

File Number _____

The University of Mississippi

Study Abroad

Faculty-Led Program

Application Form

Application Deadlines

Semester Application Deadline - October 20, 2010

Winter and Spring Break Application Deadline - November 3, 2010

Name: _____

Program: _____

Study Abroad Advisor: _____

Study Abroad Office Contact Information

359 Martindale
P.O. Box 187
University, MS 38677
Phone: 662-915-1508
Fax: 662-915-6798
Email: abroad@olemiss.edu
Website: www.olemiss.edu/abroad

Student Information Form

Name: _____
first middle last name called

Date of Birth: _____ City/State of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Passport Number: _____

Gender: _____ ID Number: _____ Country of Study: _____

Program: _____ Term: _____

College or School (ex. Liberal Arts): _____ Classification (ex. junior): _____

Age: _____ Are you considered by The University of Mississippi to be a Mississippi resident? _____

Major: _____ Minor: _____ Academic Advisor: _____

It is your responsibility to inform the Study Abroad Office of any changes to your address or phone number, especially at school. You will fail to receive critical information on dates, visas, prices, travel advisories, and last-minute program changes if we cannot reach you.

Current Address

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ @olemiss.edu Current Info Valid Until: _____

* Students **must** activate and check their Ole Miss email accounts as this will be the primary means of communication.

☐ You may contact me at this address, phone number, and email two weeks prior to my departure.

Permanent Address

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

☐ Same as Current Address

☐ You may contact me at this address, phone number, and email two weeks prior to my departure.

APPLICATION CHECKLIST

TO BE COMPLETED BY STUDENT:

Name: _____ UM ID Number: _____

Location: _____ Program: _____ Term: _____

Program Fee: _____ Program Dates: _____

TO BE COMPLETED BY STUDY ABROAD OFFICE:

DUE BY APPLICATION DEADLINE

Date Received	Item
	Student Information Form
	Study Abroad Agreement
	Academic Reference (if applicable)
	Current Unofficial Transcript
	Release of Information Form

Date Received	Additional Materials

IF GPA IS BELOW 2.5, YOU MUST SUBMIT THE FOLLOWING FOR REVIEW:

Date Received	Item
	Letter of Petition <ul style="list-style-type: none">Explaining why your GPA does not meet the 2.5 requirement
	Letter of Reference <ul style="list-style-type: none">Submitted by a professor in your majorCannot be from the professor leading your program

DUE BY ON-CAMPUS ORIENTATION

(CAN BE SUBMITTED AT ANY TIME)

Date Received	Item
	Course Approval Form (Exchange/Partner or Faculty-Led)
	Health and Emergency Treatment Authorization Form
	Assumption of Risk Form
	Copy of your passport

Study Abroad Policies & Procedures

This document is a summary of policies and procedures that UM students should understand before applying to a Study Abroad Program.

APPLICATION PROCESS

The following deadline dates should be taken into consideration before applying to a program:

Fall 2010

Semester Application Deadline - October 20, 2010

Winter and Spring Break Application Deadline - November 3, 2010

Since admission is done on a rolling admissions basis, the Study Abroad Office strongly recommends that students apply early, as many programs will be filled to capacity prior to the above deadlines. Applying early does not guarantee acceptance. Also note that some programs have earlier application deadlines than listed above. Check the program's web page at <http://www.olemiss.edu/abroad> to determine the deadline of a particular program.

APPLICATION FEE AND DEPOSIT

A \$75 application fee is required, which will be charged to the student's Bursar account. For students who apply to a program that is cancelled by the Study Abroad Office, the \$75 application fee will be refunded or transferred to a different program. The application fee will be refunded to wait-listed students who are unable to participate due to program space limitations.

ELIGIBILITY AND ACCEPTANCE

Students must be 18 years of age or older to participate in a Study Abroad Program, regardless of parental consent.

Participants must be in good academic standing, with a GPA of at least 2.5 (or the minimum GPA as determined for the program, whichever is higher), at the time of application. Participants must also meet all prerequisites. Acceptance to all programs is based, minimally, on review of an academic transcript and all disciplinary records through the University of Mississippi Dean of Students Office.

Additional eligibility criteria may apply; see program details for additional eligibility requirements. A student may petition for acceptance if he/she does not meet the minimum requirements. Please see a Study Abroad Advisor for information about the petition process.

