



Office of International Programs

400 South Orange Ave.,

South Orange, NJ 07079

Phone: (973) 761-9072; Fax: (973) 275-2383

Email: oip@shu.edu

STUDY ABROAD APPLICATION

Exchange Programs and Third Party Providers

You are on your way to studying abroad! Please take the time to carefully read all the information contained in this application packet. The Office of International Programs is happy to help you navigate this application process.

All students going abroad must attend a predeparture orientation, which will be held in the semester before their study abroad program takes place.

Study Abroad Application Check List

Documents Needed for Approval to Study Abroad:

- 1) SHU Application Form
- 2) Assumption of Risk, Waiver of Liability, Release of Claims and Indemnification (*included*)
- 3) Authorization for Access to Student Information
- 4) Notice Regarding Personal Data of Students Studying in the European Union. Consent for Processing Data
- 5) Certification of Social Standing (OIP will confirm students are not on disciplinary probation 2 or higher)
- 6) Study Abroad Credit Transfer Form
- 7) Two Recommendation Letters/E-mails

Documents Needed One Month Prior to Departure:

- 8) Proof of registration with the U. S. Department of State
- 9) Proof of International Medical Insurance
- 10) Copy of Passport

Study Abroad Application Deadlines

Third Party Programs:

Spring Semester: **October 15th**
Summer Semester: **March 15th**
Fall Semester: **June 1st**

Exchange Programs:

Spring Semester: **August 1st**
Fall Semester: **March 1st**

SHU Application Form

Contact Information

Full Name: _____ Student ID #: _____

Permanent Address: _____

SHU E-mail Address: _____

Personal E-mail Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Personal Information

Gender: ___ MALE ___ FEMALE

Date of Birth (mm/dd/yy): _____ Country of Birth: _____

Country of Citizenship: _____

Emergency Contact Information

Full Name: _____ Relationship: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Academic Information

Major: _____ Current Year: _____

Home College if other than SHU: _____ GPA: _____

Study Abroad Program Information

Host Country: _____ Semester: _____

Circle one: Exchange Program or Third Party Provider

Name of Exchange Partner School/ Third Party Provider _____



OFFICE OF INTERNATIONAL PROGRAMS
400 SOUTH ORANGE AVENUE
SOUTH ORANGE, NEW JERSEY 07079

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE OF CLAIMS AND INDEMNIFICATION
Page 1 of 3

Name: _____

Address: _____

I have applied for and been granted permission to participate in the Seton Hall University Study Abroad Program in _____ (enter host country/countries) from _____ until _____ (“the Program”). In consideration for being permitted to participate in the Program, I hereby agree and represent that:

RISKS OF STUDY ABROAD. I understand that participation in the University’s Study Abroad Program involves risks, hazards and dangers not found in the study at the University. I am aware of, understand, acknowledge, appreciate that these risks, dangers and hazards involve traveling to, within and returning from, one or more foreign countries; risks of air travel and all other types of transportation; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of utilities, including computing facilities, buildings, public places and conveyances; and local sanitation, medical, and weather conditions. **I am aware of, understand, acknowledge, and appreciate the risks, hazards, and dangers of travel to, in and around the study abroad host country listed above, including but not limited to the dangers to my own health and personal safety.** I am aware of the sources of information at my disposal concerning risks associated with foreign travel and that those sources include internet searches, travel advisories issued by the U. S. State Department and the Center for Disease Control as well as other public information and other sources of information about study/travel abroad.

Health, Safety and Travel

a) I have, or will secure before commencing the Program, health and accident insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program, as well as emergency evacuation and repatriation of remains insurance. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the University, its trustees, regents, officers, employees and agents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death).

b) I acknowledge and 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 during my participation in the Program, the University is not responsible for the cost or quality of such treatment or care.** The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety and I authorize the University, its employees, agents and representatives to act to safeguard and preserve my health and/or safety during my participation in the program, including authorizing medical treatment on my behalf and at my expense, and returning me to the United States at my own expense for medical treatment in case of an emergency. I hereby release the University from any liability for any such actions or inactions.

c) I understand that any transportation that I arrange for myself while abroad is at my own risk and expense. I agree that the use of rental cars and/or equipment is at my own risk. If I plan to operate a motor vehicle or other equipment, I must obtain liability and collision insurance that will cover me in the applicable foreign country.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE OF CLAIMS AND INDEMNIFICATION

Page 2 of 3

d) I understand that in the event I become detached from the group or am unable to remain with the group for any reason not within the control of the University, I will bear all responsibility and costs incurred to seek out, contact and reach the group at its next available destination.

