



## Preview of Study Abroad Application Process

### Some Advice:

- Review this application in its entirety before completing any part of it. The application process involves multiple steps and consultation with several faculty and staff members.
- Speak with your faculty advisor about your plans before you begin to make any arrangements to study abroad.
- Meet with the Study Abroad Coordinator (Main 106) to explore options and obtain information.

Once you've decided to go abroad and have identified a program and country of interest, you will need to complete all sections of this application in the correct sequence, as follows:

**Section I.** Provide information about yourself and about the program you've chosen to apply to.

### Section II. Advisement (two steps)

- Step 1. Meet with the Study Abroad Coordinator who will verify your eligibility to study abroad.
- Step 2. Meet with an Academic Advisor who will conduct a preliminary degree audit.

**Section III.** Apply to the study abroad program you have selected. Attach a copy of your program application to this form.

**Section IV.** Obtain approval from the appropriate Division Chair or Department Head for each course you plan to take abroad and also for several alternates.

### Section V. Finalize Program Plans (three steps)

- Step 1. Meet again with the Academic Advisor for a final review of courses you will take abroad and the advisor's signature.
- Step 2. Meet with your Faculty Advisor who must approve your plan to study abroad.
- Step 3. Meet with the Study Abroad Coordinator to:
  - 1.) present Attachments A and B
  - 2.) go over health and security matters
  - 3.) obtain final approval

**Section VI.** Sign to accept the terms for study abroad and submit forms for registration.

### Checklist:

#### I have done the following:

- Selected a program
- Met with the Study Abroad Coordinator
- Met with an Academic Advisor
- Applied to the program
- Selected my courses
- Obtained approval of my courses
  - o Division/ Dept. Chair's signature
  - o Academic Advisor's signature
- Met with my Faculty Advisor
- Applied for Financial Aid, if necessary
- Obtained approval and signature of Study Abroad Coordinator

#### I have submitted the following documents:

- Copy of my Program Application
- Copy of my acceptance letter to the Program
- Signed Assumption of Risk, Waiver and Release
- Emergency Contact Information Sheet
- Proof of health insurance

### APPLICATION DEADLINES

Spring semester and January: **November 1<sup>st</sup>**

Fall semester and Summer: **April 1<sup>st</sup>**



# Marymount Manhattan

a college of the liberal arts

## STUDY ABROAD APPLICATION

*For MMC Matriculated Students only*

**INSTRUCTIONS:** Complete Sections I-VI of this application in sequence and Attachments A & B. Attach all other required documents.

Please do not leave ANY portion of this application blank.  
Keep application intact and do not separate sections.

### SECTION I: Applicant and Program Information

#### Personal Information

Name: \_\_\_\_\_ MMC ID: \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Minor, if applicable: \_\_\_\_\_

Home Address \_\_\_\_\_

Local Address, if different \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

#### Study Abroad Program Information

Proposed Study Abroad Term(s): Select one

Fall 20\_\_\_\_  January 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Full Academic Year \_\_\_\_\_

Program Location: (e.g., Paris, France) \_\_\_\_\_  
(City & Country)

Host Institution: (e.g., University of Paris) \_\_\_\_\_

Program Sponsor: (e.g., Boston University) \_\_\_\_\_

#### Program Representative Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Check box if you will attend classes at de Theatreschool or The American College of Thessaloniki.

**SECTION II: Advisement**

**Step 1: Meet with the Study Abroad Coordinator (Main Building, Room 106)**

The Coordinator will confirm your eligibility for study abroad and will review with you all aspects of applying to a program, obtaining passport and visas, if necessary; discuss expectations for living in a foreign country; outline logistical details, including how to obtain health insurance and an International Student Identity Card; and your rights and responsibilities as an international student.

**Verification of eligibility criteria and possession of necessary travel documents**  
(To be completed by the Study Abroad Coordinator)

<b>FOR OFFICE USE ONLY:</b>		<u>Eligibility Criteria</u>	
1.	The student has a cumulative GPA of at least 2.8.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	The student has satisfied all past and current financial obligations to the College.	<input type="checkbox"/>	<input type="checkbox"/>
3.	The student has completed a minimum of 12 credits (one semester full time).	<input type="checkbox"/>	<input type="checkbox"/>
4.	The student has declared a major.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>The student meets eligibility criteria for permission to study abroad.</b> <b>If the student does not meet criteria, s/he may not proceed with this application.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Pertinent Travel Documents</u></b>			
5.	The student possesses a current passport from his/her country of origin, which is valid for 6 months beyond the date of his/her return from abroad.	<input type="checkbox"/>	<input type="checkbox"/>
6.	The country in which the student plans to study requires a visa. <b>If Yes, the Study Abroad Coordinator will assist the student in obtaining a visa.</b>	<input type="checkbox"/>	<input type="checkbox"/>

I have confirmed the student's eligibility for study abroad.