In order for an application to be complete, the Study Abroad Office must have the following: Study Abroad Agreement, Student Information Form, Transcript, Release of Information, Assumption of Risk Form, Course Approval Form, Academic Reference Form (if required), a copy of the student's passport, and any additional materials required by the Study Abroad Office. The Health and Emergency Treatment Authorization is required but not due by the application deadline; however, a student can complete this form at any time. **IF ANY MATERIALS ARE TURNED INTO THE STUDY ABROAD OFFICE BY THE STUDENT OR ON BEHALF OF THE STUDENT, INTENDED PARTICIPATION WILL BE ASSUMED, AND FINANCIAL OBLIGATIONS WILL RESULT.**

Students will be notified of acceptance status by email and an official letter from the Study Abroad Office. Contact with students will be mainly through e-mail. All e-mail communication will be sent to the student's Ole Miss e-mail account, so students must have a current and active "olemiss.edu" e-mail address.

Participation may be denied, or participation approval may be revoked if conduct before departure raises doubts as to the student's suitability for program participation. Students who fail to meet the required prerequisites by the start of the program will have acceptance revoked. Students whose approval is denied or revoked will be responsible for any fees incurred in accordance with the Withdrawal Policy.

RELEASE OF INFORMATION

Student records and transcripts will be released to persons directly involved with the acceptance and processing of a student application. In addition, during the course of a student's participation in a study abroad program, the Study Abroad Office may wish to provide relevant information from the student's educational records to the student's parents, guardians, and other third parties. Depending on the circumstances, information to be released might include student account information, information about the program in which the student is enrolled, financial and billing information, housing information, or non-emergency information related to the student's health or safety. Students can authorize that certain information be disclosed in the application agreement. Students can also refuse this disclosure pursuant to the Family Education Rights and Privacy Act (FERPA). For more information on FERPA, see <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Study Abroad Policies & Procedures

continued

DISABILITY ACCOMODATION

We encourage all students to study abroad and look forward to working with each and every student. It is important that students with a disability or specific needs disclose the information with sufficient advance notice so that we can work with our host sites to provide reasonable accommodations. Contact an advisor for information on disability services.

STUDENT HANDBOOK

Students will receive a copy of The University of Mississippi Study Abroad Handbook prior to departure, generally distributed at the required orientation. The handbook is also available at any time upon request. The handbook contains important information about UM Study Abroad policies and procedures, financial matters, travel arrangements, safety and health considerations, and adjustment measures. The student should read the contents carefully.

ORIENTATION

The Study Abroad Office requires all participants to attend designated orientation sessions prior to departure. There are at least two (2) orientation sessions: an online orientation and a program-specific orientation. The information contained in the orientation session is important to the successful and safe completion of a study abroad program. If a participant fails to attend a session, he/she is required to attend a make-up session as designated by the Study Abroad Office. Failure to attend can result in revocation of acceptance to the program.

FINANCIAL AID AND SCHOLARSHIPS

Students can use UM financial aid to help cover the cost of participating in a study abroad program in most cases. Students should consult the Office of Financial Aid to determine whether a particular scholarship will apply to the chosen program. Students may also apply for scholarships offered through the Study Abroad Office. In order to be considered for a scholarship, a student must have a current Free Application for Federal Student Aid (FAFSA) on file with the Office of Financial Aid and submit the Study Abroad Office Scholarship Application Form. More information about the FAFSA is available at <http://www.fafsa.ed.gov>.

ACADEMIC CREDIT

The student must be aware of the credit offered and how that credit applies to his/her academic program. The burden is upon the student to complete a Course Approval Form and know how or if the credit will apply towards his/her degree. Please be aware that if a student is already registered for classes during the term for which he/she has applied to study abroad, the student may be dropped from those classes and registered in the appropriate study abroad course. Independent study courses will not be considered part of study abroad with respect to hours or cost.

WITHDRAWAL POLICY

If, for any reason, a student chooses to withdraw from a program, a Study Abroad Office Withdrawal Form (available online or at the Study Abroad Office) must be completed. Verbal statements of withdrawal will not be considered as notification of withdrawal; therefore, the student will still be considered a program participant until written notification is received. Availability for refund will be based on the date that the Withdrawal Form is received by the Study Abroad Office. If acceptance is revoked for any reason, the student is responsible for fees incurred as stated below.

