

STUDY ABROAD APPLICATION

Application Fees and Deadlines

Application deadlines and fees may vary depending on the program.

Study Abroad Program Type	Deadline	Application Fee
Greece Exploration Study Program – J-Term (Faculty-Led)	September 1, 2020	\$300*
France/Germany Exploration Study Program – May Term (Faculty-Led)	February 1, 2021	\$300*

STUDY ABROAD APPLICATION AND SUPPORTING DOCUMENTS

ACU Study Abroad Application and Fee

The study abroad application form is mandatory and must be completed, signed, and turned into the Office of Study Abroad. All application fees are **non-refundable** and must be paid by the application deadline.

Student Conduct Form

The Student Conduct Form must be completed by the Office of Student Development and signed by the student.

Financial Aid Form

Students are required to meet with the office of Financial Aid regarding program payments and deferrals of student scholarships, if necessary.

Course Approval Form

Students are required to meet with their Enrollment Management Specialist (EMS) and the Office of the Registrar to discuss eligibility and courses to be completed on their chosen program.

Emergency Contact Form

Students are required to provide emergency contacts in the United States or their home country during their time abroad.

Essay Response Form

Applicants will be required to submit a 75-100 word essay describing their interest in studying abroad.

***For faculty-led programs, the Essay Response Form is NOT required.**

Payment Agreement & Acknowledgement Form (separate document found on www.arizonachristian.edu/studyabroad)

Students participating on all study abroad programs must submit the payment agreement, specific for their program, along with the study abroad application.

Passport Copy and Health Insurance Card Copy

Submit a copy of your passport information page and the front and back of your health insurance card. If you are in the process of applying for a passport, you must submit your name as it will appear on the passport, and the date of application.

Minimum Requirements

- Must be a full-time Arizona Christian University student (online and evening students exempt) in good academic, financial, and conduct standing with at least a 2.50 cumulative GPA
- Must have a minimum of 24 college credit hours completed by departure date
- Must be at least 18 years of age
- Adequate financial resources to cover all expenses
- Passport current with at least 6 months beyond the end of the program
- Complete all prerequisite courses prior to departure

* Application fee is a part of the total trip cost.

STUDY ABROAD APPLICATION

STUDENT INFORMATION

Full Passport Name (First, Middle, Last):

Permanent Address:

Student I.D. Number:

City:

State:

Zip Code:

Cell Phone Number:

Email Address:

Country of Citizenship:

Alternate Email Address:

Date of Birth:

Passport Number:

Passport Expiration Date:

ACADEMIC INFORMATION

Major:

Minor:

Enrollment Management Specialist:

Study Abroad Program:

Study Abroad Location (City, Country):

Study Abroad Program Dates:

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Expected Graduation Date (Month/Year):

Your Cumulative GPA:

CAMPUS HOUSING (semester programs only)

Are you living in the dorms? ☐ Yes ☐ No

Will you expect to return to the dorms? ☐ Yes ☐ No

EMERGENCY CONTACT

Parent/Guardian Name:

Relationship:

Address:

Home Phone Number:

City:

State:

Zip Code:

Work Phone Number:

Email Address:

VERIFICATION AND SIGNATURE

I certify that the information on this application is complete and correct. I understand that the submission of false information is grounds for rejection of my application. I understand that as part of the application process, I am expected to attend a pre-departure orientation all pre-departure classes. I understand that I am expected to abide by the tenets of the Arizona Christian University Handbook, as well as any student guidelines as set by the university or program where I am studying away from Arizona Christian University.

Name

Signature

Date

For Official Use

Application Documents: ☐ Application Form ☐ Emergency Contact Form
☐ Student Conduct Form ☐ Payment Agreement
☐ Financial Aid Form ☐ Health Insurance Card Copy
☐ Course Approval Form ☐ Passport Copy

Student may participate in listed program and receive credit for courses subject to general regulations and policies of Arizona Christian University and as approved by the EMS and College Dean.

Received By

Date Received



STUDENT CONDUCT FORM

Student Name: _____ Student ID #: _____

STUDENT INFORMATION

I, _____, am requesting enrollment in the ACU Study Abroad
Student Name

Program and need the following clearances in order to participate in the program.

I authorize the Arizona Christian University Student Development Office to provide information on my disciplinary history.

Student Signature: _____ Date: _____

To be completed by an official in the Arizona Christian University Student Development Office.

Does this student have a disciplinary record with the institution? ☐ Yes ☐ No

If yes, please briefly describe the nature of the discipline record.

