

ROCKHURST UNIVERSITY
Application for Non-Rockhurst Study Abroad Programs

Return completed applications to: Study Abroad Office, Van Ackeren 212
Please print or type application 1100 Rockhurst Road, Kansas City, MO 64110
Application Fee: \$30.00

_____ Student ID _____
Last Name First Name Middle Initial

_____ Zip Code _____
Current Address: Street City State

_____ Alternates Phone Number(s) _____
Phone Number (Include Area Code if off-campus.)

_____ Rockhurst Email (For security reasons, the Study Abroad office will not use external email accounts.)

Term(s) abroad / away: Fall 20____ Spring 20____ Academic Year 20____ Summer 20____

**Study Abroad
Program
Information**

Country or countries in which you propose to study _____

_____ Program Sponsor (sponsoring college, university, or other institution)

_____ US: Sponsoring Program Contact Person

_____ Zip Code _____
Address Street City State

_____ Phone Number _____
Email

_____ Host Institution: Contact Person

_____ Address

_____ Email _____
Phone

**Financial
Aid**

Have you seen a Financial Aid Counselor about study abroad / away? Yes ____ No ____
Do you plan to pursue outside scholarships for study abroad / away? Yes ____ No ____
If so, please indicate programs to which you have or will apply:

**Majors,
Minors, &
Credit Hrs**

_____ Primary academic major and advisor

_____ Secondary academic major and advisor

_____ Academic minor and advisor

Please consult the Rockhurst catalog for academic policies. Consult with your academic advisor prior to selecting the courses that you will take during your study abroad experience. You are responsible for obtaining required signatures on the Course Preapproval form, and, if applicable, waiver of the 30-Hour

Rule prior to starting your study abroad program. Provide the Study Abroad Office with copies of waivers received.

How many Rockhurst and other college/university credits will you have completed prior to studying abroad? _____

Are you requesting waiver of the 30-Hour Rule? Yes _____ No _____

(Required for undergraduate students who will study abroad in the last thirty semester hours of their bachelor's degree program. Contact the Associate Dean, College of Arts and Sciences, concerning the process for obtaining the waiver.)

Are you aware of the Major Residency Rule? (See the Rockhurst *Catalog*.) Yes _____ No _____

(The Major Residency Rule requires that "half of the upper-division hours required for the major, and half of the minimum 12 hours of upper-division related coursework, must be earned at Rockhurst." This rule may affect how the coursework completed abroad or away is accepted at Rockhurst.)

Note: This section need not be completed by participants in the Washington Semester or other programs in the U.S.

Medical History

Because overseas study programs can be both physically and emotionally demanding, we ask that you provide a candid evaluation of your health. This information is not used as part of an application process, but to better render assistance should it be necessary.

Gender: _____

Race/ethnicity: _____

Please rate your overall health: excellent / good / fair / poor

Do you have any dietary restrictions or known food allergies? yes / no

Do you have allergies to medications, plants, animals/insect bites, etc.? yes / no

Are you currently taking any prescription medication? yes / no

Are you currently receiving, or have you received in the past two years, counseling for the treatment of any emotional problem, drug addiction, alcoholism, psychiatric condition, or eating disorder? yes / no

Do you have any significant chronic medical conditions requiring ongoing medical supervision and treatment, or have you had in the past any significant condition that is currently in remission (e.g., diabetes, heart problems, cancer, etc.)? yes / no

Will you require or desire special accommodations while abroad (e.g., for visual, hearing, or mobility limitations, learning disability, etc.)? yes / no

If you answered YES to any of the above, please explain on the reverse side of this page.

Health Insurance Verification:

You should have adequate health insurance coverage while studying or traveling abroad. Failure to carry insurance can result in the delay or denial of treatment.

My current policy will provide coverage while I am abroad: yes / no

Name of insurance carrier: _____ Policy Number: _____

Briefly state coverage provided: _____

Emergency evacuation provided: yes / no

Repatriation of remains provided: yes / no

International Student Identity Card:

The International Student Identity Card (ISIC) provides supplemental coverage, including repatriation of remains and emergency evacuation. Information and the ISIC are available in VA 212.

Emergency Information

The following information is intended to be of assistance to the Study Abroad Office should an emergency situation occur.

Social Security Number _____ Date of Birth _____

Citizenship _____ Place of Birth _____

If you are not a U.S. citizen, are you a permanent resident? Yes ___ No ___ Visa number _____

Passport number and issuing office: _____

Name of parent, guardian, or legal next of kin _____

Parent, guardian, or spouse address Street City State Zip Code

Phone numbers: Daytime _____ Evening _____

Email _____

I give permission to Rockhurst University and its agents to contact the person that I have identified as my emergency contact in the event that the program sponsor or the agents of Rockhurst University feel that such action is justified.

Signature _____ Date _____

Please be aware that, in order to approve this application and to recommend you for the program that you have selected, the Director of Study Abroad will access your academic and disciplinary records.

I understand that the Rockhurst University Study Abroad requirements for approval in order to study abroad and/or to study at off-campus programs, such as the Washington program, are as follows:

- 1) I, the student in question, have a minimum cumulative grade point average (GPA) of 2.5, and
- 2) I, the student in question, am not actively on a Rockhurst disciplinary probation at the time of study abroad.

I furthermore understand that failure to meet the aforementioned requirements will result in the Rockhurst University Study Abroad Office not approving me, the student in question, for study abroad through Rockhurst University.

Moreover, I certify that, to the best of my knowledge, the information on this application is true and complete. I hold Rockhurst University harmless for any injury or liability I might incur while traveling or studying abroad. I also understand that I am responsible for the completeness and accuracy of this information and that failure to provide complete and accurate information or to obtain necessary approval and/or waivers will result in the rejection of my application to study abroad or in my not receiving transfer credit for study undertaken abroad.

Signature: _____ Date _____

Approved by: _____ Date _____

Director of Study Abroad