

**The California State University Office of International Programs (OIP)  
2012 South Africa  
Online Packet #1**

**OIP Contact Information:** If you have any questions about the instructions or forms listed below, or experience difficulty with any online forms, contact us immediately:

- **Dana Roson**, Assistant Director, Student Services, [droson@calstate.edu](mailto:droson@calstate.edu)
- **Jeanine Beu**, Student Services Assistant, [jbeau@calstate.edu](mailto:jbeau@calstate.edu)
- **Phone:** (562) 951-4790

**Keep a copy of everything for your records**

ITEM	✓	FORMS and DOCUMENTS TO BE COMPLETED	DEADLINE (Not a postmark date)	ESTIMATED PREPARATION TIME (Does not include mailing time)	LOCATION	SUBMIT TO
1		Host University Application	October 15	1 day	Online Packet #1	OIP
2		Photographs (see IP Participant Guide)	October 15	1 day	Photo or Copy Shop	OIP
3		Medical Aid Requirement (Local Health Insurance)	Mandatory. Purchase online by January 6, 2012.	1 day	Participant Guide and NMMU Admission letter	Pay Medical Aid online directly. Then, Fax proof of purchase to NMMU (+27) 41 504 2771/or email to <a href="mailto:international@nmmu.ac.za">international@nmmu.ac.za</a> (ATTN: Monalisa Ndwayana).
4		Study Permit (Visa) Must have study permit before departure.	Must apply six (6) weeks before departure.	30 days to collect all items to be submitted with application	Participant Guide	South African Consulate (Los Angeles)
5		OIP Agreement <ul style="list-style-type: none"> <li>• Program Cost Estimate</li> <li>• Withdrawal/Refund information</li> </ul>	October 15	1 day	Online Packet #1	OIP
6		Release of Liability Agreement	October 15	1 day	Online Packet #1	OIP
7		Program Cost Payment form	October 15	1 day	Online Packet #1	OIP
8		Financial Data form	October 15	1 day	Online Packet #1	OIP

ITEM	✓	FORMS and DOCUMENTS TO BE COMPLETED	DEADLINE (Not a postmark date)	ESTIMATED PREPARATION TIME (Does not include mailing time)	LOCATION	SUBMIT TO
9		Health Status Report	October 15	30 days	Online Packet #1	OIP
10		Academic Forms	October 15	30 days	Online Packet #1	OIP
11		Passport Copy	October 15	1 day	Copy Shop	OIP
12		W-9S form	October 15	1 day	Online Packet #1	OIP
13		Flight Information form	No later than 3 weeks prior to departure	Advised to purchase at least 21 days prior to departure.	Online Packet #1	OIP
14		Change of Address / Contact Information form	Send in 2 weeks prior to change of address	1 day	Online Packet #1	OIP
15		IP Insurance	Automatically enrolled by OIP	Read "Health Insurance" section of your Participant Guide	Online Packet #1	Automatically enrolled by OIP
16		Dependent Packet (Contact OIP if you will be taking a dependent with you to South Africa.)	October 15	1 day	Contact OIP	OIP
17		Predeparture Withdrawal Notification form	November 15 to receive refund of monies paid	1 day	Online Packet #1	OIP
18		Online Orientation	November 15	1 day	IP Website	OIP

If applicable, any request for changes for your Programs Costs must arrive at OIP by October 15. (Housing and insurance for dependents; request for independent housing; etc.)

REFERENCE DOCUMENTS	REVIEW BEFORE	LOCATION	REVIEWED ✓
International Programs Participant Guide	October 15	IP website	
IP Insurance Brochure <a href="http://www.csuhealthlink.com">http://www.csuhealthlink.com</a> (Under "Student Insurance" select "Find your school's plans" then select "CSU IP" from the list of Schools. Once there click on the link to the Brochure or Claim Form.)	October 15	Sent by Mail Take with you to South Africa	

**Deadline to withdraw from the program without penalty is November 15, 2011.**

401 Golden Shore, Sixth Floor  
Long Beach, CA 90802-4210  
562.951.4790 FAX: 562.951.4983  
[www.calstate.edu/ip](http://www.calstate.edu/ip)

## Mailing Instructions

### How to Mail your documents to OIP

All the due dates and deadlines mentioned in the packet are the dates that the information is due at OIP (**not** the postmarked date). Use the information below to ensure that your documents arrive to OIP by the specified deadline.

All alternates must meet the deadlines if they want to be considered for available spaces.

### Plan ahead

- Check how long it will take for a large envelope to reach OIP so your materials won't arrive late. (To be safe, give yourself extra time!)
- Be sure to use the appropriate amount of stamps (you may have to go to the Post Office to have the envelope weighed) to ensure that the envelope will arrive in a timely manner.

### Mailing Address:

CSU International Programs  
401 Golden Shore, Sixth Floor  
Long Beach CA 90802-4210  
Phone: (562) 951-4790

## Host University Application: South Africa

Nelson Mandela Metropolitan University (NMMU) requires that you complete their application.

Return your completed application to OIP **no later than October 15. This is a very important deadline.**

Use **BLOCK LETTERS** to complete the application.

### First page:

- Choose **Study Abroad** (put an X in the square).
- Leave the box "Prog. Name:" blank.
- Attach a recent passport photograph to the application (see photograph requirements: "Photographs" section in the "Preparing For Your Year" chapter of the 2012 South Africa Participant Guide on IP website)

### SECTION C: DECLARATION BY OVERSEAS INSTITUTION

I hereby declare that PRINT YOUR NAME (name of applicant)  
student of PRINT THE NAME OF YOUR CSU CAMPUS (said institution)

### SECTION D: DECLARATION BY APPLICANT

- Sign and Date at the bottom of this page. -- **Do not forget.**

### SEND THE FOLLOWING TO OIP BY OCTOBER 15:

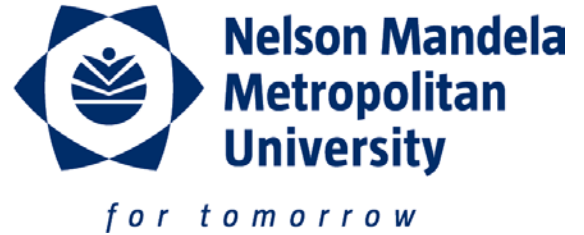
- Completed NMMU application with a passport photograph.
- Curriculum vitae (resume)
- Certified copy of your passport--(the pages with your photo/personal information and your signature (make sure you have signed your passport)).

If you do not have passport or you need to renew your passport, please apply for or renew your passport now.

If you are just now applying for or renewing your passport, **do not hold on to the NMMU application until you receive your passport from the Passport Agency.** Attach a note to your application stating you are in the process of applying for or renewing your passport. Then, once you receive your passport, **sign it**, and send us a certified copy.

- You **DO NOT** pay the application fee.
- Our office (OIP) will attach the transcripts that you submitted with your IP application to the NMMU application.

Please attach a recent passport size photograph of yourself



## Application for:

- Study Abroad
- Exchange
- Internship
- Short Programme

Prog. Name:

**Nelson Mandela Metropolitan University: 2012.**

**SURNAME**

**INITIALS**

**STUDENT NUMBER**

*For office use*

PO Box 77000 • NMMU • Port Elizabeth • 6031 • South Africa

Tel: 041 504 2161 / Fax: 041 504 2771

Web: [www.nmmu.ac.za/international](http://www.nmmu.ac.za/international) / Email: [international@nmmu.ac.za](mailto:international@nmmu.ac.za)

**INSTRUCTIONS:**

Use block letters to complete this form or place an X in the correct square. Please use a black pen. Kindly complete the form in FULL and answer all the questions. Incomplete applications will not be processed.  
If all the required documents are not included, the application form will be returned to you.

