



## Biola University Center for Cross-Cultural Engagement

# Study Abroad & Study USA

## Application

This Study Abroad/Study USA Application is **ONLY** to be used for the programs listed on this page under, "Choose Program of Study".

Study Abroad/Study USA Programs are for continuing full-time students only. All students are required to submit a completed Study Abroad/Study USA Form to the Center for Cross-Cultural Engagement. Registration to a Fall or Spring Study Abroad or Study USA program is contingent upon the completion and approval of this application and the students' acceptance into the program. The applicant is responsible to notify the Center for Cross-Cultural Engagement of any registration adjustments after this form is submitted for evaluation. The Center for Cross-Cultural Engagement will notify each student of their acceptance to, or denial to from program.

### Select Program of Study

Visit [biola.edu/ccce/programs](http://biola.edu/ccce/programs) for details

#### Biola Semester Programs

- ☐ Biola London - [ccce@biola.edu](mailto:ccce@biola.edu)
- ☐ Biola in Ecuador - [ccce@biola.edu](mailto:ccce@biola.edu)
- ☐ Biola Student Exchange Program - [ccce@biola.edu](mailto:ccce@biola.edu)

#### BestSemester (CCCU) Programs

- ☐ American Studies Program- Dr. Scott Waller  
[dave.peters@biola.edu](mailto:dave.peters@biola.edu)
- ☐ Australia Studies Centre - [ccce@biola.edu](mailto:ccce@biola.edu)
- ☐ China Studies Program- Dr. John Liang,  
[john.liang@biola.edu](mailto:john.liang@biola.edu)
- ☐ Contemporary Music Center- Dr. Kate Brandon,  
[kate.brandon@biola.edu](mailto:kate.brandon@biola.edu)
- ☐ Latin American Studies Program - [ccce@biola.edu](mailto:ccce@biola.edu)
- ☐ Los Angeles Film Studies Center- Peggy Medberry,  
[peggy.medberry@biola.edu](mailto:peggy.medberry@biola.edu)
- ☐ Middle East Studies Program - Dr. Judith Rood,  
[judith.rood@biola.edu](mailto:judith.rood@biola.edu)
- ☐ Scholars' Semester in Oxford- Dr. David Horner,  
[david.horner@biola.edu](mailto:david.horner@biola.edu)
- ☐ Uganda Studies Program- Dr. Evanson Wamagatta,  
[evanson.wamagatta@biola.edu](mailto:evanson.wamagatta@biola.edu)

#### Affiliated Semester Programs

- ☐ Creation Care Study Program - Dr. Murray Decker,  
[murray.decker@biola.edu](mailto:murray.decker@biola.edu)
- ☐ Justice Studies in Honduras Program (Fall semester only) - Dr. Katrina Greene, ext. 5535

### Student Information

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Biola ID # \_\_\_\_\_  
Biola Email \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Box # \_\_\_\_\_  
Do you live on campus? ☐ Yes\* ☐ No  
\*If yes, name of residence hall? \_\_\_\_\_  
Gender \_\_\_\_\_  
Ethnicity (Optional) \_\_\_\_\_

### Home/Permanent Address

Street \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_

### Academic Information

Academic Major \_\_\_\_\_

Select Academic Level Below

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Indicate Semester & Year of study you are applying to:

☐ Fall 20\_\_\_\_ ☐ Spring 20\_\_\_\_

Anticipated Date of Graduation (ie, Spring 2015)

Are you the spouse or dependent of a Biola University employee? Check below.

☐ Yes\* ☐ No

\* If yes, what is the name of the Biola University employee?

Have you ever participated in a Fall or Spring Study Abroad/Study USA semester program before? Note: Students are eligible for one semester of University aid.

☐ Yes\* ☐ No

\* If yes, what program/semester?