PRIOR TO THE APPLICATION DEADLINE – If a student withdraws from a program **prior to the application deadline**, he/she will be refunded all funds, less the \$75 application fee and any non-recoverable costs (such as housing deposits, field trip pre-payments, etc.) incurred and/or committed on the student's behalf by UM and its affiliates at the time of withdrawal.

AFTER THE APPLICATION DEADLINE – If a student withdraws from a program **after the application deadline**, he/she will be financially responsible for the \$75 application fee and a \$300 deposit and any non-recoverable costs (such as housing deposits, field trip pre-payments, etc.) incurred and/or committed on the student's behalf by UM and its affiliates at the time of withdrawal.

In the event that **extreme circumstances** during the 30 days prior to the program's start cause the student to withdraw, the Study Abroad Director will review the situation on a case-by-case basis. At the discretion of the director, any funds that are recoverable and uncommitted may be refunded, less the \$300 deposit and \$75 application fee.

Under no circumstances can any refund requests be considered for students who have completed a program.

Any disputes over refunds after an official withdrawal must be directed to The University of Mississippi Refund Committee through the Office of the Bursar.

Study Abroad Agreement

The following agreement should be read in conjunction with the “Study Abroad Policies and Procedures” page of the study abroad application to signify that you understand the rules related to applying to and participating in a study abroad program. Please sign below that you understand the following statements. If you have questions, please speak with a Study Abroad Advisor.

1. I certify that I am 18 years of age or older.
2. I have read and understand the UM Study Abroad Policies and Procedures.
3. I understand that a \$75 application fee will be charged to my Bursar Account. By submitting this application, I understand that I am obligated to pay this fee regardless of future circumstances. I also understand that I am responsible for a \$300 deposit that is non-refundable after the application deadline, plus any non-recoverable costs incurred on my behalf.
4. I have read and understand the withdrawal policy of the Study Abroad Office. I understand that I must submit the withdrawal of my application in writing with a Study Abroad Office Withdrawal Form to the Study Abroad Office in order for it to be officially recognized. I also understand that I will be financially responsible for certain costs in accordance with the Withdrawal Policy.
5. I understand that in order to study abroad it is my responsibility to discover how my financial aid package will apply to my Study Abroad Program. I understand that I should work with the Financial Aid Office in a timely manner to make sure that my awards apply.
6. I understand the process for completing the Application Form and that failure to complete the required forms could result in denial of acceptance to a Study Abroad Program or incomplete and/or failing grades on my transcript.
7. I understand that the Study Abroad Handbook and required Orientations contain important information related to my study abroad experience. I further understand that it is my responsibility to read the handbook and attend the orientations and to follow the procedures as outlined.
8. I certify that none of the information requested in my application packet is false or has been withheld. I understand that giving false information or withholding information may make me ineligible for admission or ineligible to continue studying abroad with The University of Mississippi.
9. I understand that it is my responsibility to complete a Course Approval Form and be aware of how the credit will apply to my academic program. I also understand that I must meet all required prerequisites prior to my program.
10. I understand that my likeness from photographs submitted to the photo contest by myself or by participants or leaders on my program may be used for various marketing activities, publications, and/or on the web for the purpose of promoting study abroad at The University of Mississippi.

Signature of Participant

Date

Name (Printed)

Release of Student Information Form

During the course of a student's participation in a study abroad program, the Study Abroad Office may wish to provide relevant information from the student's educational records to the student's parents, guardians, or other third parties. According to the Family Education Rights and Privacy Act (FERPA), the Study Abroad Office can share directory information without the student's consent; however a student can request that some or all information be kept private. We strongly recommend that students allow the Study Abroad Office to share ALL information with parents, guardians, spouses, or those financially responsible for the study abroad program. For more information on FERPA, consult an advisor or visit <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

PLEASE CHECK ONE:

- ☐ I authorize the Study Abroad Office to provide relevant information from my educational records in **ALL** areas.
- ☐ I authorize the Study Abroad Office to provide relevant information from my educational records in **ONLY** the following areas:
- ☐ General student account information (country of study, application information)
 - ☐ Information about the program in which the student is enrolled
 - ☐ Billing information
 - ☐ Financial aid and scholarship information
 - ☐ Dates of attendance of study abroad program
 - ☐ Housing and contact information while in country of study
 - ☐ Information related to the student's health or safety
 - ☐ Transcripts and/or grades
 - ☐ Disciplinary records pertaining to the study abroad program
- ☐ I **DO NOT** authorize the Study Abroad Office to provide relevant information from my educational records to any other parties.

