

# Study Abroad Application Form

## 1. Contact Information

Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Present address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Valid until: \_\_\_\_\_

Email \_\_\_\_\_ Sex  Male  Female

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_, \_\_\_\_\_  
(city of birth) (state)

Legal permanent resident of: \_\_\_\_\_

Country from which passport was issued: \_\_\_\_\_

Please mark here if you receive any type of **Financial Aid** (e.g., Stafford loans, federal and government grants, etc.)

## 2. Academic Information

Major \_\_\_\_\_ Advisor \_\_\_\_\_

2<sup>nd</sup> Major \_\_\_\_\_ Advisor \_\_\_\_\_

Credits completed \_\_\_\_\_ Credits in progress: \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Activities, positions, honors while in college (please be specific):  
\_\_\_\_\_  
\_\_\_\_\_

Program of Application: \_\_\_\_\_

Academic Year of Exchange: 20\_\_\_\_ - \_\_\_\_\_  Autumn  Spring  Summer

Class status during exchange  
 Sophomore  Junior  Senior  Graduate

Are you planning on using financial aid for your study abroad?  Yes  No

## 3. Emergency contact

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

## Acknowledgement of Risk and Release Form

**Read carefully before signing this document. This document should be signed in the presence of a Notary Public.**

I hereby acknowledge that I voluntarily chose and applied to participate in the \_\_\_\_\_ program through East Stroudsburg University (ESU) and voluntarily engage in activities of this program. I accept the conditions of the exchange agreement for the term \_\_\_\_\_, as well as the financial responsibilities as outlined in the exchange agreement. I am aware that participating in this exchange program and its activities involves the risk of injury to my person and property. I voluntarily accept all risks of personal injury and property damage arising from my participation in the program, including traveling to and from their site.

I understand that ESU's role in this program is limited to facilitating placement opportunities and providing academic credits, and that ESU does not supervise or insure the actual placement and/or the activities of the agency, the host institution or host families. I will not attempt to hold ESU liable in damages for any injury, illness or loss to person or property. I hereby release East Stroudsburg University of Pennsylvania from any liability whatsoever for any personal injury, illness, or property damage arising from my involvement in the above program.

I further understand that ESU does not provide any medical or life insurance to cover accidental injuries, illness or loss of life, nor coverage for personal property damage. I hereby agree that I must maintain appropriate accident, health, and property insurance, and if such insurance policies lapse, I recognize that no liability rests with either the institution, its agents or servants. I further certify that to the best of my knowledge, I am in good health and physically capable of undertaking this program. I agree to consult my physician concerning any limiting conditions or special precautions necessary for the protection of my health, and to inform ESU of any limiting conditions or special precautions or recommendation by my physician.

### Health insurance information

Name of subscriber \_\_\_\_\_  
Address of subscriber \_\_\_\_\_  
Employer of subscriber \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
Insurance I.D. Number \_\_\_\_\_ Insurance group Number \_\_\_\_\_

I acknowledge that I am responsible for the information provided. I believe it to be current and accurate to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**If student is 18 years of age or younger, please have student and parents(s)/ legal guardian complete:**

I recognize that in Pennsylvania, an individual is considered a minor until the age of 18. Since both federal and Pennsylvania State laws apply to this agreement, this document is signed by myself (parent or legal guardian) and student, and is binding upon both of us.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Subscribed and sworn to (affirmed) before me \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_. My commission expires on \_\_\_\_\_.

(Notary Public)

## Release of Information Form

**Read carefully before signing this document. This document should be signed in the presence of a Notary Public.**

The collection, retention of your records and information about you is subject to federal regulation under the Family Education Rights and Privacy Act of 1974. This means that you are responsible for specifying the persons or agents who may have access to your records. It is therefore necessary for the Office of International Program and the Advisory Council to obtain your permission to release information collected on the application in your letters of recommendation and in your transcripts.

- I hereby release information contained in my application, letter of recommendation and transcripts to the International Program and its Advisory Council at East Stroudsburg University for review and approval of my application. I grant permission to the International Programs and its Advisory Council to have access to my student records that have bearing on my application to exchange, including police, judicial affairs, medical information, disabilities and counseling files.
- I hereby release information contained in my application and transcripts to the Host School where I am placed.

I have read the above statement carefully before signing. Further, I understand this Release and Waiver of Liability shall be effective for the period of my program.

