement to permit me to participate in the Program, I hereby certify that I have read and understand the following statement of University policies relating to travel courses offered by the University, and I agree as follows:

1) 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 traveling inside the United States or overseas, and, more specifically, in the countries in which I will be living and/or traveling while on the Program. By my signature below, I certify that my health insurance policy will adequately cover me while inside or outside the United States. I absolve the University of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses I may incur during the program. I agree to report to the University's Dean of Students any physical or mental condition I have which may require special medical attention or accommodation during the Program at least ninety (90) days prior to departure. I agree that the Program Director may be apprised of the condition.

2) I understand that although the University will attempt to maintain the Program as described in its publications and brochures, the University reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. The University 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 the University made flight arrangements. Any additional expense resulting from the above will be paid by the participant. The University reserves the right to substitute hotels or accommodations or housing of similar category at any time. Specific room and housing assignments are within the sole discretion of the University. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University's sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States, if the University determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

3) I understand and acknowledge that the University 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 the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage to property, bankruptcies of airlines or other service providers, 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 beyond the University'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, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property is at my risk entirely.

4) The University reserves the right to decline to accept or retain me in 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. Similarly, if my conduct violates any policy or procedure of the University, I understand that I may be required to leave the Program in the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action. I understand that I will be escorted to the departure gate by a University representative. In such an event, no refund will be made for any unused portion of the Program, and all my return expenses and all expenses incurred by the faculty member(s), class, or individual will be my responsibility.

5) I am aware that any potentially unsafe behavior is to be avoided (examples, but not limited to: alcohol abuse, illegal drug usage, walking alone in a city at night, being in unsafe neighborhoods, swimming in ocean currents). The University's health insurance program does not cover potentially unsafe activities, such as skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, and bungee jumping. I am also aware that it is specifically forbidden to rent motor vehicles, including vehicles for water sports.

6) I understand that, although the University has made every reasonable effort to assure my safety while participating in the Program there are unavoidable risks in travel. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives hereby release, acquit and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property, or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program and/or any travel incidental thereto.

7) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, losses, damages, judgments or expenses, including attorneys' fees, that they or any of them incur or sustain as a result of any claims, demands, actions or causes of action that arise out of, occur during, or are in any way connected with my participation in the Program and/or any travel incidental thereto.

8) I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the advisor, counselor, or attorney of my choice.

9) I agree that this Statement of Responsibility and Authorization: Waiver, Release and Indemnification Agreement, is to be construed under the laws of the State of Illinois, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms and conditions, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

10) I represent that I am at least eighteen years of age, or if not, that I have secured below the signature of my parent or guardian as well as my own.

Signature Name (print) Date

Signature of Parent/Guardian, if student is under the age of 18) Name (print) Date

Approved, Dunn Law Firm, 1/14/03

**Please complete and return to
International Office, CLA 3rd Floor**

Medical Information Form

General and Emergency Contact Information

Name: _____ Student ID: _____

Country of Study: _____ Program: _____

Gender: _____ Height: _____ Weight: _____

Physician's Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Person to Notify in Case of an Emergency

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel.: _____ Work Tel.: _____ Cell: _____

Medical History

If you answer "yes" to any of the following questions, you must complete and return the **Physician's Report** form on the last page. Please contact us if any conditions or treatments significantly change before the start of your program or while you are abroad.

Are you currently under medical treatment? Yes No

Do you have any ongoing or chronic medical condition (asthma, diabetes, etc.)? Yes No

Please identify the condition or conditions:

Are you currently taking any medications? Yes No

If yes, please list name, dosage, prescribing physician and, if not listed above, contact information for that physician. Use an additional sheet of paper if you need more space. Please return the **Physician's Report** form on the last page if you are taking prescriptions for a serious medical condition or for depression, anxiety, or other psychological condition. (You do not need to return the form on the last page if you are taking routine prescriptions such as birth control, skin care or allergies.)

Medical History (continued)

Name of medication	Dosage	Physician Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What condition(s) is (are) being treated with the above medication?

Are you taking the medication(s) on a temporary or on-going basis?

Please list any dietary restrictions or preferences:

Please list any allergies to medication, food or other substances/conditions:

Have you had any psychological or emotional problems (including eating disorders and substance abuse) during the past five (5) years for which you have sought professional medical attention? Yes No

If yes, please describe and indicate whether you are taking medication for that condition and return the **Physician's Report** form on the last page.