**CHECKLIST FOR APPLICANTS:**

(Please attach)

- Copy of Passport
- Copy of Academic Transcript (Not for short programmes)
- Application fee (where applicable)

**SECTION A: PERSONAL DETAILS**

Title: ..... Initials: ..... Last name: .....

First names in full: .....

Maiden Name (if applicable): .....

Date of birth: ..... Nationality:.....

Home Language: .....

Passport Number: ..... Expiry date:.....

Marital Status:	<input type="checkbox"/>	Single	Gender:	<input type="checkbox"/>	Male
	<input type="checkbox"/>	Divorced		<input type="checkbox"/>	Female
	<input type="checkbox"/>	Widowed			
	<input type="checkbox"/>	Married			

**Duration of Studies (please indicate with an X)**

- 1<sup>st</sup> semester (January – June)
- 2<sup>nd</sup> semester (July – November)
- Full Year (January – November or July - June)
- Short Programme (no. of weeks) .....
- Other (indicate arrival and departure dates):.....

Postal / Home / Residential Address:  
(please do not indicate your school  
address here)

.....  
.....  
.....  
..... Postal Code: .....

Telephone Number:

Code: .....Number:.....

Fax Number: .....

Cell Phone Number:.....

Email Address: .....

Next of kin Address (e.g. parents, spouse)

Title            Initials        Surname

.....        .....        .....

Address: .....

.....

.....Postal Code .....

.....Postal Code .....

Telephone Number:

Code: ..... Number .....

Work Tel. Number:.....

Cell Phone Number: .....

**Are you at present:**

A University Student

Employed

A Teacher's College Student

Other

A College of Nursing Student

If other, please specify

Name of University/Institution: .....

Degree/Major: .....

Academic Year level: .....

**SECTION B: DISABILITIES**

**Disabilities:**

Do you have any disabilities?

Yes

No

If yes, please indicate

Sight

Emotional

Hearing (even with hearing aid)

Physical  
(moving, standing)

Communication (talking, listening)

Please provide more details regarding your disability (e.g. partially sighted, have to use a  
wheelchair, etc.)

.....  
.....

**DIETRY REQUIREMENTS**  
**(Applicable to Short Programme students only)**

Applicable to short programme students only:

.....  
.....

**MEDICAL AID INFORMATION**

Name of medical aid: **INGWE**.....

Option: **HOSPITAL PLUS**.....

Membership no:.....

Date of membership: From:..... End date:.....

Contact details for claims or emergency details:.....

.....  
.....  
.....  
.....

(please read the medical aid letter as attached)

**SECTION C: DECLARATION BY OVERSEAS INSTITUTION**

Title: **Mr**.....

First Name: **Leo**.....

Last Name: **Van Cleve**.....

Official Designation: **Director**.....

Name of Institution: **CSU International Programs**.....

I hereby declare that .....(name of applicant) is a legally registered student of ..... (said Institution) and is recommended for the programme that the application is submitted for.

I also declare that the said student's conduct was satisfactory for the past year of study.

This student is in good stead with the Institution.

## SECTION D: DECLARATION BY APPLICANT

### I undertake to

1. I undertake to perform such work as may be assigned to me by members of the staff and to conform to the rules and regulations laid down by the Council and Senate of the University.
2. Acquaint myself with all the rules, regulations and instructions applicable to the course for which I enroll; I have also acquainted myself with the fees payable as stipulated by the University.
3. I acknowledge that the rules and regulations and instructions referred to in 1 and 2 above are subject to amendment without further notice.
4. I undertake to immediately notify the Registrar in writing if I change or cancel my registration. I further undertake, if applicable to me, to immediately notify my legal guardian and/or the person who assumed liability for payment of the fees owing by me if I change or cancel my registration and to provide the said person with all accounts received from the University. I further acknowledge that such cancellation is not valid unless given in writing and confirmed in writing by the University.
5. I am aware that my registration is valid only if it complies with the regulations of the course concerned, notwithstanding the acceptance of this registration by the University.
6. Should I, during the course of my studies at the University, sustain any injuries or contract any illness or suffer loss or damages, I hereby undertake not to institute any claim against the University on account thereof, irrespective of the cause of such damages or loss. In the event of my death during the course of my studies, this undertaking shall be binding on the executor of my estate and my heirs and successors-in-title. Under the circumstances referred to, I or my executor, administrator, heirs and successors-in-title (in the event of my death) hereby indemnify the University in respect of any damages suffered by me from any of the causes referred to above.
7. I understand and accept that any work produced by me during my studies or research at NMMU which may be the object of an intellectual property right, as well as any data or information collected or obtained by me, shall remain the property of the University, and I undertake not to alienate, transfer or make known such to any other party without the permission of the University.
8. I will notify the University if I change address.
9. I have no objection to my name being given to another educational institution, which will enable me to upgrade my educational qualifications should my application not be accepted.
10. Upon registration I accept responsibility for ensuring that I am registered for the correct subjects/modules; that I have no examination or lecture timetable clashes; and that I have made provision for adequate courses and credits for the qualification I wish to obtain.
11. The University is using a digital document management system to store and retrieve information. All student records will therefore be converted to a data format and originals may be destroyed after a period of time.
12. The information furnished by me herein is to the best of my knowledge true, correct and complete.
13. An applicant who submits any document in support of this application, which contains a false statement, is altered or forged, will be prosecuted both criminally as well as in terms of the Student Disciplinary Code. The findings of the Disciplinary Committee will be communicated to all other tertiary institutions in the country.
14. I acknowledge that my application would not be successful should I not be 18 years or older.

Signature of Applicant ..... Date .....

## Photographs: South Africa

The photos you submit to OIP must be official passport photographs (see photograph requirements below).

Send two (2) **identical** photos to OIP by **☛ October 15** for OIP official use.

### **IMPORTANT:**

**One (1) additional photograph is required for the Nelson Mandela Metropolitan University application form. (This photo must be sent with the NMMU application and is due in our office no later than October 15.)**

Additional photos will be needed for your Study Permit (visa). See Consulate website.

**Print your name and country on the back of each photo. Be careful that the ink dry and does not smear the other photos.**

**OR**

**Put a blank paper between each photo so the ink does not imprint on the photo below.** When we receive your photos, if there is ink anywhere on your face – you will be asked to send new photos.

**The photographs MUST meet these requirements:**

- 2" X 2" identical high-resolution color or black and white photos.
- Full face view and have only your head and shoulders at the center of the photo
- Taken on a white background and printed on photo paper.
- Photocopied, scanned or digitally altered photographs **will NOT be accepted.**

**The most convenient way to get acceptable photos that will not cause any delays is to obtain them at a passport photo service. In the past, students have purchased passport photos from places like: AAA, Costco and Walgreens.**

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## **Medical Aid Requirement: South Africa**

The South African government requires all international students to purchase local South African health insurance (Medical Aid). The cost of this insurance is over and above the costs for the mandatory IP health insurance policy.

You must register and pay for one of the approved Medical Aids in South Africa **by January 6, 2012.**

You will be sent information about South African Medical Aid with your NMMU Admissions letter.