If student is 18 years of age or younger, please have student and parents(s)/legal guardian complete:

I recognize that in Pennsylvania, an individual is considered a minor until the age of 18. Since both federal and Pennsylvania state laws apply to this agreement, this document is signed by myself (parent or legal guardian) and student, and is binding upon both of us.

Applicant:

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship with applicant)

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

Subscribed and sworn to (affirmed) before me \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_. My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

## Statement of commitment form

**Read carefully before signing this document. This document should be signed in the presence of a Notary Public.**

I, \_\_\_\_\_, accept the conditions of the ESU program for the academic year \_\_\_\_\_, as well as financial responsibilities as outlined in the program materials.

I hereby state to have sufficient personal funds to support my study abroad plans, including the costs associated with airfare and living expenses. While financial aid may apply for my study abroad experience, I understand that I might need additional funds to cover the cost that exceed tuition and program fees and that the disbursement of financial aid may not coincide with the start date of the program abroad. Finally, I understand that ESU or any of its members are not responsible for funding my study abroad plans.

**In the event of illness or other catastrophic events which may lead a student to forego the program or to terminate that study prematurely, ESU will not be required to provide a refund or any of the monies paid for the program. However, it may do so if ESU determines that the circumstances merit a refund.**

I understand that, while every precaution will be taken by ESU, it cannot be held legally liable for any mishaps which may occur. In particular, I recognize that there are risks associated with air, rail, and automobile travel (whether public or private).

I understand that I must have appropriate health, life, and property insurance, and if such insurance policies lapse, I recognize that no liabilities rests with ESU, its agents, or servants.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

If student is 18 years of age or younger, please have student and parents(s)/legal guardian complete:

I recognize that in Pennsylvania, an individual is considered a minor until the age of 18. Since both federal and Pennsylvania State laws apply to this agreement, this document is signed by myself (parent or legal guardian) and student, and is binding upon both of us.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Subscribed and sworn to (affirmed) before me \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_. My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

## Academic Reference Form

### STUDENT SECTION

Please complete this section

Applicant's name \_\_\_\_\_

Intended program of study abroad: \_\_\_\_\_

In compliance with the Family Education Rights and Privacy Act of 1974, the candidate may have access to this evaluation unless access is waived by completing the following statement.

I \_\_\_\_\_ waive my right to access this evaluation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### EVALUATOR SECTION

ESU Office of International Programs provides students with the opportunity to attend a foreign institution for a summer, semester or a year. While abroad, students take advantage of unique geographic, cultural, and academic characteristics of the institution and region.

In making decisions on the appropriateness of students' participation in the exchange, we need to know about their motivation, adaptability, academic skills and those personal qualities that will give students the ability to benefit fully from the exchange experience. Please state frankly your opinion of this applicant's chances for academic and non-academic success in an exchange program, weighing both strong and weak points.

**1. How well do you know the applicant?** (Please check the most appropriate response)

- Extensive knowledge
- Well acquainted in classroom or campus environment
- Limited contact in classroom or campus environment
- Other (please explain) \_\_\_\_\_

**2. In comparison with other students whom you have known at comparable states of their education, please rate the applicant in the following areas (please check the most appropriate box).**

	Excellent	Very Good	Good	Below average	Unable to Judge
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments**

Based upon your knowledge of the applicant, please comment on how successful/valuable an experience abroad might be for this student.

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**Overall recommendation**

- I recommend the applicant without reservation as an excellent candidate for the ESU Exchange program
- I have some reservations, but I feel the applicant will be a good candidate for the ESU exchange program
- I feel the applicant is unsuited for the ESU exchange program

**Evaluator's name (please print)** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Position/title** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete the form and return directly to:

Office of International Programs  
Zimbar Liljenstein # 164  
200 Prospect St.  
East Stroudsburg, PA 18301  
Telephone 570 422 3527  
Fax 570 422 2874  
Email: [oip@po-box.esu.edu](mailto:oip@po-box.esu.edu)

## Academic Reference Form

### STUDENT SECTION

Please complete this section

Applicant's name \_\_\_\_\_

Intended program of study abroad: \_\_\_\_\_

In compliance with the Family Education Rights and Privacy Act of 1974, the candidate may have access to this evaluation unless access is waived by completing the following statement.

I \_\_\_\_\_ waive my right to access this evaluation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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ESU Office of International Programs provides students with the opportunity to attend a foreign institution for a summer, semester or a year. While abroad, students take advantage of unique geographic, cultural, and academic characteristics of the institution and region.