Name: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Study Abroad Coordinator)

**Step 2: Meet with an Academic Advisor for preliminary degree audit to complete this section of the application.**

I have conducted an audit of the student's academic record and discussed a relevant course of study that will fulfill MMC degree requirements.

Name: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Academic Advisor)

**SECTION III: Program Application**

**APPLY TO STUDY ABROAD PROGRAM**

The Study Abroad Coordinator will assist you with the completion of your Program application.

You **MUST** attach a copy of your program application to this form upon submission of your completed MMC Study Abroad application.

**SECTION IV: Course Selection**

MMC Student ID: \_\_\_\_\_

Step 5: Complete Parts A/B for each course you expect to take in a given term. Complete a separate Section IV sheet for each term you plan to spend abroad. Make additional copies of this page, if necessary.

Enter Term in which you plan to take the courses listed below:

Fall: 20\_\_  Spring: 20\_\_  January: 20\_\_  
 Summer 1: 20\_\_  Summer 2: 20\_\_

I plan to take \_\_\_\_\_ credits

NOTE: Applicant must adhere to the minimum/maximum credit load

Semester	Fall	Spring	January or Summer
Minimum - Maximum Credit Load	12-15	12-15	3 - 6

Part A: Courses to be taken abroad			Part B: Will fulfill Marymount Manhattan program requirements, as indicated						
SA Dept. Course #	SA Course Title	SA Credit	Will transfer as MMC Course #	MMC Course Title	MMC Credit	Fulfills:	ELE - L (Elective Liberal Arts)	ELE - N (Elective Non Liberal Arts)	Div. Chair/ Dept. Head* Signature
Example IS 358	Middle Eastern Politics	3	IS 346	Middle East in the 20 <sup>th</sup> Cent	3	IP	ELE - L	ELE - N	RA Smith

\*For DS 1, 2, 3, 4, 5 see relevant Division Chair.  
 For CP/EP/IP/UP/IREP see relevant Division Chair  
 For major/minor/elective see relevant Department Head.

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Fall: 20\_\_\_\_  Spring: 20\_\_\_\_  January: 20\_\_\_\_  
 Summer 1: 20\_\_\_\_  Summer 2: 20\_\_\_\_

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SA Dept. Course #	SA Course Title	SA Credit	Will transfer as MMC Course #	MMC Course Title	MMC Credit	Fulfills: DS 1,2,3,4,5 CP, EP, IP, NP, UP, IREP Major Minor Elective	ELE - L (Elective Liberal Arts)  ELE - N (Elective Non-Liberal Arts)	
Example IS 358	Middle Eastern Politics	3	IS 346	Middle East in the 20 <sup>th</sup> Cent.	3	IP	ELE - L	RA Smith

\*For DS 1, 2, 3, 4, 5 see relevant Division Chair.  
 For CP/EP/IP/UP/IREP see relevant Division Chair  
 For major/minor/elective see relevant Department Head.

**SECTION V: Finalize Program Plans and Arrangements**

**Step 1: Confirm your registration**

**Meet with an Academic Advisor for course registration follow-up.**

I have reviewed the applicant's registration for suggested first choice and alternate courses that will fulfill MMC degree requirements and confirmed their applicability to his/her MMC degree program. See course selection on pages 4 and 5 of this application.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_  
(Academic Advisor)

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

**Step 2: Meet with your Faculty Advisor to discuss and review your plan.**  
Your faculty advisor must approve and sign this section of the application.

I have met with this student and discussed his/her plan for study abroad. Anticipated courses to be completed will \_\_\_ will not \_\_\_ fulfill requirements in the \_\_\_\_\_ (Major).

I recommend the student as a candidate for Study Abroad.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_  
(Faculty Advisor)

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

**Step 3: Waivers and Emergency Contact Information**

Complete Attachments A and B (Pages 8 – 10). You must present these signed documents to the Study Abroad Coordinator at your final meeting.

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**Step 4: Health and Security Matters**

**Health Insurance**

All students going abroad to study must be covered by a health insurance policy that extends coverage overseas and includes coverage for "evacuation and repatriation." You MUST submit a document confirming that you have obtained such a policy to the Study Abroad Coordinator at your final meeting.

**Vaccinations**

See your medical doctor for a checkup and to determine whether your travel requires protection, in the form of vaccinations, from potentially hazardous medical conditions. If so, please have your doctor administer these vaccinations and provide you with a statement that you are fully protected against the particular prevalent health threats.

**Registration with your home country government**

For U.S. citizens

Before your departure for the program country, students are encouraged to register their stay abroad with the U.S. government Smart Traveler Enrollment Program (STEP). Go to <https://travelregistration.state.gov/ibrs/uii>.

For citizens and nationals of other countries

You are also encouraged to register with the embassy or consulate of your country of origin; however, such registration may need to be completed upon arrival in the destination country.

**Step 5: Obtain Study Abroad Coordinator Approval**

Bring MMC Study Abroad Application, Attachments A and B, a copy of your program application, and proof of health insurance and any vaccinations that may be required to the Study Abroad Coordinator.

