



# STUDY ABROAD CHECKLIST



This checklist is designed to assist you in your study abroad preparations. Consistent with Saint Louis University's transfer policy, no credits from a study abroad program will be accepted for transfer unless all the necessary preliminary authorizations from the departments listed on this sheet have been obtained. **This form is good for one semester only.** If you stay abroad for an academic year, you must complete one checklist for each semester. Please bring the completed form to the Office of International Services to finalize your study abroad preparations.

## PROGRAM INFORMATION

|  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Madrid, Spain             | <input type="checkbox"/> Heidelberg, Germany | <input type="checkbox"/> Poitiers, France | <input type="checkbox"/> Lyon, France    | <input type="checkbox"/> Beijing, China  |
| <input type="checkbox"/> San Salvador, El Salvador | <input type="checkbox"/> Brussels, Belgium   | <input type="checkbox"/> Rome, Italy      | <input type="checkbox"/> Galway, Ireland | <input type="checkbox"/> London, England |
| <input type="checkbox"/> Gold Coast, Australia     | <input type="checkbox"/> Santiago, Chile     | <input type="checkbox"/> Quito, Ecuador   | <input type="checkbox"/> Puebla, Mexico  |  |

SLU Exchange Program: \_\_\_\_\_  Other (Non-SLU Program): \_\_\_\_\_

Term you're applying for:     Fall 20\_\_\_\_                       Spring 20\_\_\_\_                       Summer 20\_\_\_\_

## STUDENT INFORMATION

|                  |                                    |                                 |                                   |                               |
|------------------|------------------------------------|---------------------------------|-----------------------------------|-------------------------------|
| _____            | _____                              | _____                           | _____                             | _____                         |
| Last Name        | First Name                         | M.I.                            | SLU ID                            | E-mail                        |
|                  |                                    |                                 |                                   |                               |
| _____            | _____                              | _____                           | _____                             | _____                         |
| Local Address    | City                               | State                           | Zip Code                          | Local Phone (w/ Area Code)    |
|                  |                                    |                                 |                                   |                               |
| _____            | _____                              | _____                           | _____                             | _____                         |
| Parent's Address | City                               | State                           | Zip Code                          | Parent's Phone (w/ Area Code) |
|                  |                                    |                                 |                                   |                               |
| Class Standing:  | <input type="checkbox"/> Freshman  | <input type="checkbox"/> Junior | <input type="checkbox"/> Graduate | _____                         |
|                  | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Senior |                                   | Major(s) at SLU               |

## EMERGENCY CONTACT

By signing this form you authorize the University to contact the following person should it be judged that a condition exists that appears to be dangerous for you or others and thus requires assistance or intervention (e.g. if you are incapacitated in some way, unconscious, delirious/confused, behaving unusually, seriously ill, unable to communicate, communicating incoherently, etc.):

|                           |   |                  |  |
|---------------------------|---|------------------|--|
| _____                     | _____   | _____            | _____  |
| Name of Contact           | Relationship  | Day Phone Number | Evening Phone number                                     |
|                           |   |                  |  |
| _____                     | Does this person have a valid passport while you're abroad? |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E-mail Address of Contact |   |                  |  |

If this person is not one of your parents, please answer the following:

Are you claimed as a dependant by your parents?                       Yes     No     No parents living

Will this emergency contact keep your parents informed?                       Yes     No     No parents living

Note: If you answered YES to question #1 and NO to question #2, your Emergency Contact won't be keeping your parents informed. Please know that your parents will have the right to sign a FERPA waiver, which identifies you as a dependent and authorizes us to provide them with the requested information.

## DEPARTMENT OF HOUSING & RESIDENCE LIFE

- This student has submitted a contract release and has/will complete an application to request housing upon returning to campus.
- I don't live on campus or I'm going for the summer. (No signature required)

|                             |                |       |
|-----------------------------|----------------|-------|
| _____                       | _____          | _____ |
| Name of DHRL Representative | Title/Position | Date  |

**ACADEMIC DEPARTMENT APPROVAL**

**Option A:** Please review the student's academic program at Saint Louis University and the proposed course of study/curriculum of the study abroad program. Based on your review, please complete the following information. (Type of credit may be core, major, electives, general, or honors.)

| <i>Course Name</i> | <i>Credit Hours</i> | <i>Type of Credit</i> | <i>SLU Equivalent</i> |
|--------------------|---------------------|-----------------------|-----------------------|
| _____              | _____               | _____                 | _____                 |
| _____              | _____               | _____                 | _____                 |
| _____              | _____               | _____                 | _____                 |
| _____              | _____               | _____                 | _____                 |
| _____              | _____               | _____                 | _____                 |

**Option B:** Selection of specific courses for this program is not possible at this time. The student has been instructed to contact our department upon availability of an updated class schedule for this program and before the start of the semester abroad.

\_\_\_\_\_  
 Advisor/Chair/Director                      Print Name                      Department                      Date

\_\_\_\_\_  
 Dean's Office                      Print Name                      College/School                      Date

**OFFICE OF SCHOLARSHIP/FINANCIAL AID**

**Option A:** Student will be eligible to receive the following aid programs: \_\_\_\_\_, **OR**

**Option B:** Student will be considered for aid eligibility upon completion of the consortium agreement by the Non-SLU affiliated program\*\*, **OR**

**Option C:** Student will not be eligible to receive any aid programs, **OR**

**Option D:** Student has declined to apply for and/or accept any aid programs.

|  |
|--|
| Is the student? <input type="checkbox"/> FACHEX<br><input type="checkbox"/> Tuition Exchange<br><input type="checkbox"/> Tuition Remission |
|--|

\_\_\_\_\_  
 Financial Aid Officer                      Print Name                      Date

\*\*Saint Louis University may enter into Financial Aid Consortium Agreements with other institutions which provide sound and unique, full-time, full-semester educational experiences which are not available at Saint Louis University. These agreements allow Saint Louis University to process certain types of financial aid for a student's use for no more than one year at the other institution. The deans of individual colleges must evaluate and may approve, on a case-by case basis, the academic merit of the study-away experience/course work and its transferability to the student's University degree program. Such Financial Aid Consortium Agreements will allow students, contingent on aid program regulations, to utilize only the federal Pell Grant, federal Stafford Loan, federal parent Loan, and any state or private (non-University) student aid programs in meeting the costs of attendance at the consortium institution.

**OFFICE OF STUDENT ACCOUNTS (FINANCIAL AID OFFICE)**

- The account for this student is in good standing and has an accurate billing address.
- The account for this student is NOT in good standing. (Please attach a brief explanation on a separate sheet)

\_\_\_\_\_  
 Bursar's Office Representative                      Print Name                      Date

**STUDENT SIGNATURE**

I understand that my failure to abide by the study abroad policies and regulations of Saint Louis University during the time of preparation and throughout my study abroad term(s), may result in refusal of transfer credit, financial aid, and/or on-campus housing upon my return.

\_\_\_\_\_  
 Student Signature                      Print Name                      Date

**INTERNATIONAL CENTER AUTHORIZATION**

\_\_\_\_\_  
 International Center/Study Abroad Office                      Date