In making decisions on the appropriateness of students' participation in the exchange, we need to know about their motivation, adaptability, academic skills and those personal qualities that will give students the ability to benefit fully from the exchange experience. Please state frankly your opinion of this applicant's chances for academic and non-academic success in an exchange program, weighing both strong and weak points.

**1. How well do you know the applicant?** (Please check the most appropriate response)

- Extensive knowledge
- Well acquainted in classroom or campus environment
- Limited contact in classroom or campus environment
- Other (please explain) \_\_\_\_\_

**2. In comparison with other students whom you have known at comparable states of their education, please rate the applicant in the following areas (please check the most appropriate box).**

	Excellent	Very Good	Good	Below average	Unable to Judge
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office of International Programs

Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Based upon your knowledge of the applicant, please comment on how successful/valuable an experience abroad might be for this student.

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Overall recommendation

- I recommend the applicant without reservation as an excellent candidate for the ESU Exchange program
- I have some reservations, but I feel the applicant will be a good candidate for the ESU exchange program
- I feel the applicant is unsuited for the ESU exchange program

Evaluator's name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Position/title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Please complete the form and return directly to:

Office of International Programs  
 Zimbar Liljenstein # 164  
 200 Prospect St.  
 East Stroudsburg, PA 18301  
 Telephone 570 422 3527  
 Fax 570 422 2874  
 Email: [oiip@po-box.esu.edu](mailto:oiip@po-box.esu.edu)



## Credit Transfer and Conditions of Study Abroad

### *Courses Taught by ESU Faculty Abroad*

A course taught by an ESU faculty in another country does not require transferring credits. In such case, both credits and grades will be posted on the student's records upon the completion of the course. **Important: courses taught by ESU faculty abroad are at all times ESU courses and do not require the transfer of credits.**

### *Credit Transfer for Non-ESU courses taken abroad*

When the study abroad experience involves taking courses taught by a non-ESU faculty at a host university, then students need to secure the transferability of credits. **Credits transferred from another institution are processed by ESU (Enrollment Services) with ESU credits and a Pass (P) or Fail (F) grade.** It is the student's responsibility to negotiate before starting the exchange experience that all credits will be approved at ESU once completed. Negotiating credit transferability involves finding courses at the host university that are equivalent to that of ESU. The student is responsible for obtaining due approval from the academic departments and the academic Adviser to ensure that all credits taken at a foreign university will successfully transfer to ESU. This procedure is facilitated by the Credit Transfer Form.

In addition, students who are planning on taking any of the last 32 credits at a foreign university must obtain approval from the respective Dean prior to the academic experience abroad. This approval is facilitated by the Credit Transfer Form.

To be clear, students who transfer credits from a foreign university will receive a P (Pass) or F (Fail) grade. Courses approved and passed at the foreign university will not affect the students' Grade Point Average (GPA), whatsoever.

### *Transcripts*

It is the student's responsibility to request at the host university to send an official transcript to the ESU Office of International Programs for processing credit transfer.

Upon receiving the official transcript from the host university, the Office of International Programs will send to Enrollment Services both the original transcript and the Credit Transfer Form to be posted on the students' academic records.

I \_\_\_\_\_, have read and understand the conditions of study abroad pertaining to academic credits, as provided by the Office of International Programs and will abide by these procedures.

Signature: \_\_\_\_\_

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

## Credit Transfer and Conditions of Study Abroad (student's copy)

### *Courses Taught by ESU Faculty Abroad*

A course taught by an ESU faculty in another country does not require transferring credits. In such case, both credits and grades will be posted on the student's records upon the completion of the course. ***Important: courses taught by ESU faculty abroad are at all times ESU courses and do not require the transfer of credits.***

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When the study abroad experience involves taking courses taught by a non-ESU faculty at a host university, then students need to secure the transferability of credits. ***Credits transferred from another institution are processed by ESU (Enrollment Services) with ESU credits and a Pass (P) or Fail (F) grade.*** It is the student's responsibility to negotiate before starting the exchange experience that all credits will be approved at ESU once completed. Negotiating credit transferability involves finding courses at the host university that are equivalent to that of ESU. The student is responsible for obtaining due approval from the academic departments and the academic Adviser to ensure that all credits taken at a foreign university will successfully transfer to ESU. This procedure is facilitated by the Credit Transfer Form.