You will not be allowed to register for classes without proof of local health insurance.

**Read the “South African Health Insurance” information in the “South Africa Program” section of your *Participant Guide*.**

## **Study Permit (Visa): South Africa**

**You must have a Study Permit before traveling to South Africa.**

You will apply for the visa through the South African consulate in Los Angeles. It can take from six to eight weeks to process (longer for non-US citizens).

**Read the “Visitor’s Study Permit (Visa)” instructions in the “Preparing For Your Year” section of your *Participant Guide*.**



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## OIP Agreement

**ALL STUDENTS** are required to sign a program *Agreement*.

This form constitutes the basic agreement between you and the Trustees of the CSU. It is important to understand that this agreement legally binds you to abide by all IP rules and regulations, which are described in your *Participant Guide*, the *IP Bulletin*, and elsewhere.

Read the *Agreement* carefully, sign and date it, and return it to OIP **by October 15**.

**THE CALIFORNIA STATE UNIVERSITY  
INTERNATIONAL PROGRAMS  
AGREEMENT**

This agreement is entered into by and between the State of California through the Trustees of The California State University, hereafter called "Trustees," and \_\_\_\_\_  
hereafter called "Student." (enter your full name)

WHEREAS, the Trustees intend to provide an international education program in \_\_\_\_\_  
\_\_\_\_\_ for selected students of The California State University and  
(overseas center)

WHEREAS, Student desires to participate in the program under the terms and conditions hereafter set forth,

NOW, THEREFORE, Trustees and Student agree as follows:

1. Student shall qualify for admission as a student for credit in the International Programs of The California State University by satisfying all requirements, including payment of fees.
2. Student shall pay to Trustees' Office of International Programs by the dates specified the amounts set out in the Program Costs sheet which is attached hereto and by this reference made a part of this agreement. Refund of amounts which Student pays to the Office of International Programs and assessment of charges shall be as provided in the Program Costs sheet.
3. Student shall pay to Trustees' Office of International Programs sums in addition to those specified in the Program Costs sheet as may be necessary due to increases in charges by the host university or housing authority, fluctuation in United States dollar exchange rates, or commitments made by Student while overseas that are subsequently discharged by Trustees, and increases in fees or other charges relating to enrollment in the CSU International Programs. Student shall pay to the Office of International Programs any additional sums within 30 days notification by Trustees.
4. The CSU makes every effort to keep student costs to a minimum. Fees listed in published schedules or student accounts may need to be increased when public funding is inadequate. Therefore, CSU must reserve the right, even after initial fee payments are made, to increase or modify any listed fees, without notice, until the date when instruction for a particular program has begun. All CSU listed fees should be regarded as estimates that are subject to change upon approval by The Board of Trustees.
5. Student shall obtain and provide all materials, meet all deadlines, and otherwise comply with all participation requirements established by the Office of International Programs.
6. Student agrees to expend his or her best efforts in successfully completing the academic requirements of the courses in which Student enrolls.

## International Programs Agreement

7. Student understands and agrees that acts, omissions, occurrences, or events beyond the control of the parties hereto may make necessary or desirable the modification, relocation, or cancellation of the program contemplated by this agreement. Trustees shall be authorized to modify or relocate the program contemplated by the agreement with respect to cost, dates and times, and academic content so long as any such modification or relocation is a reasonable substitute for the originally contemplated program. Student acknowledges that courses may be added, cancelled, or changed by the host institution as well as by the Trustees.

Furthermore, Trustees reserve the right to suspend or relocate a program in a host country if, in their judgement, it is deemed advisable to do so in the event of civil disturbance, hostilities, potential hostilities, or warning from the U.S. State Department. Student acknowledges and agrees to cooperate and follow any instructions from the Trustees in connection with a suspension or relocation of a program.

8. Trustees shall enroll Student in the International Programs of The California State University if Student otherwise qualifies for enrollment and shall provide appropriate academic credit for the courses that Student successfully completes.
9. Trustees shall provide or arrange for the provision of those services and benefits stated in the Program Costs sheet.
10. It is understood that the international implications of this agreement are such that the conduct of Student during the course of the program is of utmost importance. Student, therefore, agrees to conform to standards of conduct consistent with the maintenance of a positive reputation of The California State University and to conform to all applicable rules, regulations and policies of The California State University International Programs. Student understands and agrees that in the event the Director of International Programs, in his or her discretion, shall determine the conduct or academic standards of Student are detrimental to the best interests of the International Programs, the Director may terminate the participation of Student in the International Programs. Such termination shall not diminish or otherwise affect Student's obligation to make to Trustees any payments specified in this agreement. Trustees in no event shall be required to refund to Student any payment made by Student to Trustees, but may make such refunds as are consistent with Trustees' policy.
11. Student understands that there are dangers, hazards, and risks inherent in international travel, living in a foreign country, and the activities included in the international education program including but not limited to air, land and sea travel, dietary differences, diseases less common in the United States, differences in legal expectations and protection, building code and other safety differences, any of which could result in serious or even fatal injuries and property damage. Student agrees to assume all the risks and responsibilities surrounding student's participation in the international education program, and understands and agrees that the Trustees cannot and do not assume responsibility for any such personal injuries or property damage.
12. This agreement is subject to all applicable laws and regulations. If performance of this agreement involves violation of applicable law or regulation thereby making it legally impossible to perform and such illegality is not the fault of Student, Trustees shall refund to Student those payments

International Programs Agreement

made pursuant to this agreement which are authorized to be refunded in Section 41802 of Title 5, California Code of Regulations. Upon payment of said refund, all rights of Student and Trustees are waived under this agreement.

13. Student agrees that the State of California, the Trustees of The California State University, the International Programs of The California State University, and each and every officer, agent and employee of each of them (hereafter in this paragraph 12 and in paragraph 13 collectively referred to as "the State") shall not be responsible for any injury, damage, or loss to Student or Student's property which occurs from any cause beyond the control of the State, or which does not occur from the sole negligence of the State.
14. Student further agrees to hold harmless, defend and indemnify the State from any and all claims, injuries, damages, losses, causes of action, and demands, and all costs and expenses incurred in connection therewith (hereafter in this paragraph 13 collectively referred to as "liability") resulting from or in any manner arising out of, or in connection with any negligence on the part of Student, his or her agents, or employees, in the performance of this agreement, irrespective of whether such liability is also due to any negligence on the part of the State.
15. This agreement contains the sole and entire agreement between Trustees and Student and shall supersede any and all other agreements between the parties. Trustees and Student acknowledge and agree that any statements or representations that may have heretofore been made by either of them to the other are void and of no effect and that neither of them has relied thereon in connection with his or her or its dealings with the other.
16. No alteration or variation of the terms of this agreement shall be valid unless made in writing and signed by the parties hereto.
17. The laws of the State of California shall govern the interpretation of this agreement. Any action brought to enforce any right or obligation under this agreement or any action which arises out of or in connection with this agreement shall be brought in the courts of the State of California.

By signing below, Trustees and Student manifest their agreement to these terms and conditions.

