

Post-Nomination Checklist

Congratulations on your nomination to the SFSU Bilateral programs! The forms below are due to the SFSU Office of International before your departure from the US. Please remember that you will receive your final acceptance directly from the partner university.

A PDF is available on our website

<http://www.sfsu.edu/~studyabr/FormsAndHandouts/FormsAndHandouts.html>

Due at Orientation:

- ☐ Academic Advisement Form
- ☐ Health Statement Forms
 - Personal Health Statement – 2 pages
 - Physician's Statement – 1 page
- ☐ Permission for Emergency Treatment Form
- ☐ Photocopy of the inside page (the photo page) of your passport

Completed at Orientation:

- ☐ Purchase the International Student Identification Card (ISIC), provide a photocopy for file
- ☐ A photocopy of the signed back page of the Bilateral Participants Guide (available online and at orientation)
- ☐ ORIENTATION – All students must **ATTEND THE STUDY ABROAD ORIENTATION** at SFSU during the semester before departure.

Due Before Departure:

- ☐ Copy of your flight itinerary (or forward your confirmation e-mail)
- ☐ Proof of Health CSU Health Insurance Plan, or program-required plan (details at orientation)

Notes

If necessary, you may mail these items to us at: Office of International Programs, Attn: Study Abroad & International Exchange Programs, Office of International Programs, San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132.

GET A PASSPORT! Because of the time involved in obtaining a passport, applicants are **STRONGLY** advised to apply for one even before selection results are known. Information on how to get a passport can be found at <http://travel.state.gov/passport/index.html>

Remember, you are responsible for obtaining your student visa for entry into the host country. Check with the consulate web site of your host country for further instructions.

Forms are located at <http://www.sfsu.edu/~studyabr/FormsAndHandouts/FormsAndHandouts.html>

Study Abroad Student Health Statement

Name: _____ ID Number: _____

Study Abroad Location: _____

One of the requirements of the San Francisco State University Bilateral Exchange Programs, as well as other State-supported programs, is evidence that you are in good health. If you are disabled or have a health problem you are NOT excluded from the programs provided that your condition is not contagious and that the necessary accommodations and medical support are available at the study abroad site. However, it is essential that we know what kind of special arrangements should be made in order to protect your health and well being while studying abroad.

Personal History

Have you ever had or do you now have (check yes or no):

Medical Disease/Condition	Yes	No	Medical Disease/Condition	Yes	No
Chicken Pox	_____	_____	Chronic Skin Problems	_____	_____
Hepatitis	_____	_____	Epilepsy	_____	_____
Infectious Mononucleosis	_____	_____	Fainting Spells	_____	_____
Tuberculosis or contact w/TB	_____	_____	Migraine Spells	_____	_____
Malaria	_____	_____	Endocrine Disorder (s)	_____	_____
Heart Problems	_____	_____	Diabetes Mellitus	_____	_____
High Blood Pressure	_____	_____	Anemia	_____	_____
Irregular or Rapid Heart Beat	_____	_____	Anxiety to Medications	_____	_____
Pain or Pressure in the Chest	_____	_____	Physical Handicap (s)	_____	_____
Chronic Gastrointestinal Problems	_____	_____	Serious Accident (s)	_____	_____
Kidney Problems	_____	_____	Operation (s)	_____	_____
Hernia	_____	_____	Do you take medication (s)?	_____	_____

(Continued on back)

Study Abroad Student Health Statement

(Continued)

Please indicate any current or recurring condition (physical or emotional) that would require medical attention while studying abroad.

Please indicate any known allergies:

Please indicate any prescriptions or medication (s) that you must continue to take while studying abroad:

The Information I have given is true and complete

Applicant's Signature: _____ Date: _____

Please Attach This Form to the "Physician's Health Verification" Form

Forms are located at <http://www.sfsu.edu/~studyabr/FormsAndHandouts/FormsAndHandouts.html>

Physician's Health Verification Form for Study Abroad Students

Dear Physician,

Please read the attached "Study Abroad Health Statement" that has been completed by the student and comment on the following:

- Verify the student's response to the medical history and the results of your physical examination of the student.
- Indicate any condition or predisposition, which could become a significant health problem if the student were abroad for an extended period of time.
- Give your specific recommendations below on whether or not the student is physically and emotionally capable of studying in a foreign country.

.....
..

