

**ROCKHURST UNIVERSITY**  
**Application for Non-Rockhurst Study Abroad Programs**

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

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\_\_\_\_\_ Student ID \_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_ City State Zip Code  
Current Address: Street

\_\_\_\_\_ Alternate 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 \_\_\_\_\_

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**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 \_\_\_\_\_

\_\_\_\_\_ City State Zip Code  
Address Street

\_\_\_\_\_ Phone Number  
Email

\_\_\_\_\_ Host Institution: Contact Person

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Email

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**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:

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**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.)

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**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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 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.