## Obtaining Signatures from University Offices

Student Name \_\_\_\_\_ Biola ID # \_\_\_\_\_

Department	Purpose	Additional Information	Signature & Date
<b>Housing / Meal Plans</b> Student Development (ext. 4874)	Review student housing for departure and return	Comments:	Date _____
<b>Undergraduate Student Development</b> Student Services (ext. 4874)	Verification of social/behavioral status	<input type="checkbox"/> None <input type="checkbox"/> Call for Advisement	Date _____
<b>Accounting Department</b> Lower Metzger (ext. 4760)	Reviews financial obligations of Study Abroad / Study USA	Pending account current by:	Date _____
<b>Financial Aid</b> Metzger Hall (ext. 4742)	Reviews financial aid available to Study Abroad / Study USA students	Comments:	Date _____
<b>Office of the Registrar</b> Ranjini Gnaniah (ext. 4720)	To be completed by student - Please indicate current status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> International* *If international, all F1 foreign students must schedule an appointment with Biola's Immigration Advisor, Ranjini Gnaniah and receive signature.		Date _____

### Study Abroad/Study USA Statement of Release & Financial Agreement

I understand that neither Biola University, nor the staff of the Study Abroad/Study USA programs, are in any way to be held responsible for travel related liabilities or expenses arising from accident and/or health problems during my participation in this Study Abroad/Study USA program. I also understand that loss and replacement of my passport (if required) or any other personal items, is my own financial responsibility.

I understand that 50% down payment is due prior to departure or my registration will be cancelled. I acknowledge and agree that Biola University, Inc., is extending credit to me on my student account balance, and that the University expects repayment of all charges plus any additional charges incurred, including finance charges, by September 15 for Fall semester enrollment, or February 15 for Spring semester enrollment. I further acknowledge and agree that credit on any unpaid amounts so extended to me by the University constitutes an educational loan for the provision of educational benefits as defined in Section 523 (1)(8) of the U.S. Bankruptcy Code.

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

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (Required if student is under 18 years old)

### Financial Aid Information

Under Financial Aid regulations, students who attend a Study Abroad/Study USA program are eligible for full financial aid when the student commits to graduating in four (4) years (Nursing and Music majors commit to graduating in five (5) years). Students will be eligible to receive University Aid for one Fall or Spring semester Study Abroad/Study USA program. *Students will be ineligible to receive University Aid when attending the Justice Studies in Honduras program. Prior to the beginning of the Justice Studies in Honduras program, students must meet with a Financial Aid Counselor and request a University Aid leave of absence to ensure University Aid will be reinstated upon return from this program.*

## Biola Health Center

### [Part A]

**Student Information:** To be completed by the student prior to appointment with the Health Center (ext. 4841) to review your health status and obtain information regarding any required/recommended immunizations. Be sure to have immunization records on file with the Biola Health Center prior to your appointment.

Name: \_\_\_\_\_ Biola ID# \_\_\_\_\_  
                    *Last*                                    *First*                                    *Middle*

Gender: ☐ Male ☐ Female                      Date of Birth: \_\_\_\_\_

### Study Abroad / Study Abroad Program Information

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

Dates of Program: \_\_\_\_\_ Country/Countries: \_\_\_\_\_

### Emergency Contact Information

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

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical History

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

List allergies you have to drugs, foods, etc: \_\_\_\_\_

List medications you are currently taking: \_\_\_\_\_

Appendicitis	_____	Epilepsy	_____	Pneumonia	_____
Asthma	_____	Kidney Disease	_____	Rheumatic Fever	_____
Cardiac Condition	_____	Malaria	_____	Seasonal Allergies	_____
Diabetes	_____	Mononucleosis	_____	Tuberculosis	_____

History of previous illness: *Please give year and/or status*

Have you had any severe illness or physical problems not mentioned above? ☐ Yes ☐ No

If so, please explain. \_\_\_\_\_

Have you suffered physical injuries requiring hospitalization? ☐ Yes ☐ No

If so, please explain. \_\_\_\_\_

Can you eat a normal, balanced diet? ☐ Yes ☐ No

If not, please explain. \_\_\_\_\_

Have you been diagnosed and/or treated for psychological and/or emotional conditions or disorders? ☐ Yes ☐ No If so, please explain. \_\_\_\_\_

**Do you have any health/emotional conditions that may be a concern for participation in an Study Abroad/Study USA program?**

☐ **Yes\*** If so, please list. \_\_\_\_\_

**\* If you checked the above box, you must obtain a letter from your MD/Psychiatrist/Psychologist giving you health clearance to participate.**