TRUSTEES OF  
THE CALIFORNIA STATE UNIVERSITY

STUDENT

\_\_\_\_\_  
Tom Roberts, Director  
Contract Services and Procurement

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Date

THE CALIFORNIA STATE UNIVERSITY  
INTERNATIONAL PROGRAMS  
PROGRAM COST ESTIMATE

**2012 SOUTH AFRICA**

<u>PREPAID COSTS-for the year abroad</u>	
<u>Amount student pays to OIP covers these items ONLY:</u>	
Tuition Fee-Spring 2012	\$ 2,736.00*
Tuition Fee-Fall 2012 (estimated at same rate as Spring 2012)	2,736.00
IP Study Abroad Fee	750.00
OIP Mandatory Insurance	170.00
Departure Processing	70.00
On- site Orientations	200.00
Academic Year Housing	<u>4,000.00**</u>
<b>TOTAL PREPAID - PAYMENT DUE BY OCTOBER 15, 2011</b>	<b>\$ 10,662.00</b>

<u>ADDITIONAL/OUT-OF-POCKET EXPENSES</u>	
<u>Student pays directly for these items as they occur during the year overseas:</u>	
Meals	\$ 2,000.00
Health Insurance	550.00***
Round-trip Transportation	2,200.00
Personal Expenses	<u>1,500.00</u>
<b>TOTAL ADDITIONAL</b>	<b>\$ 6,250.00</b>

<b>TOTAL ESTIMATED PROGRAM COST (Prepaid+Addt'l)</b>	<b>\$ 16,912.00</b>
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All costs, including the Tuition Fee are estimates and are subject to change. \*Additional fees are due from graduate/post baccalaureate students and non residents. The CSU makes every effort to keep student costs to a minimum. Fees listed in published schedules or student accounts may need to be increased when public funding is inadequate. Therefore, CSU must reserve the right, even after initial fee payments are made, to increase or modify any listed fees, without notice, until the date when instruction for a program has begun. All CSU listed fees should be regarded as **estimates** that are subject to change upon approval by the Board of Trustees.

\*\*In addition to the academic year housing costs, students will have to pay a deposit to Nelson Mandela upon submission of their housing forms (2,000 RAND =approx \$275 USD).

\*\*\*Must register and pay for health insurance before or upon arrival.

## **Withdrawals**

A student who wishes to withdraw from International Programs must complete a Predeparture Withdrawal Notification form and submit it to OIP as soon as possible so that alternate students may be offered the opportunity to participate.

### **Prior to Departure**

Students who withdraw from IP before departure retain their status as continuing students at their home CSU campuses.

### **After Departure**

Because of the extensive commitments made by the State on each student's behalf, withdrawal after departure is a very serious matter. Students who request withdrawal at any time after arrival at the overseas site must consult with the Resident Director or host university representative and must fill out the required withdrawal form. Students who discontinue their academic programs without completing the required steps for withdrawal may receive failing grades in all courses. Withdrawal after departure constitutes withdrawal not only from IP, but also from the student's home CSU campus.

Financial aid recipients should work closely with OIP and their home campus financial aid counselor regarding funds that may need to be repaid to the campus and/or debts owed to OIP as a result of their withdrawal.

Students who defer payment for their prepaid costs with financial aid (and then withdraw from the program) may end up owing IP as well as their home campus.

In some instances, a change in visa status as a result of withdrawal from IP, (thus no longer having student status), may mean having to leave the host country immediately.

In all cases of withdrawals and disenrollments, students assume full responsibility for their return to their home, and thereby remove all liabilities and responsibilities from OIP representatives and staff and the Trustees of The California State University.

## **Refunds**

Students are entitled to a full refund of funds paid, less any funds already committed or expended on their behalf, provided that written notice of withdrawal is received by OIP **prior to November 15**.

Students who withdraw or are disenrolled **after November 15**, but before the beginning of instruction, will receive a refund of all monies paid to OIP less \$500 or an amount equal to funds committed or expended on their behalf, whichever is greater.

Students who withdraw or are disenrolled after the beginning of instruction will receive a refund of funds not already committed or expended on their behalf.

Tuition Fee refunds will be based on the amount paid to OIP, the effective withdrawal date and whether or not a student will receive course credit for the term at the overseas university.

**No refunds will be made for the IP Study Abroad fee after departure.**

**No refunds will be made for health insurance cancellation after departure.**

**No refunds will be made for nonparticipation in group activities.**

**Determinations concerning eligibility for refunds and the amount and date of refunds shall be made at the discretion of the Trustees.**



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## Release of Liability form

**ALL STUDENTS** are required to sign a *Release of Liability, Promise Not To Sue, Assumption of Risk and Agreement to Pay Claims* form.

**RELEASE OF LIABILITY, PROMISE NOT TO SUE,  
ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

**ACTIVITY: CSU International Programs, 2012 South Africa Program**

In consideration for being allowed to participate in International Programs, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, International Programs and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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

Participant Name (print): \_\_\_\_\_

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

*If Participant is under 18 years of age:*

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)      Date \_\_\_\_\_

\_\_\_\_\_  
Minor Participant's Name

## Program Costs Payment

This form is to let OIP know how you will be paying your Prepaid Cost.

Your total Prepaid Cost is **due in OIP by October 15.**

If you are unable to pay the full amount, you must send in a **\$500 deposit, due by October 15**, and indicate on the form how you intend to pay the remainder of the Prepaid Cost.

Carefully read over the form and indicated how you will be paying your Prepaid Cost. Also read the "Payment" section in your *Participant Guide* for further information.

### Reminders:

- Checks or money orders should be made payable to **CSU International Programs.**
- Write your name and host country clearly on the check or money order
- The "Parents' Payment Schedule" is an option only for your parents and allows them to make monthly payments for the balance due, after the \$500 deposit, with the final payment **due no later than May 31, 2012.**





401 Golden Shore, Sixth Floor  
Long Beach, CA 90802-4210  
562.951.4790 FAX: 562.951.4983  
[www.calstate.edu/ip](http://www.calstate.edu/ip)

## Financial Data

Complete this form to show OIP that you have sufficient funds for your year abroad.

Return to OIP **by October 15.**

If there are any changes to your financial situation prior to your departure you must inform OIP.

# Financial Data

Australia/New Zealand/ South Africa

Name \_\_\_\_\_ Overseas Country \_\_\_\_\_

CSU Campus \_\_\_\_\_ Student ID# \_\_\_\_\_

MY TOTAL PROGRAM COSTS: \$ \_\_\_\_\_ (Please add applicable Grad and/or non-resident tuition fees - see below.)

MY TOTAL RESOURCES: \$ \_\_\_\_\_

Please identify funds available now or which you expect to receive to finance your year abroad:

SOURCE	AMOUNT	SOURCE	AMOUNT
Personal Savings	\$ _____	Cal Grant A/B	\$ _____
Parental Support	\$ _____	Perkins Loan	\$ _____
Student Loans	\$ _____	Pell Grant	\$ _____
Scholarship	\$ _____	SEOG	\$ _____
Other	\$ _____	SUG	\$ _____
List:		EOP	\$ _____
_____		*Veteran's Fee Waiver (Plan B)	\$ _____
_____		*CSU Dependent Tuition Fee Waiver	\$ _____

Do you pay non-resident tuition fees?  Yes  No  
\*Send OIP Authorization Letters/forms

Please attach copy of **current** financial aid award letter, or send to IP by October 15.

**PLEASE NOTE: Filing the FAFSA late or previous debts and holds at your home campus can seriously delay release of your current Financial Aid Funds.**

## COMMENTS:

### AUTHORIZATION FOR TRANSMITTAL OF FINANCIAL AID

I authorize my home campus or International Programs (IP) to deduct from my financial aid any amount I may have deferred on my prepaid cost for IP, prior to disbursing my aid to me. The amount to be deducted from my aid (if any) will be reported to the CSU campus by IP. Please note: to continue to receive financial aid at your CSU home campus, you must remain in good academic standing with the university. Graduate/ Post baccalaureate and non-resident students must pay additional tuition fees.