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I \_\_\_\_\_, have read and understand the conditions of study abroad pertaining to academic credits, as provided by the Office of International Programs and will abide by these procedures.

Signature: \_\_\_\_\_

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

Office of International Programs

# Study Abroad Credit Transfer Form

Name: \_\_\_\_\_

SSN# Number: \_\_\_\_\_

Address: \_\_\_\_\_

Major: \_\_\_\_\_ Email Address: \_\_\_\_\_

I plan to attend the study abroad program coordinated or approved by ESU as designated below:

Name of Program/Institution: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Dates of attendance for the study abroad program: From \_\_\_\_\_ to \_\_\_\_\_  
 month/day/year month/day/year

**I. Before you leave ESU. Please receive course approval with the appropriate signature**

The following courses are proposed to be taken at the hosting institution:

Foreign Course Title	ESU Equivalent: Title, Dept, Course #	Credit Hours	Identify ESU requirement this course fulfills (major, minor, general education or elective)	Authorization Signature - Chair of the Department where course is imparted at ESU

Department Chairperson's name & signature

Academic Advisor's name & signature

Date signed:

Date signed:

**II. Upon your return to ESU. If there is a discrepancy between the courses above and your official transcript from the host university, please receive approval only for the courses that are not listed above**

Foreign Course Title	ESU Equivalent: Title, Dept, Course #	Lower or Upper Level	Credit Hours	Authorization Signature - Chair of the Department where course is imparted at ESU

**III. Please fill out this section only if any of the courses approved are part of your last 32 credits before graduation**

The Dean of the College of \_\_\_\_\_ approves the courses and credits above as transfer credits from a study abroad experience and waives the last 32 credit requirement for the above student.

Dean's name: \_\_\_\_\_ Dean's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUMMER PROGRAM  
STATEMENT OF AUTHORIZATION AND CONSENT**

Student: \_\_\_\_\_

Name of Summer Program: \_\_\_\_\_

The following agreement is designed to protect all participants in East Stroudsburg University's study abroad programs: the students, the faculty, East Stroudsburg University (ESU), its trustees, officers, agents, and employees, and the agencies and individuals cooperating with ESU. References to "East Stroudsburg University" made in this agreement refer to all of the participants as listed above. We require that all students and their parents/guardians sign this form to indicate their authorization and consent.

East Stroudsburg University of Pennsylvania does not discriminate against individuals who have had physical, emotional or mental disorders. A medical examination is required for those programs that are physically arduous and/or when it is a requirement of the hosting institution. If a student has a history of any medical or psychiatric problems during the previous two years, we expect that the student will consult with a medical professional in this country before departure to discuss the potential stress and difficulty of study abroad. The director of the program must be fully informed of any student's special needs before leaving on the program.

1. We understand that participation in the program is entirely voluntary and that any program of travel involves some element of risk. We agree that in partial consideration of ESU's sponsoring this activity and permitting the student to participate, we will not attempt to hold East Stroudsburg University of Pennsylvania liable in damages for any injury or loss to person or property the student might sustain while so participating; and we hereby release East Stroudsburg University of Pennsylvania from any liability whatsoever for any personal injury or property damage arising from participation in the program.
2. We understand that East Stroudsburg University of Pennsylvania reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the interest of the group. Should East Stroudsburg University of Pennsylvania cancel the program, full refunds will be made unless the cancellation is due to political, natural, technological or other catastrophes beyond its control in which case East Stroudsburg University of Pennsylvania will be able to refund only uncommitted and recoverable funds. In addition, we understand that the program's fees are based on airfares (for certain programs), lodging rates and travel costs expected to be in force and are subject to increase.
3. We \_\_\_\_\_, (name of student) and \_\_\_\_\_ (name of parent/guardian) understand that by signing the "Statement of Commitment" form sent to students in the study abroad application packet, the student will be obligated to pay the tuition and program fee for the study abroad program. This applies to all students, including those receiving summer financial aid through ESU.
4. We also understand that if an officially enrolled student withdraws from the summer program after the Friday, April 18, 2008 cancellation deadline set by the Office of International Programs, but before the start date of the summer program, ESU will reimburse the student only the recoverable program fees.

5. Students are expected to comply fully with the laws and regulations of the host country regarding required travel documents such as student visas and study permits. Obtaining the necessary permission to enter or remain in a country is the sole responsibility of the student.
  
