20 STEPS TO A PERFECT AND STRESS-FREE FIELD STUDY

Director-specific tasks

Task 1: At least one year out, meet with Lucinda Woodward, the Director of International Programs, Crestview 011. At this meeting you will discuss preparing a budget for your program as well as being apprised of all the forms that need to be completed and signed by yourself, the students and their families. The phone number, to make an appointment, is 941-2365 or e-mail Luwoodwa@ius.edu. At this time you may want to research available grant money for program development at the IU OVPIA web site (http://www.indiana.edu/~ovpia/ovpia/funding/uWide.php#OST). Program directors are eligible for up to $3000 in program development funds.

Task 2: Begin preparing your field course budget by communicating with vendors to determine budget lines for airfare, housing, food and ground transportation. Contact travel agent to begin preparation for scheduling flights. Bliss Travel, is the travel agent of choice for IUS International Programs. Their phone is 941-1212.

Task 3: Eight months out, submit a study abroad program proposal to the Office of the Vice President for International Affairs for initial review by Kathleen Sideli before it is relayed to the Overseas Study Advisor Council (OSAC) (sideli@indiana.edu) (Attachment A). Prepare a syllabus and itinerary for the field study trip to be submitted with the proposal. Prior to student recruitment, all programs must be vetted by OSAC. For more information on program proposals go to the IU Overseas Study web site at http://www.indiana.edu/~overseas/policies/develop/index.shtml.

Task 4: Once you have your course approved by IU, you should meet with IUS Accounting Services (Ashley Troncin, 941-2075) to finalize a budget. Using template (Attachment B), fill in associated costs. Take this to Ashley and she will complete a budget and establish an account number for student deposits.

Task 5: Six months out, together with your Administrative Coordinator/Secretary, prepare your Travel Request Form (Attachment C or http://www.indiana.edu/~travel/pdf/out_of_stat_authorization.pdf). Obtain the appropriate signatures on your travel request form and submit to IU Travel Management Services.

Task 6: If you have a co-leader, and that person is a non-IUS employee, work with Denise Jones in Human Resources (941-2456) to make sure a non-compensated employee form is filed.

Task 6: If the course you are offering is new to the IUS catalog, be certain to complete a new course request form from Academic Affairs (contact Teresa Andrews, 941-2208).

Task 7: Notify your Administrative Coordinator/Secretary of the courses and semesters to be offered so that he/she can put those courses into ONCOURSE.

Task 8: With your budget finalized, the cost of the field course determined, and the course syllabus and trip itinerary finalized, you have defined the product you are about to market. Therefore, you can begin recruiting activities. Obviously, your own classroom is the most obvious place to start. You can design flyers to pass out or put up on bulletin boards. You should also get permission from various professors to give presentations in their classrooms. You should also send an email to all IUS faculty to get the word out via the administrative secretary, Teresa Andrews (tandrews@ius.edu). All OSAC approved programs are listed on the IU Big List web
site, so having an electronic flyer or a website will get a lot of attention.  
(http://www.indiana.edu/~overseas/programs/iuprograms/biglist.shtml). You may also wish to 
send the link and flyers to various satellite universities other than IUS.

**Task 9:** As interested students respond, begin intake appointments where you will distribute 
informational and enrollment materials prepared by your program coordinator. At this time 
you will want to give the perspective student the following items and forms:

1. Permission To Enroll form (Attachment D)
2. Statement of Understanding (Attachment E)
3. Consortium agreement (http://www.ius.edu/financialaid/Forms.cfm#123) which is 
submitted to Financial Aid (Attachment F) if student is not registered at IUS
4. Course enrollment form (or refer them to an online application that you create as in 
Attachment G)
5. IU Agreement and Release form (Attachment H)
6. A sample syllabus (with credit information and course numbers)
7. This is also the time to encourage students to apply for passports. There is quite a lag 
time (14-16 weeks) so they can never start too early. Copy of passport instructions is 
included in Attachment I. For information and application forms for US passports 
can be obtained at http://travel.state.gov/passport/forms/forms_847.html.
8. Emergency Information Sheet (Attachment J)
9. Health Evaluation (if needed) (Attachment K)
10. Health Insurance Policy Application and instructions (Attachment L)
11. Information on vaccinations and health advisories for your country of destination (see 
the Center for Disease Control for a list of recommended vaccines and health 
precautions at http://wwwnc.cdc.gov/travel/).

The forms requiring signatures need to be returned to your office as soon as possible and well 
before departure.

Sample copies of all these items are attached. You will need to adapt some of these forms for 
use with your particular field study.

If you promote your trip at other universities, you need to be mindful of the fact that non-IUS 
students must complete a consortium agreement at their Registrar’s office to get financial aid.

1. If the student is an undergraduate non-IUS student, they should complete a 
   Visiting/non-degree Application 
   (http://www.ius.edu/Admissions/pdf/applicationweb.pdf)
2. and submit it to the Admissions Office (Jodie Beatty, 941-2190), along with the 
   application fee, for processing.
3. If the student is a graduate student, they must contact the MLS program (Debbie Finkle, 
   941-2668) for a graduate credit application.