**\* ☐ No**

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

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

I acknowledge that I have health insurance now in effect and that I will have health insurance while participating in this off-campus program, including travel to and from the location of study along with urgent & emergency medical care. **\*You are responsible to determine whether your insurance covers treatment in neighboring states or outside of the U.S.**

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

## [Part B]

**Health Insurance:** To be completed by the Biola Health Center (ext. 4841)

**Student Name & Biola ID#:**

**Insurance Code:** ☐ 110/Biola Health Insurance  
☐ 660/Private Health Insurance

**Health Center Signature & Date:**

**Immunization Consult:** To be completed by the Biola Health Center (ext. 4841)

*Biola University requires all student travelers to receive all required immunizations in order to participate in this off-campus program. The immunization consult {Health Center part B} is not always able to accommodate immunizations received {part C}. Therefore a second appointment may be scheduled at a later date in order to complete the required/recommended immunizations.*

Immunizations	Recommended	Required
Influenza	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A Series	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Series	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	<input type="checkbox"/>	<input type="checkbox"/>
Menactra	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus/Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Tdap	<input type="checkbox"/>	<input type="checkbox"/>
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>
Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>
Measles/Mumps/ Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**Malaria Risk:** ☐ Is present  
☐ Is not present  
☐ Chloroquine resistant  
☐ Chloroquine sensitive

**Immunization up to date** ☐ Yes ☐ No

**Clearance Letter Received from MD/Psychiatrist/Psychologist:**  
☐ Yes ☐ No ☐ N/A

\_\_\_\_\_  
**Biola Health Center Signature**

\_\_\_\_\_  
**Date**

**Recommended/Required Immunization:** To be completed by the Student

I understand that, because of my participation in this off-campus program, there may be **recommended** immunizations for me to take. I will take full responsibility for my decision to receive, or not receive, any of the **recommended** immunizations. I understand that refusing **recommended** immunizations or medications could result in serious medical illness. I will not hold Biola University or the Biola University Student Health Center responsible for contracting diseases, which could have been prevented through **recommended** immunizations and/or prophylaxis for malaria.

I will take full responsibility for the implementation of **required** immunizations. I understand that these immunizations are available at the Biola University Student Health Center, but I may also access them through a private physician or clinic. I also understand that the **required** immunizations must be completed one month prior to travel and acknowledge that if I have not received the **required** immunizations within the required time, I may not participate in the activity.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## [Part C]

**Immunizations Received:** To be completed by the Biola Health Center or Health Care Provider

Immunizations	Received
Influenza	<input type="checkbox"/>
Hepatitis A Series	<input type="checkbox"/>
Hepatitis B Series	<input type="checkbox"/>
Varicella	<input type="checkbox"/>
Menactra	<input type="checkbox"/>
Polio	<input type="checkbox"/>
Tetanus/Diphtheria	<input type="checkbox"/>
Tdap	<input type="checkbox"/>
Typhoid	<input type="checkbox"/>
Yellow Fever	<input type="checkbox"/>
Measles/Mumps/ Rubella	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

**Malaria Risk:** Prophylaxis \_\_\_\_\_

**Immunization up to date** ☐ Yes ☐ No

**Clearance Letter Received from MD/Psychiatrist/Psychologist:**  
☐ Yes ☐ No ☐ N/A

\_\_\_\_\_  
**Biola Health Center Signature  
or Health Care Provider Signature**

\_\_\_\_\_  
**Date**

## Course Equivalents & Graduation Petition

### [Part A] Course Equivalents

In the chart below, list the courses you plan to take while participating in the Study Abroad/Study USA program.

- Discuss and seek approval of the non-Biola courses and its Biola equivalents with your Academic advisor (in your major department) and have he/she print and sign their name below. Academic Advisors, your signature indicates that you have reviewed all non-Biola courses, and give approval for Biola equivalences, including those courses in which \*\*department chair approval has been given.
- \*\*If you list course that do not have pre-approved course equivalencies you must obtain signatures from the appropriate Department Chair(s).

Non-Biola Course Title	Units	Biola Course #	Biola Course Title	Units	Department Chair Signature	Department Chair Print Name

\_\_\_\_\_  
Academic Advisor, Print Name

\_\_\_\_\_  
Academic Advisor, Signature

### [Part B] Graduation Petition

**Schedule an appointment with your academic advisor to complete your Graduation**

**Petition.** It will be helpful for you to print your Degree Audit ([my.biola.edu](http://my.biola.edu)) and Curriculum Chart ([www.biola.edu/registrar/services/](http://www.biola.edu/registrar/services/)) and refer to them as you complete this paperwork.