6. We understand that the student, as a participant in a East Stroudsburg University of Pennsylvania study abroad program, is a representative of East Stroudsburg University of Pennsylvania and the United States and by signing this agreement pledges to deport him or herself in a manner that reflects favorably on both and upholds the ESU community. East Stroudsburg University of Pennsylvania may discipline a student or dismiss him or her from the program for behavior detrimental to the program. A dismissed student will receive no refund. Grades reported by the program will appear on the student's ESU record in accordance with ESU grading and grade requirements. Students who withdraw from an ESU-administered summer program after the program has started will not receive a refund of the program fee.
  
7. We understand that in addition to regular classes the program includes planned lectures and excursions which are germane to the educational experience, and that the student agrees to participate willingly in such activities in addition to attending the regular classes. Due to the intense nature of summer programs, late arrival and/or early departure will not be permitted. No registration changes may be made after the first three class days.
  
8. We understand that East Stroudsburg University of Pennsylvania requires that all students be covered by appropriate travel, sickness and accident insurance and that they are financially responsible for all medical expenses and current information about the student's health insurance company and policy is provided in the "Acknowledgement of Risk and Release Form," submitted as part of the study abroad application packet. In addition, we understand that payment for medical expenses customarily will have to be advanced and reimbursement sought later from the carrier.

East Stroudsburg University of Pennsylvania requires that all students obtain an International Student Identity Card (ISIC), available through the Office of International Programs. The ISIC must be valid throughout the dates of the program. If the student obtains the card anywhere else other than the Office of International Programs, then he or she must provide the card number and expiration date to the Office of International Programs before departure by sending the information via fax or email.

East Stroudsburg University of Pennsylvania discourages students from operating motor vehicles while abroad. Should they choose to operate a motor vehicle against this advice, we recommend that the student obtain liability and collision insurance that will cover him/her in the applicable foreign country(ies). East Stroudsburg University of Pennsylvania also recommends that students insure their property from loss or theft.

9. We understand that the student must make provision before departure for continuation of medical treatments such as prescriptions or special diets. No representation can be made by East Stroudsburg University of Pennsylvania with respect to accessibility to services and facilities abroad. Please be advised that some treatments may not be as readily available abroad as in the United States.

10. In the event (I)/(we) cannot be reached to give (my)/(our) consent, (I)/(we) the undersigned parent(s)/guardian(s) of \_\_\_\_\_, hereby authorize East Stroudsburg University's representative to consent for (me)/(us) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care deemed necessary or advisable by a licensed physician during the period the student is enrolled in the ESU program. It is understood that this authorization is given in advance
11. of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of East Stroudsburg University of Pennsylvania to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Parent or legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

The signatures of both the parent or legal guardian and the student are required. Please sign this form and return it to:

Office of International Programs  
200 Prospect St.  
Zimbar Liljenstein, Office #164  
East Stroudsburg, PA 18301  
Tel.: 570-422-3527

## Medical Information Form

This form is to be completed by the participant. East Stroudsburg University does not discriminate on the participant's health condition or disabilities. The purpose of this form is to enable East Stroudsburg University to provide appropriate assistance to you should the need arise during your study abroad experience. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in the study abroad program. Please be honest and comprehensive. *The information provided will remain confidential as allowed by law and will not be used to disqualify you from the program.* Relevant information will be shared with program staff, faculty, or appropriate professionals as it relates to your health and safety.

**East Stroudsburg University shall not be responsible for participant's failure to provide complete and accurate information.**

Student's Name: \_\_\_\_\_ East Stroudsburg University ID#: \_\_\_\_\_

Sex:  F  M Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Study Abroad Program: \_\_\_\_\_

Country/Countries of Program: \_\_\_\_\_ Dates of Program, From : \_\_\_\_\_ To: \_\_\_\_\_

This information is required to coordinate treatment in the event of a medical emergency.

If you answer **YES** to any of the following questions, please provide details of the condition and the treatment you received or are continuing to receive. Please contact us if any conditions or treatments change before the start of your program.

Are you currently under medical treatment?  Yes  No If yes, explain.

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Are there any medical conditions that we should be made aware of?  Yes  No If yes, explain.

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Do you suffer from any allergies?  Yes  No If yes, explain.

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Are you currently taking any medications?  Yes  No If yes, explain.

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Do you have a disability that will require accommodations while abroad?  Yes  No If yes, explain.

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Are you allergic to any medication?  Yes  No If yes, explain.

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Do you suffer from any food allergies or have any dietary restrictions?  Yes  No If yes, explain.