Changes to Program. I understand that, although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the University, nor its regents, trustees, officers, employees or agents shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

Standards of Conduct

a) I understand and acknowledge that the University's policies, including but not limited to the Student Code of Conduct, the Policy Against Sexual Misconduct, Sexual Harassment and Retaliation, and the Policy Against Discrimination, Harassment and Retaliation apply whether I am on the home campus or abroad. I agree to abide by these policies throughout the Program.

b) I understand and acknowledge 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 my participation in the Program, including attending any and all Program orientation meetings and reading all materials the Program provides. I will be responsible for, and bear all expenses related to, any legal problems I encounter with any foreign nationals or government of the host country or any country to or through which I travel during my participation in the Program. The University is not responsible for providing any assistance under such circumstances.

c) I understand that the University reserves the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Program in any way. I understand and acknowledge that should my participation in the Program be terminated, I will receive no refund of any fees, I am required to leave the Program immediately, and that I am solely responsible for arranging and paying for my own transportation back to the United States.

Requesting an Accommodation. I agree that if I require an accommodation due to disability and/or religious observances in order to fully participate in the study abroad program, I will follow (or have already followed) the proper procedures for assessment and approval of such accommodation by the necessary University parties as reasonable. Such approval of accommodations must be granted prior to participation in the program.

Reproduction of Records. The University may reproduce and use for educational purposes without compensation all photographs, videos, movies, or sound recordings taken of me during the time I participate in the Program.

ASSUMPTION OF RISK AND RELEASE OF CLAIMS. Knowing the risks, dangers, and hazards described above, and in consideration of being permitted to participate in the Program, **I AGREE**, individually, and on behalf of my heirs, successors, assigns and personal representatives, **TO ASSUME ALL THE RISKS, DANGERS, HAZARDS, AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE PROGRAM.** To the maximum extent permitted by law, **I**, individually, and on behalf of my heirs, successors, assigns and personal representatives, **HEREBY RELEASE AND FOREVER DISCHARGE THE UNIVERSITY** and its trustees, regents, officers, employees and agents (in their official and individual capacities) **FROM ANY AND ALL LIABILITY WHATSOEVER, FOR ANY AND ALL DAMAGES, LOSSES OR INJURIES (INCLUDING DEATH)** I sustain from any and all liability whatsoever, for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE OF CLAIMS AND INDEMNIFICATION

during or are connected in any manner with my participation in the Program, any related or independent travel, any activities or field trips, irrespective of whether they are sponsored, supervised or controlled by the University, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees of the University.

INDEMNIFICATION AND HOLD HARMLESS. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, **HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE UNIVERSITY** and its trustees, regents, officers, and employees and agents (in their official and individual capacities) **FROM ANY AND ALL LIABILITY, LOSS, DAMAGE OR EXPENSE, INCLUDING ATTORNEYS FEES, THAT MAY RESULT FROM MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION**, which arise out of, occur during, or are in any way connected with my participation in the Program, any related or independent travel, any activities or field trips, irrespective of whether they are sponsored, supervised or controlled by the University.

Voluntary Participation. I represent that my agreement to the provisions herein is wholly **VOLUNTARY** and further understand that, prior to signing this agreement, I have the right to consult with an attorney of my choice.

Lack of Agency Relationship. I acknowledge that I am not an agent of Seton Hall Law School or Seton Hall University; that I am wholly and solely responsible for my statements, actions, errors and omissions; that I, not Seton Hall Law School or Seton Hall University, am solely responsible for my conduct throughout the course of this Program. I further acknowledge that I, as a Program participant, never speak on behalf of the study abroad program, Seton Hall Law School or Seton Hall University.

Severability of Provisions. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

Choice of Law. I agree that, should there be any dispute concerning my participation in the Program that would require an adjudication, such adjudication will occur in Essex County, New Jersey and be determined by the laws of the State of New Jersey.

