

STUDY ABROAD APPLICATION CHECKLIST

Office of International Studies hLiberal Arts #700 h1500 University Drive - Billings, MT 59101

Your complete application must include the following:

Phase 1: Application Materials ±See Deadlines

1. MSUB Application Form for Study Abroad Please type this form or print in ink and submit to the Study Abroad Program Manager at the Office of International Studies (OIS).
2. Personal Essay Submit to the Office of International Studies (OIS) One page typed essay

Academic Reference Ask an MSUB faculty member (professor or advisor) to write a letter of recommendation, following the instructions on the Study Abroad Reference Form.

5.

Phase3: Pre-Departure Travel & Payment Due ASAP

20. Travel Information. Purchase your plane ticket and forward a copy of your travel information to the Study Abroad Program Manager studyabroad@msubillings.edu

APPLICATION FOR STUDY ABROAD

Office of International Studies hLiberal Arts #700 h1500 University Drive - Billings, MT 59101

Name _____ MSUB ID# _____

Date of Birth / / (Must be at least 18) Email _____
Month/Day/Year

Legal Sex • F • M Citizenship _____ Passport Number _____
Check here if your passport application is in process

• MSUB in-state student • MSUB out-of-state student • NON-MSUB student: Current University _____

Name of study abroad program _____

Country/countries of program: _____

Dates and year of program _____

• MSUB exchange or study abroad program • NON-MSUB study abroad program: specify: _____

NOTE TO STUDENT: If the following information is different than what the University has on its system, you must update your information in the Registrar's Office.

Current mailing address*: _____ Apt #: _____ Phone _____
Street address

City _____ State _____ Zip _____ * Address expires / /
Month/Day/Year

Permanent address _____ Apt #: _____ Phone _____
Street address

City _____ State _____ Zip _____

Major: _____ Expected Graduation (Month/Year): _____

College: • Arts & Science • Business • Allied Health • Education • City College Number of program credits: _____

Status during program: • FR • SO • JR • SR • GR • Other (30 cr. required before semester study abroad)

Foreign language(s) studied _____ Years studied _____ (Two years of study prior to time abroad is recommended)

Current cumulative grade point average (GPA) _____ Will you be adding an International Studies Minor? • Yes • No • Maybe

(Min. 2.75 GPA may be higher for some programs) 58 (ip) 10 (a) 4 (y) 7 (b) 6 (f) is 2 (cc) m 6 (me) 6 (P-3 (im) 1 9 Tf 458.2d54c7RMf 36T-3 (e) 10T Q q 0 0 612 792 3)

STUDY ABROAD AGREEMENT TO PARTICIPATE

Office of International Studies hLiberal Arts #700 h1500 University Drive - Billings, MT 59101

In consideration of participation i

13. I shall be solely responsible for any and all additional costs incurred on my behalf by the university while participating in the program. In addition, I shall be solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal or dismissal from the program prior to its completion, including but not limited to withdrawal or dismissal for reasons of health, family emergency, illegal drug use or alcohol abuse, legal detention, or disciplinary action by a representative(s) of the University. Costs on my behalf include, but are not limited to, monies advanced on my behalf for refundable deposits at other institutions, airfare, accommodations, legal documents, and visa and application fees.

14. If I withdraw, depart or am dismissed from a program for any reason prior to its formal completion, I may not be eligible for any academic credits. Should I receive permission to return home early, I may be eligible for a refund of my tuition and fees. The amount of the refund shall be determined by the University's refund policy. I understand that the University's refund policy is published in the Schedule of Courses publication. I agree to be bound by the University's refund policy. I understand that the University's refund policy is published in the Schedule of Courses publication.

15. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all injuries, illnesses, damages, losses (including death) I sustain to person or property or both, including but not limited to any claims, actions, damages, expenses, and costs, including attorney fees, which arise out of, result from, occur during or are connected in any manner with my participation in the program and/or a related travel.

16. 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 employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, actions, damages, expenses, or costs, including attorney fees, which arise out of, occur during, or are in any way connected with my participation in the program or any related travel.

17. This agreement is to be construed under the laws of the State of Montana, USA; and if any portion of this Agreement is held invalid, the balance of the Agreement shall remain in full force and effect.

Medical History:

Medical allergies: _____

Medication taken on a daily or routine basis ~~and~~ purpose for use: _____

Note: Participants should bring an adequate supply of medications that are ~~needed~~ ^{required} on a daily or routine basis, in addition to a new, original prescription from your doctor in case you need to have your medication replaced/filled while abroad.

List any circumstances or health conditions (such as surgery; hospitalization; injuries; chronic ~~conditions~~ ^{conditions}, physical, psychological, emotional, or mental illness) that may need special consideration before or during your experience or may affect your ability to ~~participate~~ ^{participate} in the program:

The following must be completed. If you do not have a regular physician, indicate where your medical records are kept.

Physician name: _____

Office phone: () _____ Emergency phone () _____

Address: _____

[Health and Emergency Agreement](#)

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STUDY ABROAD

OFFICIAL TRANSCRIPT AGREEMENT

Office of International Studies hLiberal Arts #700 h1500 University Drive - Billings, MT 59101

To be completed and signed by the applicant.

You must have a **OFFICIAL TRANSCRIPT** from each school attended send **DIRECTLO/TT1 792 re 612ns 612 7**

Frequently Asked Questions about Financial Aid

& Study Abroad Programs

- x Can FINAID be used toward my exchange program?
 - o YES! If you are paying tuition to MSUB and going abroad, fill out your FAFSA as usual. FinAid can be applied toward your 04 (u)11.0uB

STUDY ABROAD LEARNING AGREEMENT (Page 2)
Advisor Form

Office of International Studies

STUDY ABROAD COURSE APPROVAL FORM (Page 2)
Academic Department Form

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Use this form for pre-approval of study abroad credits that will apply to a requirement for graduation, such as credits for a Major, Minor, or Foreign Language requirement. Use one form per content area. Courses on the Learning Agreement that are not pre-approved may receive elective credit. Department Chair submits form to _____, McMullen 1st Floor.

Name: _____ MSUB ID #: _____

Study Abroad Program _____
University Country

Study Abroad Program Dates _____
Start Date (Month/Year) End Date (Month/Year)

Content Area: _____ (complete a separate form for each content area)

Courses Requiring Approval

All courses count as elective credit unless Course Approval Form is completed