The information on this form is complete and accurate to the best of my knowledge. If any of this information should change, I will notify the Office of International Programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Health Status Report

**ALL STUDENTS** are required to complete the IP Health Status Report. This requires that you see an M.D., P.A., N.P, or R.N. Call at least one month ahead of the due date for an appointment. Some CSU campus health centers will see IP students for physical exams. Start there if you do not have a doctor.

### **PART I: You complete pages 1 and 2.**

Completed **ALL** the sections on page 2, sign and date where required:

- **Special Needs** (Answer every question, using “N/A” as appropriate)
- **Emergency Contact Information** (Please provide two (2) telephone numbers)
- **Designation of Beneficiary**

**NOTE on “Designation of Beneficiary” section:** This section is for you indicate the person you wish to receive your insurance benefit in the event of your accidental death.

**Name of Beneficiary:** Name of the person you would like to receive the benefit. This cannot be you. It must be someone else.

**Signature of Insured:** You are the insured; you sign here unless you are under 18 years of age, then your parent must sign.

- **Certification of Permission for Emergency Medical Treatment** (sign)

**DO NOT LEAVE ANY OF THE SECTIONS BLANK.**

### **PART II: Your Health Care Provider completes.**

If you **DO NOT** see a medical professional on a regular basis (a “Specialist”) then the medical professional you see for the physical exam only completes the box at the bottom of the page. Students who see a Licensed Specialist on a regular basis must also request signatures from their Specialist(s) in one or both of the first two boxes on the page.

Send the original form plus a copy to OIP **by October 15.**

# Health Status Report

Australia/New Zealand/South Africa

## PART I: To be completed by the student

**You are required to complete this Health Status Report. A copy of this form will be on file at your overseas center for use by medical personnel should the need arise.**

Name: \_\_\_\_\_ Overseas Country: \_\_\_\_\_  
Last First M.I.

Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

### GENERAL HEALTH

List any recent or continuing health problems: \_\_\_\_\_

List any physical or learning disabilities: \_\_\_\_\_

Are you currently under the care of a doctor or other health care professional, including mental health treatment? Yes \_\_\_ No \_\_\_

Doctor's Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

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

For what condition(s): \_\_\_\_\_

**MEDICAL HISTORY (to be completed by the student).** It is in your best interest to be open and candid about your health issues. Failure to provide complete and accurate information may be grounds for disenrollment from the CSU International Programs.

Students with known and ongoing medical problems must take special precautions in preparing for and managing their situation overseas. Check if you have ever had any of the following:

(Check each item)	Yes	Date	(Check each item)	Yes	Date	(Check each item)	Yes	Date
Alcohol/Drug Addiction			Eye trouble			Psychological/Psychiatric Condition		
Asthma			Frequent or severe headache			Thyroid condition		
Cancer or Tumors			Frequent trouble sleeping			Tumor, growth, cyst, cancer		
Chronic condition			Hearing loss			VD- Syphilis, gonorrhea, etc.		
Car, train, sea or air sickness			Heart disease			Wear glasses/contact lenses		
Diabetes			High or low blood pressure			Wear a hearing aid		
Ear, nose, or throat trouble			Hypoglycemia			Stutter or stammer habitually		
Eating Disorder			Knee, shoulder, or back pain			Other:		
Epilepsy or seizures			Menstrual Conditions					

**MENTAL HEALTH HISTORY (to be completed by the student)** IP is concerned about the well being of students who have any psychological health condition that requires medication. Under the stress of adapting to a new environment, these conditions may escalate to life-threatening levels. Students should take a sufficient amount of the medication abroad to last for the year or ensure that it is available locally. ). Have you ever been treated or hospitalized for any of the following?

	Yes	No	Provide an explanation for any you have checked "Yes"
Any mental condition such as depression/anxiety			
Substance Abuse (drugs, alcohol)?			
Eating Disorder (anorexia/bulimia)?			

Are you allergic to any foods or medicines? \_\_\_ Yes \_\_\_ No If yes, list below:

---



---

Medications currently used (Student is responsible for making sure that he/she will have all necessary medications abroad):

---



---

**SPECIAL NEEDS: The following questions address disability-related needs of students. Provision of the following information is voluntary.**

Do you have a documented disability as defined by the Americans with Disabilities Act?:  YES  NO

If yes, please state the nature of the disability: \_\_\_\_\_

In what areas does your disability currently impair your ability to perform your daily academic activities?: \_\_\_\_\_

Are you requesting accommodations from IP for the above listed disability?:  YES  NO

IF YES, SEPARATELY PLEASE PROVIDE DOCUMENTATION FROM A QUALIFIED PROFESSIONAL THAT SPEAKS TO YOUR CURRENT NEEDS FOR ACCOMMODATION. IF POSSIBLE, PLEASE PROVIDE THE NEEDS ASSESSMENT REPORT FROM YOUR CSU CAMPUS.

**EMERGENCY CONTACT INFORMATION**

Please indicate the person to be contacted in the event of an emergency:

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

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Other/Message Phone: (\_\_\_\_) \_\_\_\_\_

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

**DESIGNATION OF BENEFICIARY**

I hereby designate the following individual as beneficiary in connection with the accidental death provision of the health insurance (benefit amount is \$250,000. The beneficiary you list here is the person who will receive your insurance benefit in the event of your accidental death.) COVERAGE ON THIS POLICY IS IN EFFECT OUTSIDE THE U.S. ONLY.

Name of Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Relationship to Insured \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Parent must sign if insured is under 18 years of age.**

**NOTE:** Students going to **Ghana** are required to take a malaria prophylaxis for the duration of their program. You are expected to discuss this with your doctor. Initial here if your are going to Ghana: \_\_\_\_\_

**CERTIFICATION AND PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

In the event of injury or illness to myself, I hereby authorize the official representative of the International Programs at my overseas center to secure whatever medical treatment is necessary, including anesthesia and surgery.

I certify that the information on this form is complete and accurate to the best of my knowledge. If there are any changes in my health status, I will contact OIP immediately.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**THIS SECTION SHOULD ONLY BE COMPLETED BY CURRENT IP PARTICIPANTS REQUESTING TO PARTICIPATE AGAIN IN THE IP PROGRAM FOR A 2<sup>ND</sup> YEAR.**

**Are there any changes in your medical history to report?**

Yes  You must see a doctor and complete a new Health Status Report, pages 1-4.

No  Sign and date below. You do not need to complete pages 3 and 4. Send pages 1 and 2 to OIP.

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

## PART II: INSTRUCTIONS FOR STUDENT AND HEALTH CARE PROVIDER

### STUDENT: Follow these steps.

1. **Complete the IP Health Status Report.** It is in your best interest to ensure that all of the information you provide is accurate and that you inform OIP of any changes in your health status. This information is confidential and will only be shared with persons abroad who may need to seek medical care for you in the event of an emergency while you are participating in the IP program.
2. **If you are seeing a Health Care Specialist(s) on an ongoing basis for any condition (including, but not limited to such conditions as: depression, high blood pressure, HIV, diabetes, epilepsy),** you must obtain his/her signature(s) of approval that you are fit to study abroad prior to your appointment for your physical exam with your Health Care Provider.