Entire Agreement. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, except for the Study Abroad Participant Health Information sheet I have completed in connection with the Program, and cannot be changed or amended in any way without the written concurrence of both myself and the University.

I represent that I have carefully read and understood this agreement. I am at least eighteen years of age or, if not, I have secured below the signature of my parent or guardian as well as my own. **BY SIGNING THIS RELEASE, I UNDERSTAND THAT I AM FREELY ASSUMING ALL RISKS AND VOLUNTARILY WAIVING MY RIGHT TO SUE.**

Name

Date: _____

Signature of parent or guardian (if required)

Date: _____



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**Notice Regarding Personal Data of Students Studying in the European Union
Consent for the Processing of Personal Data**

Seton Hall University (hereinafter the “University”) protects the privacy of your student record information in accordance with the Family Education Rights and Privacy Act (FERPA) and employs appropriate physical, technical and administrative safeguards to prevent unauthorized access to personal information. When you are physically present in the European Union (EU), the EU General Data Protection Regulation (GDPR) also imposes privacy controls on the collection, use and retention of information that personally identifies you (“personal data”). While you are in the EU, your personal data may be collected, used, retained, or shared by the University to the extent necessary to administer your program, comply with law, or protect your or another’s health and safety. Your data may be provided to your group leader, representatives of your EU University or Study Abroad program, governmental officials or law enforcement.

While sensitive data regarding your health, dietary restrictions, or demographics may be disclosed with your consent, the University may disclose information without your consent, if necessary to comply with its legal obligations, protect your vital interests when you are unable to consent, provide health care, or in connection with legal claims/defenses. Such information may be provided to emergency responders, healthcare providers, University officials, officials at your EU educational institution, clinical affiliation or Study Abroad tour provider, governmental officials, or law enforcement consistent with the University’s FERPA policy. In the case of violations of the University’s Policy Against Sexual Misconduct, Sexual Harassment and Retaliation and Policy Against Discrimination, Harassment and Retaliation, the University will comply with its policies and US law. Your information remains subject to US student record privacy protections. Title IX and the Clery Act will continue to apply, as may the laws of the country where the conduct occurs.

Please check as applicable:

to administer and implement my study abroad program without my consent.

_____ If I become ill or suffer an injury, I consent to the disclosure of my health information to my parents/guardians, emergency contacts, emergency responders, healthcare providers, other University officials, officials at my EU university, clinical affiliation or study abroad tour provider, and law enforcement or governmental authorities.

_____ I consent to the collection, use, retention, and transfer to the University of information relating to any incident of harassment, sexual or gender-based misconduct, or criminal behavior, whether I am the subject or alleged perpetrator, consistent with University policy.

_____ I understand that although I can revoke my consent, doing so will not affect the handling of my personal information when required for the University’s legal or contractual obligations, to protect my vital interests or a substantial public interest, in an emergency, or with respect to legal claims.

_____ I understand I can withdraw my consent while in the EU and can review, retract or correct my personal data.

By signing, below, I acknowledge I have read, understand and agree to the terms and conditions set forth in this consent and authorization.

Signature of student

Name of Student (printed)

Date

Study Abroad Application Supplements

Certification of Social Standing

If you probation level 2 or higher, you will not be permitted to study abroad. The OIP will check on your current social standing with the Dean of Students.

Letters of Recommendation

- Letters should attest to your personal character, maturity level, work/study ethic, etc,
- At least one letter of recommendation must be from a SHU professor, the other may be from an employer.
- **No personal recommendations accepted.**

Registration with the U.S. Department of State

You must enroll in the Smart Traveler Enrollment Program (STEP) provided by the U.S Department of State. It is a free service provided by the U.S. Government to U.S. citizens who are traveling to, or living in, a foreign country. STEP allows you to enter information about your upcoming trip abroad so that the Department of State can better assist you in case of an emergency.

Enroll at the following link: <https://step.state.gov/STEP/Index.aspx>

Please submit a copy of your confirmation page or confirmation email to the OIP.

Passport

Please submit a copy of your passport. To apply for / renew your passport, go to:

<https://travel.state.gov/content/travel/en/passports/apply-renew-passport/apply-in-person.html>

Disability Support

Students at Seton Hall University who have a physical, medical, learning or psychiatric disability, either temporary or permanent, may be eligible for reasonable accommodations during their study abroad program. In order receive such accommodations, students must identify themselves at the Office of Disability Support Services (DSS), provide appropriate documentation and collaborate with the development of an accommodation plan.