IF YOU AUTHORIZE THE STUDY ABROAD OFFICE TO RELEASE INFORMATION, YOU MUST SPECIFY AT LEAST ONE INDIVIDUAL BELOW.

I authorize the Study Abroad Office to release the above information to the following individuals upon request. Please attach additional sheets if necessary.

Name: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip Code: _____ Country: _____
Home Phone: _____	Cell Phone: _____ Email: _____

Name: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip Code: _____ Country: _____
Home Phone: _____	Cell Phone: _____ Email: _____

Assumption of Risk Form

Name _____ UM ID number _____

Program _____ Country _____

The University of Mississippi offers students the opportunity to enroll in overseas programs, some operated by different educational institutions and program providers. Certain potential risks to personal health and safety are associated with international travel and residence in a foreign country. You should not participate in an overseas program unless you are willing to accept the associated risks. The University of Mississippi cannot guarantee the health and safety of participants in an overseas program or eliminate all risks from overseas environments.

Please read, sign, and return this form to the Study Abroad Office before your program of study begins. Students who fail to return this form will not be allowed to participate in any programs offered through the Study Abroad Office.

I. Acknowledgment of Risks

a. I understand that there are certain risks associated with international travel and residence in a foreign country and that the University of Mississippi and its staff cannot control these risks.

b. I understand that these risks may include exposure to potentially serious health and safety hazards such as: transportation accidents, storms, floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care, remote access to medical treatment; foreign political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; armed insurrections; and terrorist activities that may result in personal injury, destruction of personal property, or death.

c. I understand that conditions in foreign countries can change quickly, resulting in an unsafe environment. I also understand that there can be specific hazards associated with the study abroad program or country chosen (please see <http://www.state.gov/countries> for more information). I have made my own investigation and am willing to accept these risks.

II. Institutional Arrangements

a. I understand that the University of Mississippi does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services, including any independent travel agency, involved in the program specified above (the "Program"). I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

III. Independent Activity

a. I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.

IV. Health and Safety

a. I have consulted with a medical doctor with regard to my personal medical needs and about the location(s) where the Program is to be offered. There are no health-related reasons or problems that preclude or restrict my participation in this Program.

b. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States, during the Program, I agree that the University is not responsible for the cost or quality of such treatment or care. The University requires specific medical insurance, included in the cost of the program, that will be available to its students. I understand that I am responsible for familiarizing myself with the terms and conditions of the insurance provider.

c. The University may (but is not obligated to) take any action it considers to be warranted under the circumstances regarding my health and safety including sending me home from the location of the Program. I agree to pay all expenses relating thereto and release the University from any liability for any actions in this regard.

V. Standards of Conduct

a. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program. I understand that the University is not responsible for informing me of all foreign laws and standards of conduct.

b. I will also comply with the University's rules, standards, and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

c. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, or other participants. Students should understand that host institutions and host countries may not be required to provide due process (notice and/or an opportunity to be heard) prior to expulsion from a program. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

d. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

VI. Program Arrangement, Changes, or Termination

a. The University has the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for my travel arrangements and accommodations and for any loss or additional expenses incurred due to delays or other changes in the Program, means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. I agree to be responsible for any and all costs arising from voluntary or involuntary withdrawal from the Program prior to its completion, including withdrawal caused by illness or disciplinary action.

VII. Assumption of Risk and Release of Claims

a. I have made my own investigation and am willing to accept the above risks. I understand and hereby acknowledge that I assume all risks incurred by my participation in a program offered through the University of Mississippi.

b. Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify The University of Mississippi and its officers, employees, and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

I agree that this document is to be construed under the laws of the United States and that if any portion is held invalid, the balance continues in full force and effect. I acknowledge that I have read and understood the entire document, and I have signed it knowingly and voluntarily.