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**ADDITIONAL HEALTH CONDITIONS**

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your ability to participate in this program?  Yes  No If yes, you are advised to consult with your health care provider. Please provide an explanation below:

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**Physician Information**

Physician's Name: \_\_\_\_\_

Physician's

Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

**Authorization Statement**

I hereby authorize the release of information from my medical history upon the request of East Stroudsburg University University's Study Abroad Programs. I further authorize the release of information by the Study Abroad Program to its affiliated institutions. I certify that the information on this Medical Information Form is true and correct, and I will notify East Stroudsburg University University's Study Abroad Program hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that this information will be used only for the purposes for which it was prepared.

**Student Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

(or if under 21 Parent/Guardian Signature)

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



**EAST STROUDSBURG UNIVERSITY OF PENNSYLVANIA**  
**UNIVERSITY HEALTH SERVICES**  
**REPORT OF MEDICAL HISTORY**  
**TELEPHONE (570) 422-3553**  
**FAX (570) 422-3731**

**STUDENT:**

Please complete report of medical history prior to physical exam. Information supplied will be held in confidence, and will aid in providing health care while you are enrolled.

**Attach a copy of both sides of student's health insurance card to this form.**

GENDER:  Male  Female \_\_\_\_\_  
(PRINT) LAST NAME FIRST NAME MIDDLE SOC.SEC.NO. CELL PHONE NO.

HOME ADDRESS (STREET & NUMBER) \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF PERSON TO CONTACT IN EMERGENCY \_\_\_\_\_ (AREA CODE) HOME PHONE NO. \_\_\_\_\_

HOME ADDRESS (STREET & NUMBER) \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ (AREA CODE) BUS. PHONE NO. \_\_\_\_\_

HEALTH AND ACCIDENT INSURANCE PROVIDER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

CITIZENSHIP:  U.S.  Other CLASS ENTERING:  Under Graduate  Graduate

**FAMILY HISTORY:**

	Living	Deceased	Age of Death	Cause	Occupation
Father					
Mother					
Siblings					

**HAVE YOUR BLOOD RELATIVES EVER HAD:**

	Yes	No		Yes	No		Yes	No
Arthritis			Heart Disease			Seizures/Convulsions		
Asthma			High Blood Pressure			Tuberculosis		
Diabetes			Kidney Disease			Ulcer: Duodenal/Peptic		

**HAVE YOU HAD:**

	Yes	No		Yes	No		Yes	No
ALLERGIC TO:			German Measles			Tumor/Cyst: Benign		
Penicillin			Measles			Malignant		
Sulfonamide			Rheumatic Fever			Anxiety/Depression		
Other (describe)			Scarlet Fever			Psychiatric		
No known allergy			Jaundice			Alcohol/Drug Dependency		
Arthritis (describe)			Malaria			Eating Disorder		
Asthma (describe)			Mononucleosis			Chest Pain/Pressure		
Digestive Problem (describe)			Urine: Albumin			Dizziness/Fainting		
Head Injury (describe)			Sugar			Recent Gain/Loss of Weight		
High Blood Pressure			Frequency			Weakness/Paralysis		
Heart Disease/Problem (describe)			PROBLEMS: Dental			Sexually Transmitted Disease		
Kidney Disease (describe)			Ear			Hernia		
Diabetes (describe)			Eye			Hives		
Seizures/Convulsions (describe)			Nose/Throat			Shortness of Breath		
Tuberculosis (describe)			Anemia			Other (describe)		
SURGERY: Appendectomy			Headaches					
Hernia Repair			Diarrhea			FEMALES ONLY:		
Tonsillectomy			Back Problems			Excessive Flow		
Other (describe)			Chronic Cough			Irregular Periods		
Chicken Pox			Gallbladder Problems			Severe Cramps		
Mumps								

Instructional Resources Jan 2007

**HAS YOUR PHYSICAL ACTIVITY BEEN RESTRICTED IN THE PAST?**  Yes  No (If 'yes' give reasons and duration)

Please attach additional sheet to describe concerns or give remarks.



(PRINT) LAST NAME

FIRST NAME

MIDDLE

SOC. SEC. NO.