Students seeking accommodations on a study abroad program, are encouraged to begin the process with the DSS office at least 6 months in advance of the program start date.

The DSS phone number (973) 313-6003. For further information, please go to the [Disability Support Services website](https://www.shu.edu/disability-support-services/) » <https://www.shu.edu/disability-support-services/>

Proof of Medical Insurance Abroad

All Seton Hall University students studying abroad must possess an international health plan that covers them for all of the following (*absolutely no exceptions*):

- (1) Medical benefits of at least \$100,000 per person per accident or illness;
- (2) Repatriation of remains in the amount of \$25,000;
- (3) Medical evacuation in the amount of \$50,000; and
- (4) Evacuation for major event (such as natural disaster or political unrest)

-Insurance via Third-Party Program Providers-

If you are using a Third-Party Study Abroad Provider you will most likely be covered with adequate insurance.

If you are using the Third-Party company SOL, please be aware that if you opt out of the insurance that they offer, you must purchase GeoBlue, as we cannot accept any other insurance companies.

All Exchange students traveling abroad must purchase Geo Blue Insurance.

Students can satisfy this requirement by:

- Being accepted to a program that includes an insurance plan that meets the above criteria
- Purchasing GeoBlue Insurance (instructions below), **or**

Please do not submit information on your regular medical insurance in the U.S.

GeoBlue Insurance

The 2020 rate for GeoBlue is \$2.10* per day for individuals up to 74 years old.

*This rate is subject to change each year.

GeoBlue Insurance covers emergency medical expenses abroad, as well as provides evacuation services due to medical emergencies, political unrest and natural disasters., as well as offers on the ground global health and safety services.

How to Buy GeoBlue Insurance

1. Visit <https://www.geobluestudents.com/>
2. Enter the Group Access Code: **IMD-7720** in the “Students and Plan Members” box on the lower right side of page and follow the prompts
3. Print out your GeoBlue insurance card and send to our office as proof of purchase

How to Complete the Credit Transfer Sheet

1. **Top section:**
 - a. Fill in your student information
2. **Middle section:**
 - a. “**Course #**”: write the course code/name of the course Abroad (ex. “Spanish in Madrid”)
 - b. “**SHU Equivalent**”: write the SHU Course Code it was approved for (ex. SPAN1001)
 - c. “**Title**”: write the course name of the SHU course (ex. Elementary Spanish)
3. **Bottom section: (Complete A to G in order)**
 - a. “**Student, Box 1**”: Your signature
 - b. “**Academic Advisor, Box 2**”: Academic Advisor’s signature (*Sometimes is the Student Chair too*)
 - c. “**Student Chair, Box 3**”: Chair of your department’s signature (*They may also sign for sections 4, 7, 10, 11 & 12 if the courses are in their departments*)
 - d. “**Course Equivalent Chair, Boxes 4, 7, 10, 11 & 12**”: The chair of the department’s signature, that matches the course you recorded in the middle section
 - e. “**Dean of Student’s College, Box 5**”: Associate Dean’s signature
 - f. “**Director of OIP, Box 6**”: Bring this form back to the OIP & we will sign it
 - g. “**Enrollment Services, Boxes 8 & 9**”: The OIP will send it for you

Most Common Department Chairs, Deans, and Secretaries:

School of Diplomacy & International Relations

Dean, Dept. Chair & Advisor: Assoc. Dean Ursula Sanjamino
973-313-6210; Ursula.sanjamino@shu.edu

College of Arts & Sciences

Associate Dean: Christopher Kaiser
973-761-9430;
christopher.kaiser@shu.edu
Fahy Hall; Rm 130

Modern Languages Dept. Chair;
Diana Alvarez Amell
973-275-5849; diana.alvarez-amell@shu.edu
Fahy Hall; Rm 227

Psychology Dept. Chair: Amy Hunter
973-761-9485; amy.hunter@shu.edu
Jubilee Hall; Rm 345

Political Sciences Dept. Chair:
W Mott, Ph.D
973-275-2903; w.mott@shu.edu
Jubilee Hall; Rm 505