Signature of Participant

Date

Name (Printed)

Health and Emergency Treatment Authorization Form

Name: _____
first middle last name called

Gender: _____ UM ID Number: _____ Country of Study: _____

Program: _____ Term: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____@olemiss.edu Current Info Valid Until: _____

The medical review of this form and admission into a program are independent of each other. The purpose of this form is to help the Study Abroad Office 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 a University of Mississippi study abroad program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to the most appropriate individuals and with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, faculty, or appropriate professionals as it relates to your health and safety.

Note: Students with serious health problems, either physical or mental, or physical impairment should discuss the advisability of this trip with their doctor.

This information is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable. Attach additional sheets if necessary.

DIETARY RESTRICTIONS

ALLERGIES

Medication Allergy	Reaction	Treatment, if exposed
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Food or Environmental allergy (foods, dust, chemicals, household items, pollen, bee stings, etc.)	Reaction	Treatment, if exposed
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_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICATIONS

Please list any medicines you are taking on a daily, regular, or as needed basis and indicate how often and why each medicine is taken.

Name of Medication	How Often Taken	For What Condition	Length of Time Treated
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Note: Participants must bring an adequate supply of medications that are required on a daily or routine basis when traveling abroad. Some medications are illegal in certain countries. The student and/or the student's physician should research whether the prescribed medication will be allowed in the host country, and if not, whether alternative medications are available.

DISABILITIES

Are you registered with the Office of Student Disability Services (SDS) at the University of Mississippi? (If you think you may be eligible, contact SDS at 662-915-7128.)

☐ Yes ☐ No

(If yes, please discuss your plans to study abroad with your study abroad advisor and SDS so you might increase your options abroad.)

Do you have a disability that will require accommodations while abroad?

☐ Yes ☐ No

Depending on the accommodation requested, a student may be required to register with Student Disability Services. The Study Abroad Office will also require an accommodation request form and may require a doctor's letter. This **must** be completed in a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation. If you do not disclose your disability and/or request accommodations in a timely manner, UM may not be able to assess and accommodate your needs.

ADDITIONAL HEALTH CONDITIONS

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, significant 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 supply an explanation below.

Condition	How Often Do You Have Symptoms?	Plan for Managing the Condition While Traveling
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EMERGENCY CONTACT INFORMATION

Please list two (2) people who should be notified in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Valid Passport? _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ Valid Passport? _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Treatment Authorization

I authorize the release of information contained in this Student Health and Emergency Treatment Authorization form for access and review by the director and advisors of the Study Abroad Office at The University of Mississippi and the appropriate health professionals. I understand that if I have not turned in this form in a timely manner, there may be insufficient time for the Study Abroad Office to review this information. If further medical information is required, I understand that I will be contacted by a health care professional at the Student Health Center who will ask for a specific release to my treating health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the UM Study Abroad program coordinator, the UM program facilitator, the UM faculty member, host family, and the host institution's resident director.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize the University of Mississippi, through its representatives, to secure any necessary treatment. In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through the University of Mississippi Study Abroad insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse the University of Mississippi or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, the University of Mississippi may notify my emergency contacts listed on the Health and Emergency Treatment Authorization Form.

I certify that all responses made on this form are complete, true, and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated Health and Emergency Treatment Authorization. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that participation in this study abroad program is contingent on receipt by the University of Mississippi Study Abroad Office of this completed and signed form.

Signature of Participant

Date

Name (Printed)

If you have any questions regarding medical problems, immunization requirements, or other health issues, contact Student Health Services at 662-915-7274 at least 45 days prior to departure.

Faculty-Led Course Approval Form

Name: _____ UM ID Number: _____ Email: _____

Location: _____ Program: _____ Term: _____

TO THE STUDENT

All faculty-led Study Abroad courses at The University of Mississippi offer UM credit. Some courses are cross-listed in various departments to be most advantageous to students. To register you for the correct course while you are abroad, you are required to complete a Course Approval Form. This process is completed through meeting with your Study Abroad Advisor, academic advisor, the program instructor, and your academic dean.

The Study Abroad Office cannot guarantee credit without a completed Course Approval Form listing each class taken while abroad. This form certifies that you, the program instructor, and your academic dean are informed of your Study Abroad plans. No department is obligated to accept credit earned abroad toward a student's major or minor.