### HEALTH CARE PROVIDER: Follow these steps.

1. **The student will complete Part 1 of the CSU IP Health Status Report to provide you with his/her medical history.** Please review the form and administer a physical exam.
2. **If the student is seeing a Specialist(s),** the student should have obtained approval and signature from the Specialist(s) before requesting final clearance by you, the Health Care Provider.
3. **Discuss the IP Health Status Report and the student's medical records with the student** and discuss any health concerns the student may have, paying particular attention to medications and immunizations that the student may need, and all currently active health problems.
4. **Pay special attention to any physical, emotional or psychological conditions.** IP is concerned for the well-being of students with a history of health conditions that require medication and/or continued therapy while abroad.
  - a. Students may be cleared for participation if the examining practitioner believes the student:
    - is healthy
    - has his/her medical condition under control,
    - has a contracted treatment plan in place (if there is any evidence of recent health/mental health treatment), for required and recommended care while abroad, and
    - has been stable on his/her medication for a reasonable period.
4. **Discuss health and medication management with the student, and services that might be needed abroad.** Students should take a sufficient amount of medication to last for the duration of their IP program and make sure that the medication is available and legal in the host country. If they cannot take a year's worth of medication with them for insurance and/or cost reasons, please discuss with students options for obtaining the required medication.
5. **Review what the student has written in the Special Needs section of Part I.** IP will do its best to assist students by inquiring about the availability of required support services at the program site.
6. **Remember:** If a specialist or specialists is/are currently seeing the student for an ongoing medical or psychiatric condition (see item #2 under Student instructions above), each specialist must also approve and sign this clearance form, and provide legible contact information or the form will be returned. Please note that the student must be cleared to participate in IP by a physician/health practitioner **and** each specialist.

## PART II: HEALTH STATUS REPORT

First and Last Name of Student

CSU Campus

Overseas Center

**HEALTH CARE PROVIDER:** Please review the student's Health Status Report and discuss the student's medical history with him/her. Remember that students who are seeing specialists must obtain signatures from the specialists before you may sign the final clearance. Questions: (562) 951-4790.

**Licensed Specialist (if applicable):**

**Medical condition you treat the student for:** \_\_\_\_\_

Based on the medical information on file and provided to me by the student on this form, it is my professional judgment that the student is:

\_\_\_ **CLEARED:** The student has no medical or mental health problems that will interfere with participation in the CSU International Programs.

Comments: \_\_\_\_\_

\_\_\_ **NOT CLEARED:** \_\_\_ The student has medical health problems that will interfere with participation in IP.

\_\_\_ The student has mental health problems that will interfere with participation in IP.

Comments: \_\_\_\_\_

**Licensed Medical Specialist (Physician, M.D. N.P., P.A., or R.N.,) PRINT LEGIBLY name and title:**

**Name & Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Licensed Specialist (if applicable):**

**Medical condition you treat the student for:** \_\_\_\_\_

Based on the medical information on file and provided to me by the student on this form, it is my professional judgment that the student is:

\_\_\_ **CLEARED:** The student has no medical or mental health problems that will interfere with participation in the CSU International Programs.

Comments: \_\_\_\_\_

\_\_\_ **NOT CLEARED:** \_\_\_ The student has medical health problems that will interfere with participation in IP.

\_\_\_ The student has mental health problems that will interfere with participation in IP.

Comments: \_\_\_\_\_

**Licensed Medical Specialist (Physician, M.D. N.P., P.A., or R.N.,) PRINT LEGIBLY name and title:**

**Name & Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

### **ATTENTION ALL STUDENTS: This section must be completed by the Licensed Health Care Provider Administering the Physical Exam:**

Based on the medical information on file and provided to me by the student on this form, it is my professional judgment that the student is:

\_\_\_ **CLEARED:** The student has no medical or mental health problems that will interfere with participation in the CSU International Programs.

Comments: \_\_\_\_\_

\_\_\_ **NOT CLEARED:** \_\_\_ The student has medical health problems that will interfere with participation in IP.

\_\_\_ The student has mental health problems that will interfere with participation in IP.

Comments: \_\_\_\_\_

**Licensed Medical Specialist (Physician, M.D. N.P., P.A., or R.N.,) PRINT LEGIBLY name and title:**

**Name & Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL PROVIDER'S RUBBER  
STAMP OR BUSINESS CARD HERE**

## Academic Forms: South Africa

### Academic Advisement Form

Return the original form and a copy to OIP ← **by October 15.**

- This form is required to help you plan your course of study while abroad.
- Carefully read the Academic Advisement Form Instructions before completing the form.
- Review the “Academic Arrangements” section of your Participate Guide and the IP Bulletin (found on the IP website: <http://www.calstate.edu/ip/admitted-students/>). If the IP Bulletin for 2012 is not available by the time you meet with your advisor, refer to the IP Bulletin for the previous year, and keep checking the IP website for updates.

Keep a copy of the completed form for your records. Give a copy of the form to:

- your academic advisor, **and**
- IP coordinator at your home campus.

### Important Academic Information During and While You Are Abroad:

#### Request for Certificate of Enrollment

Students who wish to request a “Certificate of Enrollment” which verifies their participation as full time IP students for insurance or other purposes must complete the “Certificate of Enrollment Request” form and submit it to the OIP. To access the form, link on the following link:

[http://www.calstate.edu/ip/operations/resident-directors/documents/Certificate\\_of\\_Enrollment\\_Request.pdf](http://www.calstate.edu/ip/operations/resident-directors/documents/Certificate_of_Enrollment_Request.pdf)

Fax the form to the OIP at 562-951-4983 or mail it to 401 Golden Shore, 6<sup>th</sup> Floor, Long Beach, CA 90802-4210

#### Credit/No Credit Course Request Form

Students can request to have one course reported to their home campus as a Credit or No Credit EACH semester. Information is available in the Academic Arrangements section of the Participant Guide. The form will be made available on the IP website and/or provided to you by email unless advised otherwise. Forms must be submitted to the OIP at least four weeks before the final exam date of the course.

#### Check the IP Website and your Email Account Regularly

The OIP is continually improving the way that students access academic forms, information and records while they are abroad. Therefore, it is critical that you check the IP website and your email account regularly for updated academic information and important messages from the OIP before and during your study abroad. Emails which are related to academic matters will be sent from the OIP email address, [IPacademics@calstate.edu](mailto:IPacademics@calstate.edu). When received, read these emails immediately and carefully as emails can contain important information regarding academic deadlines, grading, enrollment, course crediting, reporting, and other academic matters.

If your primary email address changes, notify the OIP immediately in writing. Fax your notification to 562-951-4983 or mail it to 401 Golden Shore, 6<sup>th</sup> Floor, Long Beach, CA 90802-4210. Your notification must be signed and dated.

**Return by October 15**  
 Office of International Programs  
 401 Golden Shore, Sixth Floor  
 Long Beach, CA 90802-4210

# Academic Advisement Form Instructions

## GENERAL INFORMATION FOR STUDENTS AND ADVISORS

CSU International Programs (IP) participants remain enrolled at their home CSU campus while attending courses abroad. Participants will earn CSU resident credit for courses successfully completed, which can be used towards elective units towards the minimum required for the degree. With careful planning, students can also continue to make progress towards fulfilling major, minor and/or general education (GE) requirements while studying abroad. The attached three-part Academic Advisement form is the pre-departure academic planning process, which assists students with completing degree requirements as an IP participant. After completion, the form becomes a written record of the arrangement between the student and his/her CSU campus regarding how courses taken abroad will be applied to the student's major, minor or GE requirements.