College of Communications

Dept. Chair: Renee Robinson
973-275-4842; renee.robinson@shu.edu
Arts and Sciences; Rm 244

Stillman School of Business

Assoc. Dean: Steven Lorenzet
973-275-4827; steven.lorenzset@shu.edu
Jubilee Hall; Rm 527

Marketing Dept. Chair: Stephen Pirog
973-761-9327; Stephen.pirog@shu.edu
Jubilee Hall; Rm 654

Finance Dept. Chair: Anthony Loviscek
973-761-9127; Anthony.loviscek@shu.edu
Jubilee Hall; Rm 615

Management Dept. Chair: Paula Alexander
973-761-9798; Paula.Alexander@shu.edu
Jubilee Hall; Rm 644

Economics Dept. Chair: Dr. Henry Amoroso
973-761-7168; Henry.Amoroso@shu.edu
Jubilee Hall; Rm 673

Accounting Dept. Chair: Dr. Mark Holtzman
973-761-9133; Mark.Holtzman@shu.edu
Jubilee Hall; Rm 608

Management Dept. Exchange Program Liaison:
Dr. Laurence McCarthy, 973-275-2957

Seton Hall University - Office of Enrollment Services
Application to Study at Another Institution -- Credit Transfer Form

Taking LapTop __YES __NO

Name (Last)		(First)		(Middle)		Student ID #	
Permanent Street Address				City	State		Zip
Local or Residence Hall Address				Res. Box No.	City	State	Zip
School	Major	Expected Graduation Date		Number of transfer credits requested this term		Total	
				Number of credits taken at SHU this term: _____		Note: this may not exceed 12 during summer sessions	

I request permission to take the course(s) specific below at _____ in _____ City, State

During the _____ semester/session 20 _____

Reason for request _____

Other School		Transfer Credit as it will Appear on SHU Record		DO NOT WRITE IN THIS AREA - ENROLLMENT SERVICES				
Course #	CR	SHU Equivalent Sought	Title	ETS School Code	Earned Credits	Begin Date	End Date	Term Applied
				000				
				000				
				000				
				000				

The student is responsible for sending an official transcript of this coursework to Enrollment Services, Seton Hall University, and South Orange, NJ 07079-2689 within 30 days of the completion of studies. Authorization to study at another institution is not granted until this form is endorsed by Enrollment Services.

University Regulations Regarding Transfer Credit

1. Transfer credit is granted only when the student has secured permission in advance by filling this form with all required signatures.
2. Approval is granted for specific course. The college number, title, and description of course content must be presented in writing when the student seeks approval. Only academic credits earned at accredited college/universities may be transferred. Application to study abroad must be endorsed by the Director of International Programs before their approval.
3. Transfer credit is not awarded for courses similar in content to those already completed.
4. Credits may be transferred only when the grade is C or higher (B or higher, graduate students). Courses with Pass grades are not acceptable in transfer.
5. No transfer credits are permitted within the student's final 30 credits (Undergraduate students only).
6. If a course to be transferred is outside the student's major, the chair of the SHU equivalent department must approve the permit by signing on blocks 4, 7, 10, 11, and / or 12 below.
7. Grades for transferred course are not recorded on the student's SHU record, and they are not computed in the student's grade point average.
8. Individual colleges may apply additional regulations and restrictions regarding transfer credit. The student must comply with these rules.
9. Students studying outside the U.S. must have this form signed by the Director of International Programs before registering for the study abroad courses.
10. Students studying outside the U.S. must register for the Study Abroad Course at Seton Hall University before exiting the United States.

Student 1	Date	Academic Advisor 2	Date	Student's Chair 3	Date
Course Equivalent Chair (Req'd if outside your major) 4 Course 1	Date	Dean of Student's College 5	Date	Director of International Programs 6	Date
Course Equivalent Chair (Req'd if outside your major) 7 Course 2	Date	Received by Enrollment Services 8	Date	Approved by Enrollment Services 9	Date
Course Equivalent Chair (Req'd if outside your major) 10 Course 3	Date	Course Equivalent Chair (Req'd if outside your major) 11 Course 4	Date	Course Equivalent Chair (Req'd if outside your major) 12 Course 5	Date