*I have reviewed this student's documents and certify the student is prepared for study abroad.*

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

*The Study Abroad Coordinator will forward your completed study abroad application to the Registrar's Office, in the Center for Student Services.*

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**SECTION VI: Accepting the terms of this agreement**

Please read the following carefully and sign your Study Abroad Application. You are responsible for complying with all of the terms set out below. Your signature indicates your agreement to be bound by these terms.

- I accept sole responsibility for registering for the above courses.
- I understand that I may neither audit any courses nor take any courses during study abroad on a pass/fail basis.
- I understand that all courses in my study abroad program WILL be entered on my MMC transcript.
- I understand that all the grades I earn as a result of studying abroad (including any "F"s) WILL be calculated into my MMC grade point average.
- I accept sole responsibility for having my official transcript from the study abroad program sent directly to MMC (Registrar's Office) immediately upon completion of the program.
- I understand that failure to do so or any delay in doing so may result in my ineligibility to register or to receive financial aid for the semester(s) subsequent to my completion of the study abroad program.
- An audit of my remaining degree requirements has been explained to me and I understand how the study abroad courses will affect my progress towards completing my degree.
- I agree to be held liable for any tuition and fees incurred by my registration with the study abroad program.
- I authorize my enrollment as a study abroad student.

Student Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

**Office Use Only**

Student is enrolled in SA 999 01 (study abroad) or SE 999 01 (bilateral exchange) for the given term(s).

[ ] Student is Registered for SA 999 01 \_\_\_\_\_ (initials or sign)

[ ] Student is Registered for SE 999 01 \_\_\_\_\_ (initials or sign)

**MARYMOUNT MANHATTAN COLLEGE STUDY ABROAD  
STUDENT ASSUMPTION OF RISK, WAIVER AND RELEASE**

Student Name: \_\_\_\_\_

Program: \_\_\_\_\_

Dates of Participation: \_\_\_\_\_

In consideration for being permitted to participate in an approved study abroad program, I hereby agree and represent that:

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the program, and I will certify that my health coverage will adequately cover me while outside the United States. I hereby release and hold harmless the college, its trustees, employees and agents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur while in the program.

2. I understand that the program, as described in its publication and brochures, may be subject to change and that neither the college nor its trustees, employees or agents shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

3. I understand that the college reserves the right to rescind its approval for me to participate in the program at any time should my actions of general behavior in sole discretion of the college, be determined to impeded or obstruct the program in any way.

4. I understand that there are unavoidable and unforeseeable risks in travel and study abroad. These risks include but are not limited to, criminal activity, war, terrorism, public health risks, transportation risks, weather risks, property loss or damage, physical or emotional injury and death. I acknowledge that I have independently reviewed and assessed said risks. Knowing these risks, 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 risks and responsibilities surrounding my participation in the program. To the maximum extent permitted by law, I release, hold harmless and indemnify the college and its trustees, officers, employees and agents from and against any present and 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 or entity during my participation in the program (including periods in transit to or from any country where the program is being conducted).

5. I understand and acknowledge that I should have or develop legal problems including, but not limited to, those involving foreign nationals or governments of host country, I am solely responsible for all aspects of defense and resolution of those legal matters.

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

7. I represent that my agreement to the provisions herein is voluntary, and further that, prior to signing this agreement; I have the right to consult with an advisor, counselor, or attorney of my choice.

8. I agree that my heirs, successors, assignees, and personal representatives agree to indemnify, hold harmless, release and forever discharge Marymount Manhattan College, its trustees, employees, agents and cooperating institutions and their officers and agents from any and all claims and expenses, including reasonable attorney's fees for any injury, loss or damage to personal property, including catastrophic injury or death, related to travel.

9. I agree that, should there be any dispute concerning my participation in the program that would require adjudication by a court of law, such as adjudication will occur in the courts of, and be determined by the laws of, the State of New York.



10. This agreement represents my complete understanding with the college concerning the college's responsibility and liability for my participation in the program. Supersedes any previous or contemporaneous understandings I may have had with the college on this subject, whether written or oral, and cannot be changed or amended in any way without written concurrence.

11. I represent that I am at least eighteen years of age.

Student Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION**

Student's Name: \_\_\_\_\_

Program: \_\_\_\_\_

Dates of Participation: \_\_\_\_\_

Your contact information at study abroad program/country while you are away:

Your address abroad:

\_\_\_\_\_ Cell Phone number abroad: \_\_\_\_\_

\_\_\_\_\_ Other phone number (if applicable) \_\_\_\_\_

Will you use your MMC email while you are abroad? Yes No (please circle)

If not, please indicate the email you will be using: \_\_\_\_\_

Contact person at the study abroad site: (i.e. program director, study abroad coordinator, etc)

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

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Contact Personnel in U.S. while you are away**

**Contact #1**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact #2**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_