

Education Abroad



Application for Partnership Exchanges

Application checklist

Please submit the following documents to the VCU Education Abroad Office.

- Personal Information form.
- Statement of Intent.
- Signed Agreement and Release.
- One reference letter (some programs will require two letters).
- Completed Course Approval Form, if applicable.
- ISIC application with passport size photo.
- Official VCU transcript.
- Language history form and evaluation, if studying in a foreign language.
- Host university application form and required documents.
- \$150 non-refundable application fee, checks payable to VCU.
- Copy of passport or proof of passport application.

Application deadline: **March 15 for summer and fall exchange programs**
 October 15 for spring programs

VCU Education Abroad
Office of International Education
916 W Franklin Street
P.O. Box 843043
Richmond, Virginia 23284
Phone: (804) 827-STUA Fax: (804) 828-2552

Agreement and Release

Please read the following carefully before signing.

Program participation: I agree to participate in all aspects of the study abroad program (instructional, cultural, and social) that are organized by the program, as defined in the program information. I understand that I must be enrolled in the required course work, and that any deviation from the normal course schedule and/or program design must be approved in advance in writing by the program provider.

Program provider regulations: I agree to abide by all rules and regulations regarding program participation including authorization for absences from programmed activities, as set out by the program provider, and by all laws, rules, and regulations pertaining to my student status.

Health and medical insurance: I certify that I am free of medical conditions that would endanger my life, health, or well-being while traveling or living abroad, or that would impede my ability to fully participate in all aspects of the program. Further, I understand that I must disclose any pre-existing conditions which may affect my participation in program activities. I also certify that I have accident and illness insurance for provision of emergency medical care, as recommended by the program provider or medical authorities of my host country, in case of accident or illness during the program.

Consular information sheets and travel warnings: Travel abroad is risky for all Americans at the present time. I certify that I have read and discussed with my parents and/or legal guardians all Consular Information Sheets and Travel Warnings provided to me by the program director and/or the Education Abroad Department. I understand that it is my exclusive responsibility to keep informed of any changes in Travel Warnings issued by the Department of State and to decide accordingly on my participation in the Study Abroad Program

Agreement and release: In consideration of permission granted by the Board of Visitors of the Virginia Commonwealth University, I, for myself, my executors, administrators, and successors hereby release and hold harmless the Virginia Commonwealth University, its visitors, officers, employees, and agents from any and all claims and causes for action including, but not limited to, loss or destruction of property and personal injury, including, but not limited to, death, which may be sustained by me whether within or outside of controlled travel or activity related directly or indirectly to the program.

Financial aid authorization: I authorize Virginia Commonwealth University to use Federal Title IV funds, and any other assistance including Federal Title VII funds, provided on my behalf to pay any and all university charges including educationally related activities other than current charges for tuition, fees, room and board. Payment of these charges will be made in full prior to any financial aid refund amount being provided to me. This authorization will remain in effect until such time that I provide written notification to rescind this authorization.

Name (Please print)

Signature of parent or guardian (if applicable)

Signature of student

Date

Date of birth of student

Date

VCU Education Abroad
Know more. See more. Be more.

Academic reference

To be completed by applicant

Name _____ E-mail _____ Program _____

To the applicant: U.S. Federal Law (Section 438 of Public Law 90-247, as amended) permits students to have access to certain academic records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. If you waive your right to inspect this form, please sign below:

Applicant's signature _____ Date _____

Note: This form must be completed by a VCU faculty member who has knowledge of your academic performance and abilities.

To be completed by recommender

The applicant above is applying for study abroad through VCU's partnership universities. Since participants will directly matriculate into their host universities and serve as representatives of VCU and the United States, VCU Office of International Education is concerned with the applicant's academic and personal suitability for study abroad. The willingness of our partner universities to accept future VCU students will be affected by this applicant's performance.

A. On a separate page, please comment on the applicant's suitability for study abroad. Address the following questions in your comments: 1.) How long and in what capacity have you known the applicant? 2.) How prepared, academically and personally, is the applicant for study abroad? 3.) How will study abroad benefit the applicant? 4.) What other factors may affect the applicant's ability to have a successful study abroad experience?

B. Please complete the chart below.

	Excellent	Good	Average	Below Average	NA
Knowledge in area of specialization.					
Motivation and seriousness of purpose					
Ability to plan and conduct research independently.					
Ability to express thoughts in speech and writing.					
Emotional stability and maturity.					
Independence and self-reliance.					

Recommender's name (printed): _____

Signature: _____ Position/Title: _____

Please return completed recommendation form with comments to: Education Abroad Office, P.O. Box 843043, 916 W. Franklin St., Richmond VA 23284

Language History Form

To be completed by applicant

Name _____ E-mail _____ Program _____

As an exchange student at one of VCU's partnership universities, you will enroll in regular classes with local students. Professors will not provide much additional support for foreign students.

1. Please list previous and present courses you have taken in host language and the grade earned in each.

Course	Course name	Grade

2. Please list any relevant contact with the language outside of the classroom, such as travel, conversation partners, reading, listening to music, etc.