It is the student's responsibility to collect and provide course information to his/her advisor before and/or after participation in IP. The advisor suggests appropriate courses to be taken abroad and determines how courses will be credited to the degree. In order for courses to apply towards specific degree requirements, it might be necessary for students (with the help of their advisor) to submit petitions (or course substitution requests) either before or after studying abroad. This is a campus-based process, which allows students the flexibility of taking related courses to meet specific requirements. Students are advised to discuss the petitioning process with advisors and appropriate officials at the student's home campus PRIOR to going abroad.

At the conclusion of the student's study abroad experience, the Office of International Programs (OIP) reports all courses attempted to the student's home campus by reporting titles of courses taken which will be posted to student's CSU academic record.

### TO THE STUDENT:

1. Before completing the form, review the *IP Bulletin* (found on the IP website) and the "Academic Arrangements" section of your *IP Participant Guide*.
2. Using your academic records, a campus catalog and other materials showing degree requirements, complete Part I and Part II of the form. For Part II, list all courses you need to complete in order to receive your degree—regardless of your IP participation. The course numbers and titles should be taken directly from your CSU catalog, not from the *IP Bulletin*.
3. Make an appointment with your advisor to review and sign Part II and complete Part III with your advisor\*. Take the following materials with you: *IP Participant Guide*, *IP Bulletin* and/or other course information (if available), campus catalog, your academic records, and this form. (Also bring an extra copy of Part III.) It may be necessary to meet with an advisor in your minor or for GE requirements as well.
4. When you meet with your advisor(s), ask any questions you may have about how your work in IP will be applied toward your degree requirements. Be certain that all the details of your discussion are entered on the form (Part III) or on an extra sheet, and that the form is signed by your advisor(s).
5. After meeting with your advisor(s) and obtaining signatures, provide a copy of this form to your academic advisor, a copy to your IP coordinator, and retain a copy for your own records. **Send the original form and an extra copy to OIP.**
6. Since there may be courses changes AFTER you arrive at your study center, take your advisor's telephone number, fax number, and e-mail address with you in addition to your copies of the Academic Advisement form.

**\*Regarding Part III of the Academic Advisement form:** You do not need advisory approval for courses, which are NOT being used to fulfill specific major, minor or general education requirements. OIP will report all courses attempted to your campus automatically. If **none** of the courses you plan to take abroad will be used to fulfill specific major, minor or general education course requirements, it is not necessary for you to submit Part III but you are still required to meet with your advisor(s) to obtain his/her signature(s) for Part II of the Academic Advisement form AND return Parts I and II to the OIP.

### TO THE ADVISOR:

1. Please review Parts I and II of the student's Academic Advisement form and the course information for the study center in the *IP Bulletin* section of the *IP Participant Guide*. Also provide your signature at the bottom of Parts II and III.
2. For Part III, enter the courses you suggest for the student and specify how courses will apply to their degree. Inform the student of how courses can be substituted for required courses via petitions or course substitution requests using campus-based procedures and forms, as applicable. Ensure that approved course substitutions are forwarded to the appropriate office at your campus, (e.g. Evaluation/Degree Progress office).
3. Indicate any departmental or campus restrictions or limitations on the crediting of courses in IP (e.g., maximum number of units applicable to the major from IP).
4. If you have any questions, please contact the OIP at (562) 951-4790 or email <IPacademics@calstate.edu>.

Thank you for your assistance.



# Academic Advisement – Part II

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

*To be completed by the student and verified/signed by the advisor(s).*

Using the course numbers and titles from your **CSU home campus catalog**, list all courses which you must still complete in order to receive your degree. (Do not include course work in progress.) Designate required courses with (R) and elective courses with (E).

**1. Major Field :** \_\_\_\_\_

Dept. /Course #	Course Title	R/E	Units	Dept. /Course #	Course Title	R/E	Units

**2. Second Major or Minor :** \_\_\_\_\_

Dept. /Course #	Course Title	R/E	Units	Dept. /Course #	Course Title	R/E	Units

**3. General Education**

Dept. /Course #	Course Title	R/E	Units	Dept. /Course #	Course Title	R/E	Units

Total units still to be completed (sum of 1, 2 and 3 above): \_\_\_\_\_

Total units already completed (including units in progress): \_\_\_\_\_

Total units required for degree/credential: \_\_\_\_\_

**To be completed by the student's academic advisor(s):**

As the advisor for the above-named student, I have been informed of the student's acceptance in the International Programs. I have also verified the above coursework and informed the student of her/her requirements for the degree.

Advisor for:	Advisor's Signature and Date	Advisor's Printed Name	Advisor's Email Address & Phone Number
Major:			
2nd Major or Minor			
GE:			



## Passport Copy

Send black and white photocopies of the pages of your passport that include your photograph and personal information to OIP **by October 15**.

- Your passport must be valid six months beyond your stay abroad
- Make sure you have signed your passport.
- Make sure that the copy is a very good, clear copy and that your photograph does not copy too darkly. This will avoid us from having to ask you to make us another copy.
- It is also a good idea to make yourself a photocopy of the pages with your photograph and personal information. Keep this copy separate from your passport and take it with you overseas.

401 Golden Shore, Sixth Floor  
Long Beach, CA 90802-4210  
562.951.4790 FAX: 562.951.4983  
[www.calstate.edu/ip](http://www.calstate.edu/ip)

## W-9S form

OIP is required to have a copy of this form in every student's file.

- **Complete Part I only.**
- **ALL STUDENTS must sign and return Part I of the W-9S form.** This does not mean you are taking out a loan, but by providing this form we in turn will send you information about tax credits you may be eligible for in connection to the State University Fees you pay.
- For more information see the Finance section of your IP *Participant Guide*.
- Please print your name and the host country where you be studying at the top of the form.

Return to OIP **by October 15.**

## Request for Student's or Borrower's Taxpayer Identification Number and Certification

**Give form to the requester. Do not send to the IRS.**

### Part I Student or Borrower Identification (All must complete.)

<b>Print or type</b>	Name of student or borrower (see instructions)	Taxpayer identification number
	Address (number, street, and apt. or suite no.)	
	City, state, and ZIP code	

### Part II Student Loan Certification (Complete for student loans only.)

I certify that **all** of the loan proceeds are solely to pay for qualified higher education expenses.

**Sign Here**

Signature of borrower ►

Date ►

### Part III Requester Information (Optional)

Requester's name and address	Tuition account number
	Loan account number

## General Instructions

**Purpose of form.** An eligible educational institution, such as a college or university, or a lender of a student loan must get your correct identifying number to file certain information returns with the IRS and to furnish a statement to you. For students, this will be your social security number (SSN) or, if you are not eligible to obtain an SSN, your individual taxpayer identification number (ITIN). The returns they must file contain information about qualified tuition and related expenses (Form 1098-T, Tuition Statement) and student loan interest (Form 1098-E, Student Loan Interest Statement). The information about your tuition will help to determine whether you, or the person who can claim you as a dependent, may take either the tuition and fees deduction or claim an education credit to reduce federal income tax. The information about your student loan interest will help to determine your deduction for such interest. For more information, see Pub. 970, Tax Benefits for Education.