**D. TETANUS-DIPHTHERIA-PERTUSIS**

1.  Completed primary series of tetanus-diphtheria immunizations \_\_\_\_\_  
MONTH DAY YEAR

2.  Received Td booster within the last 10 years \_\_\_\_\_  
MONTH DAY YEAR

OR

3.  Received Tdap within the last 10 years \_\_\_\_\_  
MONTH DAY YEAR

**E. MENINGITIS VACCINATION (Given within the past 1-3 years)**

1. Meningitis vaccination

Menomune (Given within the past 1-3 years) \_\_\_\_\_ or  Menactra \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

2.  Student has been advised of the risks associated with meningococcal disease, the availability/effectiveness of vaccination and has decided not to receive the vaccination.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(If student is a minor under 18 years old)

**RECOMMENDED IMMUNIZATIONS**

**F. HEPATITIS:**

1. Hepatitis B: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR

2. Hepatitis A: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

3. Hepatitis A+B combined: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR

**G. VARICELLA:**

Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

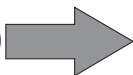
**H. HUMAN PAPILLOMA VIRUS (HPV):**

Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR

**REQUIRED PHYSICIAN'S VERIFICATION OF IMMUNIZATIONS**

(or attach official documentation verifying immunizations dates)

**REQUIRED**



PHYSICIAN'S SIGNATURE, M.D. OR D.O. \_\_\_\_\_  
(If completed by PAC or nurse practitioner include name of Physician Association)

DATE OF EXAM \_\_\_\_\_

(PRINT) PHYSICIAN'S NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

(PRINT) LAST NAME

FIRST NAME

MIDDLE

SOC. SEC. NO.

# PHYSICIAN'S HEALTH EVALUATION

(Must be completed within the past year)

**TO THE EXAMINING PHYSICIAN:** Please review the student's Report of Medical History and complete this form, commenting on all positive answers. Information will be used as a background for providing appropriate health care. THE INFORMATION YOU PROVIDE IS SOLELY FOR THE USE OF THE UNIVERSITY HEALTH SERVICES AND WILL BE RELEASED UPON AUTHORIZATION/CONSENT OF THE STUDENT.

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_    Corrected Vision: Right 20/ \_\_\_\_\_    Color Vision:  Normal    Suggested Laboratory Studies: Hgb \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.    Left 20/ \_\_\_\_\_     Abnormal    Hct \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.    Chol \_\_\_\_\_

U/A \_\_\_\_\_

Other \_\_\_\_\_

### ARE THERE ANY IRREGULARITIES OF THE FOLLOWING SYSTEMS?

	Yes	No		Yes	No
Cardiovascular			Musculoskeletal		
Dental			Neuro/Psychiatric		
Eyes			Respiratory		
Gastrointestinal			Skin		
Genitourinary			Is there absence or seriously impaired function of any organ?		
Ears, Nose, Throat			Have you any general comments?		
Immune			Is the student under treatment for eating disorder, emotional, or psychiatric problems?		
Metabolic/Endocrine					

**RECOMMENDATION FOR PHYSICAL ACTIVITY:**     Limited     Unlimited  
 (If limited, please explain limitations below.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

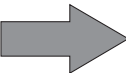
**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**IS THE STUDENT CURRENTLY TAKING ANY LONG-TERM MEDICATION?**     Yes     No  
 (If yes, please indicate the drugs and dosage below.)

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED** 

PHYSICIAN'S SIGNATURE, M.D. OR D.O. \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_  
 (If completed by PAC or nurse practitioner include name of Physician Association)

(PRINT) PHYSICIAN'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**RETURN FORM TO:**  
 University Health Services, Flagler-Metzgar Center, East Stroudsburg University  
 East Stroudsburg, PA 18301-2999  
 (570) 422-3553 - Fax (570) 422-3731

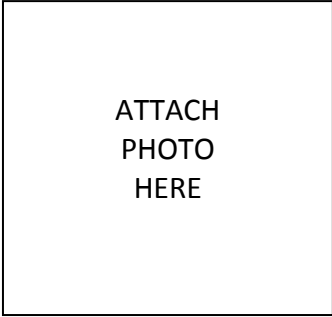


**ISIC**

## Application for ISIC Card

Applications must be sent with:

One 1" x 1" photo (name printed in ink on the back)



### Personal Information

Name (first, last) \_\_\_\_\_

Institution / School Name: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_ (MM/YY)

Date of Birth: \_\_\_\_\_ (i.e. 09/Jun/89)

School ID: \_\_\_\_\_

### Mailing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### OFFICE USE ONLY

Card Number: \_\_\_\_\_ Year: \_\_\_\_\_