Do you have any conditions (including physical impairments or learning disabilities) that might restrict your mobility or require special facilities or assistance while abroad? Yes No

Have you had any diseases, surgical operations or significant injuries within the last five (5) years that could have an effect on your participation in this program? Yes No

If yes, please explain and return the **Physician's Report** form on the last page.

Medical History (continued)

Have any surgical operations been recommended that could have an effect on your participation in this program?
 Yes No

If yes, please explain and return the form on the last page.

Is there anything else about your health or medical history that may be a factor should there be an emergency?
 Yes No

If yes, please explain:

Authorization Statement

I hereby authorize Illinois Wesleyan University to release information from my medical history, including but not limited to medical records, upon the request of the International Office. I further authorize the release of information by the International Office to the relevant program director and to the cooperating or affiliated foreign institutions.

I understand that the International Office will not request any information from my medical records unless a situation arises while I am studying abroad that requires information pertinent to my safety or health. I further understand that any information obtained from of my medical records that held by the International Office will be destroyed upon the completion of my study abroad program.

I understand that, if I have a medical condition that requires or has required treatment, I must discuss my plan to study abroad with my clinician.

I certify that the information on this Medical Information Form is true and correct, and I will notify the International Office hereafter of any significant or relevant changes in my health that occur prior to or during the study abroad program.

Student's Signature: _____

Printed Name: _____ Date: _____

**Please complete and return to
International Office, CLA 3rd Floor**

Physician's Report

(This form is required only if directed by responses on the Medical Information Form)

_____ (print student's name) has identified a chronic and/or recurrent health issue. Please evaluate the physical and/or mental health of this student, who intends to participate in a study abroad program in _____ (print foreign location). The availability of medical services in the country (or countries) and areas within which the student will be living and traveling should be considered.

Diagnosis

Medications and dosage

Stability of condition over the past five (5) years:

To your knowledge, are there any predisposing medical, physical, or emotional factors that, under stress of adjusting to life in another country, may require treatment while the student is abroad?

Recommendations for care of this individual:

Physician's Signature: _____

Printed Name of Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Please complete and return to
International Office, Illinois Wesleyan University, P.O. Box 2900, Bloomington, IL 61702-2900
Fax: 309-556-3727

Study Abroad Financial Aid Form

Complete this form and attach to it a printed copy of the **required program costs** (tuition, room/board, etc.) and of **anticipated/expected costs** (RT airfare, books/supplies, visa fees, etc.). These costs can be accessed on your study abroad program's Website.

IMPORTANT: SUBMIT THIS FORM WITH THE ATTACHED COST INFORMATION TO THE FINANCIAL AID OFFICE. Please refer to the Study Abroad Policy Sheet, the International Office Website, or the University Catalog for information regarding financial aid for study abroad. If you have further questions, please contact the Financial Aid Office.

This information does not affect your approval for off-campus study.

Name: _____ Student ID # _____

Campus Address (Hall, House or Off-Campus): _____

Local Phone: _____ IWU email: _____@iwu.edu

I am applying to study off campus for (check one):

- Spring Fall Summer Academic Year 20____

I am applying to study with _____ (program name) in _____ (country/city).

- I am studying abroad with the IWU London/IWU Spain Program and would like to accept the IWU loan to assist with the program fee. Please check the appropriate box to indicate the amount of loan assistance you would like:
- I would like to request the maximum amount of IWU loan assistance for IWU London/IWU Spain, including the \$1000 deposit.
 - I would like to request the following amount in IWU loan assistance for IWU London/IWU Spain:

- I am not studying abroad with the IWU London/IWU Spain Program, but would like the Financial Aid Office to contact me regarding loans that may be available to assist me with my program costs.

I certify that the above information is true and correct to the best of my knowledge. I understand that this information will be used for determining loan eligibility and that additional financial information may be required before any loan funds can be provided to me. I understand that I will not be eligible to study off campus if my IWU account is in arrears.

Student Signature

Date

Reviewed by Financial Aid:

Financial Aid Signature

Date

**Please complete and return to
Financial Aid Office, Holmes Hall 01**

Study Abroad Letter of Understanding

Carefully read each of the following statements and to signify that you understand the policies and requirements outlined in them, initial next to each statement. Sign and date the form at the bottom and return to the International Office.

I understand that...