Physician's Signature: _____ Date: _____

Physician's Name (please print or type): _____

Address: _____
Street City State Zip

Office Phone Number: _____ Emergency Number: _____

Student may hand-carry this form in an envelope. Otherwise, please return this form to:

Study Abroad c/o Office of International Programs

San Francisco State University
1600 Holloway Ave, ADM 458A
San Francisco, CA 94132
Telephone: (415) 338-1293
Fax: (415) 338-6234

Forms are located at <http://www.sfsu.edu/~studyabr/FormsAndHandouts/FormsAndHandouts.html>

Permission for Emergency Treatment

Name: _____ ID Number: _____

Date: _____

To Whom It May Concern:

The Director of the International Bilateral Exchange Programs for *(Name of Overseas University)*

_____ in *(Country)* _____ has my

authorization to act on my behalf in the event that I, *(Name of Program Participant)*

_____, require emergency medical care while

participating in the SFSU Bilateral Exchange Program from *(program dates)*:

_____ to _____.

In Case of Emergency

Family Contact Person: _____ Relationship to Participant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Message Number: _____

SFSU Contact:

My Yarabinec, Associate Director, Study Abroad and Exchanges

Office of International Programs, Admin 458A

San Francisco State University

1600 Holloway Avenue

San Francisco, CA 94132

Telephone: 001- 415- 338-1293

Fax: 001- 415- 338-6234

Email: studyabr@sfsu.edu

Academic Advising Form

Student's name:		Study Abroad Information
		Host University:
Student's Signature	Date	Host Country:

To be completed by student with the help of all applicable advisors: List the courses you intend to take overseas as substitutions for the classes you need for your major, minor, or general education requirements. Review these plans with your advisor(s) and ask for a signature on the appropriate line. Please *handwrite* legibly.

Host Institution Course Number (if available) and Course Title	SF State Course Equivalent or Requirement that this course meets.	Major	Minor	GE	Upper or Lower Division	Advisor's Signature	Print Advisor's Name	Date

To the advisor: SF State will report courses taken by using a special course designation number which will allow the student to receive SF State resident credit. The title of the course taken will also be posted to the student's SF State academic record. Please assist the student with completing campus-based petitions (course substitution forms) if required which, if approved, will allow the student to use courses taken abroad towards fulfilling specific degree requirements.

Advisor Certification: My signature above confirms that I have reviewed the courses listed for the above-named student, I have advised of departmental policies toward the work that will be completed on study abroad, which is in accordance with campus regulations for the degree and/or credential. If there are any special requirements I have added them below.

Signature of Student's Advisor	Date	Signature of the Department Chair or Dean of Graduate Studies for Master's students)	Date

To the student: Keep a copy for your records. Provide a copy to your academic advisor. Bring or send the signed original to the Office of International Programs in ADMIN 458

Study Abroad Insurance Details

If required to purchase the CSU health policy, under insurance details write CSU Study Abroad Insurance and fill out your policy number. If you are not required to purchase the CSU policy, please list "country policy" or "host policy". Please refer to the tables below to help you fill out Insurance Details.

Insurance Details: _____ Policy Number: _____

Student's Signature: _____ Parent's Signature: _____

(Parent must sign if student is under 21)

Insurance for Study Abroad

All SFSU Bilateral Exchange students must purchase medical insurance for study abroad. There are two approved options. Your existing policy will not suffice. The tables below show which policies are required by each country or host institution. Please put a check in the box next to the country you will be studying at.

GROUP 1

CHECK	CSU Insurance – Enroll at www.CSUhealthlink.com
<input type="checkbox"/>	Argentina
<input type="checkbox"/>	Austria
<input type="checkbox"/>	China (SNU)
<input type="checkbox"/>	Czech Republic
<input type="checkbox"/>	Hungary
<input type="checkbox"/>	Ireland
<input type="checkbox"/>	Italy
<input type="checkbox"/>	Korea
<input type="checkbox"/>	Netherlands
<input type="checkbox"/>	Spain
<input type="checkbox"/>	Sweden
<input type="checkbox"/>	Taiwan (Only Chung Yuan Christian University)
<input type="checkbox"/>	Thailand
<input type="checkbox"/>	United Kingdom (Semester-only students must purchase this policy.)

GROUP 2

CHECK	Host Country/University Insurance
<input type="checkbox"/>	Australia (National Policy; "Overseas Health Cover.")
<input type="checkbox"/>	Canada (Institutional Insurance Policy through host university)
<input type="checkbox"/>	Denmark (National Health Insurance; students need CSU insurance for the first 7 weeks.)
<input type="checkbox"/>	France (National Policy; students need CSU insurance for the first few weeks.)
<input type="checkbox"/>	Germany (National Policy; students need CSU insurance for the first week weeks.)
<input type="checkbox"/>	Hong Kong (Institutional Insurance Policy through host university.)
<input type="checkbox"/>	Japan (National Health Insurance.)
<input type="checkbox"/>	United Kingdom (Year-long students enroll in National Health Policy.)

The required International Student ID Card (ISIC) provides essential additional insurance in the following areas:

\$300,000	Emergency Medical Transportation	\$100	Baggage Delay
\$25,000	Repatriation of Remains	\$100	Travel Delay (domestic only)
\$25,000	Accident Medical Expense	Included	Travel Guard Travel Assist
	(Includes \$500 Emergency Dental Coverage)		
\$5,000	Accidental Death & Dismemberment – Air		
\$1,000	Accidental Death & Dismemberment – All Other		
\$500	Travel Document Replacement (includes your ISIC)		
\$165 per day	Sickness/Hospital Benefit (up to 61 days)		