Once Completed: White-Enrollment Services Green-Dean's Office Yellow-Major Department Chair Pink-Student Gold - Office of International Programs



Office of International Programs

Study Abroad Information

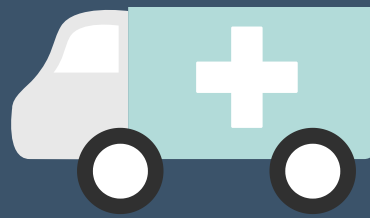
Factors to Consider When Making Your Decision to Study Abroad

1. Destination
 - Language
 - Relevancy to coursework
 - Personal preferences/desires
 - Cost of living (daily life costs, travel within and to the country, exchange rate)
2. When to study abroad
 - First and last 30 credits should be taken at SHU, unless permission is given by your Dean to do otherwise
 - Discuss with your academic advisor how studying abroad can fulfill requirements of your academic program
 - Summer language credits may not be transferrable if an equivalent SHU course is offered
 - Take into account local weather
 - Think about travel options prior to or after your studies
3. Choosing a program/provider
 - Does SHU have an exchange or faculty-led program in your desired country? You can apply your scholarships and aid to SHU's exchange programs!
 - Reputation of provider (ask OIP and check reviews online)
 - What is included in program cost (i.e., tuition, accommodations, insurance, some excursions, etc.)
 - Costs can vary depending on which city in the country you choose, accommodation options, etc.
 - Available scholarships from provider
 - Additional services available (excursions, insurance, accommodation options)
4. Scholarships and funding search engines:
 - www.iie.org/program-finder www.scholarships.com www.moneygeek.com
 - www.internationalscholarships.com www.fastweb.com
 - www.studyabroad.com (also find resources on Visa, Budgeting, Guides, Tips & more)
5. Gather information from former participants
 - Ask OIP to reach out to previous participants and discuss personal experiences
 - Find program reviews for third party providers from students nationwide at these sites:
www.studyabroad101.com <https://www.gooverseas.com/>

Study Abroad Checklist -To be completed in order!

1. If you are a student with a disability in need of accommodations to fully participate on a study abroad trip, you must contact the Office of Disability Support Services (DSS), Duffy Hall, Room 67, at the time of application. For more information or to register for services, contact DSS at (973) 313-6003 or by e-mail at DSS@shu.edu
2. Apply for passport (**May take up to six weeks to process**)
3. Meet with your academic advisor to discuss course selection (**bring credit transfer form and course descriptions**)
4. Meet with Gary Thomas in Financial Aid if you intend to use any aid toward your study abroad program.
5. Apply to study abroad program. Deadlines vary by semester and program!
6. Complete the OIP study abroad application (**check application checklist for deadlines**)
7. Apply for your student visa (if necessary) – check with program to inquire
8. **Attend mandatory pre-departure orientation**
9. Book flight! ONLY after you have been approved by program, OIP and received visa, if applicable

IF YOU CHOOSE TO STUDYABROAD, YOU MUST APPLY THROUGH THE OIP! Contact us: ois@shu.edu
or 973-761-9072



OFFICE OF INTERNATIONAL PROGRAMS

Study Abroad Health Fact Sheet

Talk to Your Doctor

- Even if you are a generally healthy individual, you should discuss the following with your doctor:

- Vaccinations: Being up-to-date with all required/recommended vaccines for your trip
- Destination information (city, rural, etc.), length of trip, planned activities, your specific health
- How to stay healthy, manage any medical conditions you have, and carrying/maintaining any prescription/non-prescription medicines abroad.
- Warning signs indicating you should seek care
- Alternative medications, if yours isn't available or allowed at your destination
- Allergies: how the country/region you will be studying in will affect your allergies and what medicines you may need to bring to keep allergies under control



Other Notes to Consider

- Please be aware of how to use your health insurance abroad (whether Third-Party or GeoBlue insurance)
- If you require accommodations to participate in the study abroad program, students are encouraged to contact DSS at least 6 months prior to departure at: dss@shu.edu

Resources

- <https://wwwnc.cdc.gov/travel>
- <https://www.geobluestudents.com/>
- <https://www.shu.edu/health-services/health-resources.cfm>
- <https://www.shu.edu/disability-support-services/index.cfm>