Eligibility

- _____ I must have a declared major in order to study abroad. [Note: Does not apply to IWU London and IWU Spain students.]
- _____ I may not be on academic probation.
- _____ I may not be under any disciplinary sanctions by the Dean of Students Office. If I am found in violation of the Student Code of Conduct before the start of my program, I must report this to the International Office and my study abroad program or permission to study abroad may be revoked.
- _____ My account with IWU must be paid and up to date.

Academics/Credits

- _____ I must maintain full-time student status with my program and I must consult with my program to determine how many classes I need to take to be considered a full-time student. Under no circumstances may I drop below 12 semester hours of credit or I will no longer be considered a full-time student. [Note: Does not apply to summer study abroad.]
- _____ I must take my courses for a letter grade, and those grades will transfer back to IWU and be calculated into my cumulative GPA.
- _____ If I do any coursework at a host university, I must sit at the regularly scheduled time for all required final examinations. This may affect the end date of my study abroad program.
- _____ I must have my courses approved by my advisor and return the Course Approval Form (CAF) to the International Office by the designated date. [Note: Does not apply to IWU London and IWU Spain students.]
- _____ If I wish to use any courses to fulfill major, minor, or General Education requirements, those courses must be approved on my CAF by the appropriate department chair, school director, or program coordinator. [Note: applies to IWU London and IWU Spain students only if seeking major or minor credit.]
- _____ Course schedules may change and if I am unable to take the courses listed on my CAF, I must contact the International Office, my advisor, and the appropriate department chair, school director, or program coordinator for course approval.
- _____ A course must carry the equivalent of 3 semester hours of credit/0.75 IWU units in order to fulfill a major, minor, or General Education requirement or to count as a course at IWU.
- _____ It is my responsibility to understand how the units from my study abroad program correspond to IWU units.
- _____ It is my responsibility to understand how my study abroad coursework fits in to my degree requirements.
- _____ I am responsible for getting my transcript from the program to IWU. If I have any outstanding bills with my program, my program will not issue a transcript for my study abroad course work. As a result, I may not be able to register with my class and I may not be able to graduate on time.

Costs/Billing

- _____ The tuition cost for semester and AY study abroad is the regular IWU tuition or the program's tuition, whichever is higher.
- _____ IWU will apply any applicable financial aid to that tuition bill, and then will forward the balance to me, my parents, or my guardian. [Note: IWU does not bill for summer programs.]
- _____ Room and board charges are billed by my program directly to me, my parents, or my guardian. [Note: Room and board charges for IWU London, IWU Spain, and the AUI Exchange will be billed by IWU; room charges for the Pembroke Program and Lingnan Exchange will be billed by IWU.]

_____ It is my responsibility to understand the cost of my study abroad program and to keep up to date on any fee increases by checking the program home page.

_____ I must report any additional scholarships I receive to the International Office and the Financial Aid Office. [Note: Does not apply to summer study abroad.]

General Study Abroad

_____ I must attend the mandatory pre-departure meeting or permission to study abroad may be withdrawn.

_____ I must register for the appropriate OCS100 course for the semester I will be abroad. Failure to do so means I will not be a registered student, will receive no aid, and will receive no credit. [Note: Does not apply to summer students.]

_____ I must return the signed Waiver to the International Office by the designated date or permission to study abroad may be withdrawn.

_____ I must return the Medical Information Form to the International Office by the designated date or permission to study abroad may be withdrawn.

_____ I must complete and submit the IWU Study Abroad Financial Aid Form, along with a printout of my program's comprehensive and expected costs, to the Financial Aid Office by the designated date or permission to study abroad may be withdrawn. [Note: Does not apply to IWU London, IWU Spain, Pembroke Program, and summer study abroad.]

_____ I am responsible for obtaining a passport and, if necessary, a visa to enter my host country.

_____ All electronic University communications will be sent to me via my IWU email account. I must therefore check my email regularly both while here and abroad and must keep the account clear.

_____ I must supply my abroad mailing address to the International Office within a week of the start of my program.

_____ I must follow the rules of conduct of my abroad program and the laws of my host country. Any disciplinary actions that are reported to IWU may result in disciplinary action upon my return.

_____ I must also follow the Policies and Regulations outlined in the IWU Student Handbook while abroad. Any violation of those policies may result in disciplinary action upon my return.

_____ I must complete a program evaluation upon my return. An online evaluation is available on the International Office webpage.

Name (print)

Signature

Date

**Please complete and return to
International Office, CLA 3rd Floor**