Use Form W-9S to give your correct SSN or ITIN to the person requesting it and, if applicable, to certify that the proceeds of a loan are being used, or will be used, solely to pay for qualified higher education expenses (defined on page 2). You are required to provide the requested information.

**Note.** The educational institution or lender may request your SSN or ITIN and certification on paper or electronically.

and mailing address of the borrower if the request for the borrower's SSN or ITIN is being made because of a student loan.

**Note.** If you pay tuition to and have a student loan from the same educational institution and the student is not the loan borrower (for example, the borrower is the student's parent), complete two Forms W-9S, one for the student and one for the loan borrower.

**Taxpayer's identifying number.** Enter your SSN or ITIN. If you do not have an SSN or ITIN and you have applied for one or you intend to apply for one soon, write "Applied For" in the space provided.

**How to get an SSN or ITIN.** To apply for an SSN, use Form SS-5, Application for a Social Security Card, that you can get from your local Social Security Administration office or get this form online at [www.ssa.gov/online](http://www.ssa.gov/online). You may also get this form by calling 1-800-772-1213.

To apply for an ITIN because you are not eligible to get an SSN, use Form W-7, Application for IRS Individual Taxpayer Identification Number, that you can get from the IRS website at [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

## Part II. Student Loan Certification

If your loan is a student loan incurred solely to pay for qualified higher education expenses, sign the certification in Part II. If you do not sign the certification, the lender may not issue or file Form 1098-E for student loan interest on your behalf. Do not sign the certification for a mixed use loan because such a loan is not used solely for qualified higher education expenses. However, you may sign the certification for a revolving line of credit or similar loan if you use the line of credit solely to pay for qualified higher education expenses.

## Specific Instructions

### Part I. Student or Borrower Identification

You must complete this part.

**Name and address.** Enter the name and mailing address of the student if the request for the student's SSN or ITIN is being made because of tuition payments. Enter the name

**Qualified higher education expenses.** These expenses are the costs of attending an eligible educational institution, including graduate school, on at least a half-time basis. Generally, these costs include tuition and certain related expenses. See Pub. 970 for more information.

### Part III. Requester Information

This part is not required to be completed. It is provided for the convenience of the requester to help identify the account to which this Form W-9S relates. The requester may enter its name and address and a tuition or loan account number.

**Note.** For information about electronic submission of Forms W-9S, see the Instructions for Forms 1098-E and 1098-T.

### Penalties

**Failure to furnish correct SSN or ITIN.** If you fail to furnish your correct SSN or ITIN to the requester, you are subject to a penalty of \$50 unless your failure is due to reasonable cause and not to willful neglect.

**Misuse of SSN or ITIN.** If the requester discloses or uses your SSN or ITIN in violation of federal law, the requester may be subject to civil and criminal penalties.

### Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, taxpayer identification number (TIN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your TIN to receive a refund.

To reduce your risk:

- Protect your TIN,
- Ensure the requester is protecting your TIN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct SSN or ITIN to persons who must file information returns with the IRS to report certain information. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

## Flight Information: South Africa

You will be responsible for the cost of and arrangements for transportation to the university, including domestic travel, international flight, surface travel, hotels, and other expenses incurred in connection with travel to your host country.

- You must have a student visa prior to departure.
- See the 2012 South Africa *Participant Guide* for your arrival date. It is recommended that you arrive on the “arrival date” and no sooner due to possible delays related to the visa application.
- Your host university may offer an airport pickup program. The university will inform you of this option and it will be your responsibility to let them know if you wish to participate.

Return this form to OIP as soon as your flight arrangements have been confirmed, but **no later than three weeks prior to your departure.**

## Flight Information

Australia/New Zealand/South Africa

Complete and return this form to OIP **AFTER** you have confirmed your flight arrangements, **but no later than three weeks before departure.**

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

(Please print)

Overseas Country: \_\_\_\_\_ Program/Center: \_\_\_\_\_

Please indicate a telephone number and email address where you can be reached in the event of an emergency prior to your departure.

Telephone: \_\_\_\_\_ From (dates): \_\_\_\_\_ to \_\_\_\_\_

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

**Complete the flight information below.** See the "Transportation" section of your Participant Guide for more information.

Departure City/Airport: _____
Departure Date: _____
Departure Time: _____
Airline and Flight #: _____
<b>Connecting City/Airport (if applicable)</b>
Departure Date: _____
Departure Time: _____
Airline and Flight #: _____
Arrival City: _____
Arrival Date: _____
Arrival Time: _____

**Please inform OIP if your flight information changes before your departure.**

401 Golden Shore, Sixth Floor  
Long Beach, CA 90802-4210  
562.951.4790 FAX: 562.951.4983  
[www.calstate.edu/ip](http://www.calstate.edu/ip)

## Change of Address / Contact Information form

**It is your responsibility to notify OIP whenever your contact information changes.**  
*Address · Telephone number · Cell phone number · Email address*

**IT IS VERY IMPORTANT that you update and keep your contact information accurate.**

Send OIP a *Change of Address / Contact Information* form anytime there is a change in your address, telephone number, cell phone number, or email address between now and departure.

Also, we strongly recommend that you put in a change of address with the Post Office as well and request that they forward your mail to your new address. This can be done online with the U.S. Postal Service (USPS). This will ensure that any mailings sent to you will be received.

## Change of Address / Contact Information Form

Australia / New Zealand / South Africa

Name \_\_\_\_\_  
(please print)

Country / Study Center \_\_\_\_\_ Year Studied Abroad \_\_\_\_\_

New Email address: \_\_\_\_\_

**NEW CURRENT ADDRESS** (where you can receive mail **before** your departure)

Effective date is: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

**NEW PERMANENT ADDRESS** (where you can be contacted **after** you return from your year abroad)

Effective date is: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



401 Golden Shore, Sixth Floor  
Long Beach, CA 90802-4210  
562.951.4790 FAX: 562.951.4983  
[www.calstate.edu/ip](http://www.calstate.edu/ip)

## IP Insurance

CSU policy requires that all study abroad students be insured.

All IP participants are covered by Accident and Sickness Insurance for CSU Students Studying Abroad.

The cost of this insurance is included in your Prepaid Cost. There are no forms for you to fill out. You will be automatically enrolled by IP.

Read "Health Insurance" in the "Health and Safety Abroad" section in your *Participant Guide* for further information.

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## Predeparture Withdrawal Notification

If you decide not to participate in IP prior to the program departure date, please complete this form and return to OIP. Fax: (562) 951-4983

- Read the refund policy at the bottom of the form.
- Read the “Withdrawals” and “Refunds” section in your *Participant Guide* for details.

# Predeparture Withdrawal Notification

Australia / New Zealand / South Africa

Name \_\_\_\_\_  
(Please print)

Host Country \_\_\_\_\_ CSU Campus \_\_\_\_\_

I hereby withdraw from the CSU International Programs for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Refund Policy**  
Students are entitled to a full refund of all funds paid, less any funds already committed or expended on their behalf, provided that written notice of withdrawal is received by OIP **prior to November 15**.  
Students who withdraw or are disenrolled **after November 15**, but before the beginning of instruction, will receive a refund of all monies paid to OIP less \$500 or an amount equal to funds committed or expended on their behalf, whichever is greater.  
**Determinations concerning eligibility for refunds and the amount and date of refunds shall be made at the discretion of the Trustees.**

**Make a copy for yourself and original return to:** CSU International Programs  
401 Golden Shore, Sixth Floor  
Long Beach, California 90802-4210