

# Global Education Center Study Abroad Programs



**MONTCLAIR STATE**  
UNIVERSITY



## Phase I Application Packet

For all semester, academic year, and summer study abroad programs



**STUDY ABROAD APPLICATION CHECKLIST**  
**Semester, Summer and Year-Long Programs**  
**(NOT for faculty led programs)**

Most application materials can be found on our Website at  
<http://www.montclair.edu/globaled/studyabroad/info/application.html>

**RETURN ALL MATERIALS BELOW TO YOUR STUDY ABROAD ADVISOR BY THE MSU DEADLINES BELOW**  
**Do NOT send materials to the overseas program providers directly**

**BASIC ELIBILITY REQUIREMENTS:**

- 2.75 GPA
  - No current disciplinary action at MSU
  - Completed one semester at MSU (except if 1<sup>st</sup> semester transfer with GPA of 3.0 and above)
- Some specific programs may have additional or different requirements.*

**PHASE I:**

- \_\_\_\_\_ 1. Montclair State University (MSU) study abroad applicant information form\*
- \_\_\_\_\_ 2. Submit request to Registrar for a sealed academic transcript to be sent to Global Education Center via WESS or at Registrars office\*
- \_\_\_\_\_ 3. **Original** Application form for your program (Submit copies to study abroad advisor if applying online)  
*If CEA program – also submit CEA Advisor Approval Form*  
*Some application forms require a fee which should be submitted directly to the school/provider or to MSU study abroad advisor*
- \_\_\_\_\_ 4. **\$400** non-refundable Administrative Fee (Required of all students)  
*Make check or money order payable to Montclair State University*
- \_\_\_\_\_ 5. Personal statement\*  
**In no more than 2 pages, tell us your motivation to study abroad. What do you hope to learn from your study abroad experience? How do you think studying abroad will help you in your academic and future endeavors? (Include your name and CWID)**
- \_\_\_\_\_ 6. Two reference forms\* (Preferably from MSU Professors)
- \_\_\_\_\_ 7. Code of Conduct Form\*
- \_\_\_\_\_ 8. Liability Waiver Form\*
- \_\_\_\_\_ 9. Photocopy of Biographical page of passport

\*These forms can be found online at <http://www.montclair.edu/globaled/studyabroad/info/application.html>

**PHASE II:**

Once your completed application is received by the study abroad office, you will receive a notice from the Global Education Center regarding your approval to participate in a study abroad program along with directions to complete phase II of the process.

Forms required in Phase II

- Financial Aid Study Abroad Budget Form
- Request for Work At Another Institution
- FERPA Form
- Study Abroad Insurance (Health & Emergency) Form

**Global Education Center: Study Abroad Department**

Domenica Dominguez, Director of Study Abroad, p: 973-655-4483 e: [dominguezd@mail.montclair.edu](mailto:dominguezd@mail.montclair.edu)

Nyrieta Charlot, Study Abroad Coordinator, p: 973-655-4216 e: [charlotn@mail.montclair.edu](mailto:charlotn@mail.montclair.edu)

Website: <http://www.montclair.edu/Globaled/studyabroad/>

Facebook: <http://www.facebook.com/montclairstateuniversitystudyabroad>

YouTube: <http://www.youtube.com/user/MontclairStudyAbroad>

**MSU Application Deadlines:**

Summer 2012 Semester	March 30 <sup>th</sup> , 2012
Fall 2012 Semester	April 5 <sup>th</sup> , 2012
Spring 2013 Semester	October 26, 2012

**Although overseas program deadlines may vary all materials must be submitted to the study abroad office by the MSU deadline, unless the partner school has an earlier deadline. For inquiries after the deadline please contact your study abroad**



# MONTCLAIR STATE UNIVERSITY

## Global Education Center Reference Form (Not For Faculty-Led Programs)

<b>Part I: To be completed by the student</b>	<b>Deadline:</b> _____
Name of the applicant: _____ <i>Please print legibly</i>	
CWID: _____ Study Abroad Program: _____	
Term Abroad: _____	
Reference requested from: _____ <i>(Name)</i> <span style="margin-left: 200px;"><i>(Title)</i></span>	
I agree _____ do not agree _____ to waive my right of access to this reference.	

### Part II: To be completed by the evaluator.

The above referenced applicant is applying for the Montclair State University Study Abroad Program ("MSUSAP"). We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form by the deadline to:

Study Abroad Department  
Global Education Center  
22 Normal Ave  
Montclair State University  
Upper Montclair, NJ 07043

1. Basis and extent of your acquaintance with the applicant.
2. Please indicate the applicant's academic attributes. You may elaborate in the comments section if necessary.