STUDENT DEVELOPMENT OFFICE APPROVAL

Printed Name: _____ Official Title: _____

Signature: _____ Date: _____

FINANCIAL AID FORM

Student Name: _____ Student ID #: _____

Study Abroad Program: _____ Country of Travel: _____

Dates of Travel: _____

I have reviewed my degree planner with my EMS, and I am aware of implications of this trip.

☐ Yes ☐ No

Cost Assistance (Semester Program Only):

Expected Title IV Aid to be used for this trip: \$ _____ Type _____

\$ _____ Type _____

Institutional Aid to be placed on hold during this trip*: \$ _____ Type _____

\$ _____ Type _____

** **Note:** Institutional scholarships are not available for the Study Abroad Program. Students who elect to participate in the Study Abroad Program will have any institutional scholarships held until the semester after they have completed the Study Abroad Program.*

My enrollment in the Study Abroad Program will be for one semester. It is my request that upon my return:

- ☐ I still be enrolled at Arizona Christian University
- ☐ a space in the Residence Hall will be available to me

FINANCIAL AID OFFICE INFORMATION

_____ is in good standing with this office and has the resources to finance this trip.
Student Name

OFFICE APPROVALS

Financial Aid Office Signature: _____ Date: _____

Student Signature: _____ Date: _____

Additional Comments:

COURSE APPROVAL FORM

Student Name: _____ Student ID #: _____

ACU Email Address: _____ Anticipated Graduation Date: _____

COURSE PERMISSION MUST BE OBTAINED IN ADVANCE

Directions:

1. **Complete** the requested information below. Courses are to be similar in scope and content to transfer to Arizona Christian University. Courses that do not match ACU course descriptions will be considered elective courses and will need your EMS's approval.
2. **Accreditation:** The courses must be taken at an accredited institution or an approved ACU Study Abroad Program.
3. **Credit:** An official transcript in English must be received by the Registrar's Office following the completion of the Study Abroad Program. A grade of "C" or better for undergraduate courses is required for the course/s to transfer. Courses earning a "P" or "S" will not transfer, and the transfer credits will not be calculated into your ACU GPA.
4. **Warning:** You must take courses approved by ACU for the credits to transfer.
5. **Note:** Non-approved courses or programs may affect your financial aid or disbursements.

Major: _____ Study Abroad Program: _____

Semester Taken: _____ Country: _____

Host Institution			Arizona Christian University		
Host Course		Credit Hours	ACU Course (Replace or Substitute)		Credit Hours
Course #	Course Title	USA, CAT, UK, ECTS	Course #	Course Title	Conversion

Legend: European Credit Transfer and Accumulation Systems (ECTS), Credit Accumulation and Transfer (CAT), United Kingdom (UK)

Conversions: ECTS = 25-30 clock hours (similar to US quarter hour system), CAT = 20 credits, 10 UK = 5 USA credits

OFFICE APPROVALS

EMS Signature

Date

Registrar's Office Signature

Date

EMERGENCY CONTACT FORM

Travel Participant Information

Full Name (as it appears on passport): _____

Program / Trip Name: _____ Study / Trip Semester: _____

Student ID: _____ Date of Birth (mm/dd/yy): _____ Citizenship: _____

Email Address: _____ Cell Phone: _____

Passport Number: _____ Date of Issue: _____ Expiration Date: _____

U.S./Family Emergency Contact

Name: _____

Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

Cell: _____

Email: _____

Medical Information

Blood Type: _____

Special Medical Conditions: _____

Medications: _____

Food/Drug Allergies: _____

Food preferences (i.e. I will not eat): _____

Special Instructions in the case of injury/ hospitalization: _____

Insurance Information

Company: _____

Member ID: _____

Group#: _____

Plan: _____

24 Hour Phone: _____

Travel Insurance

International Health Insurance or Trip Insurance is not required, but is **highly recommended**. It can be purchased at the suggested websites below, and must be purchased **within 2 weeks of first payment** for "cancel for any reason" coverage.

Health Insurance only:

www.geobluetravelinsurance.com

Full Trip Insurance:

www.insuremytrip.com

Independent Travel Plans – Travel arrangements not made by ACU

Travel Info	Date	Airline
Depart US:	_____	_____
Return to US:	_____	_____
Study Abroad Program:	_____	
Study Abroad Country:	_____	

This information is collected for emergency purposes only. Should you be involved in an emergency while abroad, this form will be given to qualified medical personnel and emergency contacts will be notified.

I attest, to the best of my knowledge, that the information included on this form is true. I grant permission, in case of an emergency, for this information to be given to appropriate personnel and emergency contacts to be notified of my situation.

Signature _____ Date _____