Some notes on course registration, approval, and credit for Faculty-Led Study Abroad Programs at The University of Mississippi:

- * You must be enrolled in a course number approved by the Study Abroad Office and the program instructor.
- * All courses taken abroad on a UM-sponsored program count as UM credit and are posted on your transcript with ABCDF grades. All grades count toward your overall GPA.
- * The Study Abroad Office will enroll you in the appropriate courses based on your Course Approval Form.
- * You must attach a copy of your transcript to the Course Approval Form. The transcript will help determine whether you are eligible to take the selected courses.
- * Grades are posted to the UM transcript after an official grade is received from the program instructor. Instructors have 30 days from the due date of the final class assignment to turn grades in to the Study Abroad Office. Grades will post to your transcript within two weeks after they arrive in the Study Abroad Office.

COURSE APPROVAL CHECKLIST

- ☐ Select the faculty-led course in which you plan to participate and confirm that you have taken the prerequisites.
- ☐ Attach your transcript to this form.
- ☐ Meet with your academic advisor to begin work on the reverse of this page and select your course credit.
- ☐ Take the Course Approval Form to the program instructor for approval. The instructor's signature is proof that they accept your enrollment in their program abroad, pending you meet all other Study Abroad Office requirements and complete your study abroad application.
- ☐ Once the program instructor has accepted your enrollment, you must get your academic dean's approval. Students should leave their Course Approval Forms in the appropriate dean's office on campus for final approval. Liberal Arts - Ventress Hall; Business - Holman; Accountancy - Conner Hall; Applied Sciences - George Street University House; Education - Guyton Hall; Engineering - Carrier Hall; Pharmacy - Faser Hall
- ☐ Pick up your completed Course Approval Form from your dean's office and turn the completed Course Approval Form in to your Study Abroad Advisor in 359 Martindale.

STUDENT INFORMATION

College or School (ex. Liberal Arts): _____

Major: _____ Minor: _____ Classification: _____

STUDENT AGREEMENT

I understand that the Study Abroad Office cannot guarantee credit without a completed Course Approval Form, received before departure, listing each class taken while abroad. I also understand that no department is obligated to accept credit earned abroad toward a student's major or minor. If I intend to finish my degree requirements while abroad, I know the rules and procedures and have made all arrangements **before** going abroad. I also acknowledge the fact that my grades may not be posted prior to my intended graduation date, and I may not graduate in the term I expected.

Signature

Date

Faculty-Led Course Approval Form

Name: _____ UM ID Number: _____

Location: _____ Program: _____ Term: _____

TO THE ADVISOR

The student submitting this form is taking credit abroad on a program that is approved by The University of Mississippi and led by a UM faculty member. According to University policy this student will receive UM credit for the coursework taken abroad. The coursework will appear on the student's transcript as a UM designator and an ABCDF grade will be assessed by the UM faculty member leading the program. As the student's academic advisor we ask the applicant to share their intentions to Study Abroad with you so that you may include the coursework in the student's overall academic plan. If you have any questions about the student's course selection or Study Abroad in general, please feel free to contact the Study Abroad Office at 1508 or abroad@olemiss.edu. As faculty-led courses already bear UM course numbers, the student must get the program instructor's approval in order to take the course abroad. When the student has received the faculty member's approval, the form must be signed by their dean's office and then returned to the Study Abroad Office so that we can register them for the proper course while they are abroad.

Thank you for your help in this matter.

TO THE PROGRAM INSTRUCTOR

The student submitting this form is requesting your approval to take your course abroad. By signing this form you are accepting the student into your course, provided that the student meets all other requirements to participate in Study Abroad through The University of Mississippi and that the student submits a completed application to the Study Abroad Office. You are also acknowledging that you have reviewed the student's transcript and that the student has met any prerequisites for your course.

Thank you for your help in this matter.

EXAMPLE COURSE APPROVAL

Study Abroad Course Number & Title	Semester Hours	Instructor Approval
POL 380 Topics in Political Science Abroad	3	Program Instructor Signature
SPAN 398 Advanced Spanish Abroad	3	Modern Languages or Program Instructor Signature

FACULTY-LED CREDIT

Study Abroad Course Number & Title	Semester Hours	Instructor Approval

Additional Comments: _____

Dean's Office Approval: _____ Date: _____