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No opportunity to observe</u>
➤ Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Ability to adapt to new circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Additional Comments: *Please feel free to attach an additional document if necessary*

Evaluator's name \_\_\_\_\_  
*Please print*

Date \_\_\_\_\_

Position/Title \_\_\_\_\_

Telephone \_\_\_\_\_



Global Education Center  
**Reference Form**  
(Not For Faculty-Led Programs)

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Name of the applicant: _____ <i>Please print legibly</i>	
CWID: _____ Study Abroad Program: _____	
Term Abroad: _____	
Reference requested from: _____ <i>(Name)</i> <span style="float: right;"><i>(Title)</i></span>	
I agree _____ do not agree _____ to waive my right of access to this reference.	

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➤ Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Ability to adapt to new circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Additional Comments: *Please feel free to attach an additional document if necessary*

Evaluator's name \_\_\_\_\_  
*Please print*

Date \_\_\_\_\_

Position/Title \_\_\_\_\_

Telephone \_\_\_\_\_



**CODE OF CONDUCT FORM**

I agree to abide by the following guidelines while studying abroad as a Montclair State student:

1. I agree to attend a Pre-departure and a Re-entry meeting given by the Global Education Center.
2. I will abide by the rules, regulations, and policies of the host institution.
3. I will become familiar with and abide by the laws of my host country or other countries I visit.
4. I will correspond with the Coordinator of the Study Abroad program regularly while overseas (further details to be given out at the Pre-departure seminar)
5. I will respect the culture and ethnic differences of my host country and the individuals I meet.
6. My personal conduct will be a credit to my country, Montclair State, my family, and to myself.
7. I agree to stay for the full term of my host institution and not leave before classes are completed.
8. I will complete all papers, take all required examinations, read all texts, and attend classes as prescribed by my host institution.
9. If housing is provided by a host family or individual, I agree to abide by the policies and standards governing that household.
10. I understand it is my responsibility to prepare all papers to obtain passports, visas, and identification cards.
11. I will not intentionally damage, deface or destroy local university or residential property or that of any other person while on that campus or while using MSU-related premises.

**Note for Faculty-Led Short-Term Study Abroad students:**

Students will be held liable for the total cost to repair any damage to the host university or residential property. An inspection of dormitory rooms by the Faculty Director will be conducted upon arrival and prior to departure from the host country to determine if there is any damage.

Student Name \_\_\_\_\_  
*Print clearly*

CWID: \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_  
or Guardian if under 18

Date: \_\_\_\_\_



**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND  
INDEMNITY AGREEMENT**

This agreement is designed to protect all participants in the Montclair State University Study Abroad Program ("MSUSAP"), including but not limited to, students, faculty members, Montclair State University, the State of New Jersey, and the institutions cooperating with Montclair State University. In consideration for permitting you to participate in the MSUSAP, the undersigned for him/herself, and for his/her respective heirs, personal representatives and assigns, agree as follows:

1. I understand that any program of travel does involve certain inherent risks and dangers and that, except as expressly set forth herein, I knowingly and voluntarily, accept, and assume responsibility for, each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, my participation in the MSUSAP, and that my participation in the MSUSAP is entirely voluntary. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Montclair State University and the State of New Jersey, as well as their trustees, officers, employees, students, agents and volunteers (collectively referred to as "Releasees") from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to, my participation in the MSUSAP, including but not limited to any claims, lawsuits, damages, expenses, liabilities or injuries which may occur during or arise from my participation in the MSUSAP.
2. I also hereby agree to INDEMNIFY AND HOLD the Releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to, my participation in the MSUSAP and the operation of a motor vehicle during my participation in the MSUSAP.
3. I understand that it is my responsibility to have adequate medical, accident, dismemberment and repatriation insurance coverage. I represent that I have verified I have this coverage with my insurance agent and it is valid for overseas. I also represent that I am able to provide proof of insurance which will be left with the Global Education Center.
4. I agree that if I drive any motorized vehicle while abroad, I will take full responsibility for all claims, damages, liability expenses, lawsuits or injuries which may occur as a result of driving any motorized vehicle.
5. I acknowledge that the organizations involved in this project have forbidden the use of drugs by the participants except for those prescribed by an examining physician and noted on the Medical Authorization form.
6. I understand that while traveling or residing in any foreign country that I will be subject to the laws, rules, and law enforcement procedures of that country. Any violation of such laws is beyond the control of the MSUSAP, Montclair State University, the State of New Jersey and the United States of America.