Graduation Petitions are required of **all** students applying to a fall or spring Study Abroad/Study USA program regardless of your class level (FR, SO, JR, SR). The purpose of the Graduation Petition is to map out the courses you have completed, determine the courses you have yet to complete in order for the Office of the Registrar to verify your financial aid eligibility. The Graduation Petition requires the signature of your department chair.

Office Use Only	
Signature, Graduation Counselor _____	Date _____
Total Units applicable towards degree requirements? _____	
Planned date of graduation _____	

## Participation Consent / Release

### Liability Release

In consideration of being permitted to participate in (activity title) \_\_\_\_\_ (hereinafter "activity") on (date) \_\_\_\_\_ I, the undersigned participant, in full recognition and appreciation of the dangers and hazards inherent in this activity including transportation to and from such activity, do hereby agree to assume all the risks and responsibilities surrounding my participation in the activity; and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, release, and forever discharge BIOLA UNIVERSITY, INC. and all its trustees, officers, representatives, agents, and employees from and against any and all claims, demands, actions, or causes of action on account of damage to personal property, or personal injury, or death which may result from my participation in the activity, and which result from causes beyond the control of, and without the fault or negligence of, BIOLA UNIVERSITY, INC., its trustees, officers, representatives, agents, or employees.

### Medical Consent

I, the undersigned participant, give my consent to receive treatment for illness or injury, medication, or immunization deemed advisable through the Biola University Student Health Center, and to make the necessary referrals to other facilities, if indicated. I consent to any x-ray examination, laboratory test, anesthetic, medical or surgical diagnosis, and hospital service that may be rendered under the general or special instruction of any licensed physician, whether such treatment or diagnosis or immunization is rendered at the office of the physician or at a licensed hospital or health department. It is understood that this consent authorizes the physician to exercise his/her best judgment as to what is best for the individual patient. This consent will remain effective throughout the duration of this event unless revoked in writing and delivered to Biola University.

### Statement of Responsibility

Biola University has established guidelines for the conduct of the Board of Trustees, faculty, staff, and students. These guidelines also apply to non-students participating in Biola sponsored activities. Participants are expected to refrain from the use of alcoholic beverages, tobacco, illegal drugs, or the abuse of either prescription or non-prescription drugs, and from gambling. Also, Biola does not allow social dancing at University-related or sponsored activities (any activity that involves an identifiable University group, is publicized on campus, and/or has the appearance of being University-related, whether held on or off campus). Further, they are expected to use discernment to abstain from activities that are morally degrading; this includes movies and television programs viewed and other entertainment, recreational, and social activities.

I, the undersigned participant, have read the above Statement of Responsibility and am willing to comply with these standards through the duration of this activity.

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Participant Name

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Signature

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Date

Minors: Students under the age of 18 may not sign this form. Please use the Minor Consent Form and obtain Parent/Guardian signature.

## Submit Paperwork

Before you submit the following forms to the Center for Cross-Cultural Engagement, **ENSURE THAT THE APPLICATION IS COMPLETED IN ITS ENTIRETY, BOXES CHECKED, QUESTIONS ANSWERED AND REQUIRED SIGNATURES SIGNED & DATED!** Submission of incomplete paperwork will delay evaluation and jeopardize your meeting application deadlines.

### **If you are applying to a BestSemester program submit to CCCE:**

1. Study Abroad/Study USA Application [this form]
2. Graduation Petition
3. BestSemester Certification Form

### **Now what?**

Evaluation of your Study Abroad/Study USA Application & Graduation Petition can take up to five business days. Following evaluation, your BestSemester Certification Form will be completed & mailed to BestSemester.

[OR]

### **If you are applying to an affiliated semester program submit to CCCE:**

1. Study Abroad/Study USA Application [this form]
2. Graduation Petition
3. Application materials for an affiliated program that require the Registrar signature.

### **Now what?**

Evaluation of your Study Abroad/Study USA Application & Graduation Petition can take up to five business days. Following evaluation, your application materials for your program will be completed & mailed.