- 7. I understand that if I leave the MSUSAP after it has begun or after my tuition has been paid, there will be no refund (unless there is a medical condition that warrants withdrawal). If I have received financial aid for the MSUSAP, I understand that full payment for tuition and program fees has been committed and will not be refunded by the University. Transcripts will be held until such payment has been made in full.

I have read this assumption of risk, release and waiver of liability and indemnity agreement, and have had the opportunity to ask questions about the same. I fully understand this assumption of risk, release and waiver of liability and indemnity agreement, that I am giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. I acknowledge that I am signing this agreement freely and voluntarily.

Student Name \_\_\_\_\_  
*Print clearly*

CWID: \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian of Minor: \_\_\_\_\_ Date: \_\_\_\_\_



**STUDY ABROAD APPLICANT INFORMATION FORM**

Study Abroad Program Information					
Program Type (check one)	Faculty Led	Exchange Program	Affiliated Program	Non-Affiliated Program	
Program Term(s) and Year	Program Sponsor				
City/Country	Host Institution				
Applicant Personal Information					
Full Name (Last,First) <i>As per passport:</i>				MSU CWID:	
Current Address:					
Home phone:	( )	Cell phone	( )		
MSU E-mail Address:	Alternate e-mail Address:				
Permanent Address:					
Country of Citizenship	Passport # <i>If available</i>	Expiration Date			
Do you plan to apply for and/or use financial aid (loans, grants, scholarships) for your study abroad program?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
I <b>currently</b> receive the following financial assistance					
<input type="checkbox"/> PELL Grant <input type="checkbox"/> ACG Grant <input type="checkbox"/> SMART Grant <input type="checkbox"/> SEOG Grant <input type="checkbox"/> EOF Grant <input type="checkbox"/> TAG Grant <input type="checkbox"/> Bloustein DSN/DSU Grant <input type="checkbox"/> MSU Scholarships <input type="checkbox"/> Stafford Loans <input type="checkbox"/> PLUS Loan <input type="checkbox"/> NJ Class Loan <input type="checkbox"/> Perkins Loan <input type="checkbox"/> Private Loan <input type="checkbox"/> NJSTARS II or <input type="checkbox"/> Other _____					
Academic Program Information					
Class Standing (While Abroad)	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Grad/Professional School <input type="checkbox"/> Non-degree <input type="checkbox"/> Visiting Student or <input type="checkbox"/> High School Student _____ <i>name of institution</i>				
Major:	Second Major:				
Minor:	Second Minor:				
Current Cumulative Grade Point Average					
Demographic Information (optional)					
<i>This information is used for statistical reports. It is not used as a basis for admissions. You have the option to skip this section if desired.</i>					
Ethnicity/ Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Multiracial <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Non-resident Alien <input type="checkbox"/> Other <input type="checkbox"/> _____				
Date of Birth	Gender	Male	Female		

-(over)-

### Disciplinary Release

Do you have any prior academic or behavioral disciplinary incidents on file at Montclair State University or your home institution if a visiting student?

NO

YES

If yes, please explain

The Global Education Center may review academic and disciplinary records at MSU or your previous and/or home institution. Applicants with a disciplinary record may be required to meet with the Global Education Center and will only be considered on a case by case basis.

### Emergency Contact Information

Please list two emergency contacts:

<b>Full Name:</b>		<b>Relationship:</b>	
<b>Email:</b>		<b>Phone:</b>	(    )
<b>Full Name:</b>		<b>Relationship:</b>	
<b>Email:</b>		<b>Phone:</b>	(    )

May the Global Education Center release your name and email address to fellow student participants on your program (for pre-departure planning, housing placements etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
May the Global Education Center release your name and email address as a past participant on your program to prospective study abroad participants?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Would you be interested in serving as a Study Abroad Peer Advisor upon your return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we use photographs taken on programs abroad for publicity for future programs and our website	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever traveled abroad before? If yes, when, where, and purpose?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Disclaimer and Signature

*I certify that all statements on this application and all other global education center application materials are complete, true, and accurate to the best of my knowledge. I understand it is my responsibility to keep this information up to date and can do this via writing with the Global Education Center. I understand that misrepresentation or fraudulent information is sufficient grounds for cancelling my admission to a Global Education Center approved program. I understand that the Global Education Center may be in communication with my emergency contact, general contact, and home institution contact for the purpose identified. I also understand that the Global Education Center will release my contact information as identified above.*

<b>Applicant Signature:</b>		<b>Date:</b>	
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