**Task 10:** As you accept Permission to Enroll forms and deposits, run a copy for your records, and then 
submit the originals, along with the deposit, to the Bursar’s office (Ashley Troncin, phone: 
941-2075) on a daily basis.
Task 11: At least 2 months prior to your trip you should begin to conduct pre-departure orientations. It is a good idea to invite parents to this meeting also. Issues that might need to be discussed at the meeting are:

1. Housing issues
2. Cultural and geographical information
3. Insurance issues
4. A “Q and A” page
5. Travel information
   a. Flight schedule
   b. Foreign currency
   c. Luggage regulations
   d. Type of clothing needed
   e. Other equipment needed; i.e., camping, electronic gear
6. Billing and Financial Aid issues
7. Food money – how it will be handled
8. Reminder to apply for passports (both students and parents)

Task 12: The students need to notify your Administrative Coordinator/Secretary of the courses they want to take. Your secretary should then clear each student for electronic registration/enrollment.

Task 13: Communicate with all vendors and request them to submit invoices to IUS Accounting Services—Attn: Mike Kerstiens, 941-2596.

Note: If a student decides to withdraw from a program after invoices have been paid, the student will forfeit all monies paid prior to his or her withdrawal.

Task 14: At least two months out, research and obtain appropriate visas to your country(s) of destination as well as any required transit visas for connecting flights (please note if other documentation, such as letters of support or financial documents, are required for entry). Visa requirements for various countries can be found at the US Department of State web site (http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html).

Task 15: Submit a request for travel advance funds from Trina at IU Travel Management Services (812-855-2873) at least 4 weeks prior to departure and provide an overnight mail envelope for her to mail your check. Unless approved by Mike Kerstiens in accounting, only 80% of the student funds can be advanced for travel expenses.

Task 16: Leave copies of your detailed itinerary with IUS International Programs Director and your department. File copies of “Emergency Information” forms with IUS International Programs Director. A copy should be kept in your office and you should take a copy with you on the trip.

Task 17: Retain all receipts on your trip. When you return, work with Accounting and Travel Management Services, at your earliest opportunity, to submit receipts and resolve all budget issues. Utilize the International Travel Expense worksheet to document expenses and currency exchange rate, etc. (http://www.indiana.edu/~travel/pdf/foreign_expense_worksheet.pdf).

Task 18: Directors should require all students to complete a course evaluation form within one week of returning from travel (pre- and post-evaluations are most desirable). If you wish, an electronic
form can be automatically generated for you using Qualtrics survey software and results will be analyzed and generated by the IUS Office of International Programs (contact program director—Lucinda Woodward at Luwoodwa@ius.edu). Or if you prefer, you can customize this form to meet your own needs and generate your own analyses using Excel or SPSS. A sample survey can be viewed at http://ius.qualtrics.com/SE?SID=SV_3L5xK5Xn0OeAf6k


Task 20: Within one month of the close of the program, the director should submit a summary report to the Office of Overseas Study. The report should be at least 3-4 pages long and should include an Excel file with IU Census data on your group composition and the results of student evaluations. (Attachment N)
GUIDELINES FOR OVERSEAS STUDY PROGRAM PROPOSALS

The President of Indiana University has authorized the Overseas Study Advisory Council to approve or disapprove all proposals for any type of study abroad program organized for IU students, whether or not for credit. The major criteria applied in evaluating proposals for new programs are academic quality, cultural enrichment, student costs, impact on existing programs, administrative efficiency, financial solvency, and student health and safety. Proposals are usually prepared by one or more faculty members with assistance from the Office of Overseas Study, the campus international programs office, and their home department(s).

The Approval Process

Preparation of the Proposal

Supporting Letters

After the Program is Approved

Continuing Program Authorization

Proposal Cover Page

Resource Materials

Proposal Outline

The Approval Process

Draft proposals for new programs are first submitted to the Office of Overseas Study for a preliminary review by an experienced staff, who can answer questions about program organization, budgets, credits and university regulations. They can help identify problems or ambiguities so that the proposal is clear and complete. IUPUI, IUSB and IPFW international programs offices also provide assistance for their campuses and require approval of proposal drafts.

Most proposals for new programs will be reviewed by the Overseas Study Advisory Council (OSAC), or a subcommittee thereof. The faculty sponsor may be asked to meet with the members of the Council to discuss the proposal. Programs are approved with the proviso that the sponsor must adhere to the monitoring process in order to receive reauthorization for the program.

Program designs can vary significantly, and could include short-term, stand alone programs (during a summer term or a semester/winter break), semester-long courses with some component overseas (spring or fall break or after the end of term), long-term (semester or academic year) study abroad, or other models. Courses could be designed for limited audiences (a select group of pre-determined students) or open to students across schools or campuses; offered as non-credit or for credit.

Deadlines for Submission of Proposals

Draft proposals may be submitted to the Office of Overseas Study at any time. They should be submitted in electronic format (as attached files to e-mail or on disk or CD). Estimated time for completion of the review and approval process is a minimum of 30 days.

Advance planning is essential. The Overseas Study Advisory Council must approve all proposals before any recruiting, advertising, or scheduling for the proposed program begins. Organizers should recognize and consider the time required to obtain necessary course approvals, guarantees of financial support, and to make the necessary logistical arrangements both here and overseas.

Ideally, the planning process should begin 12 to 15 months in advance of the program’s projected start date.

Preparing the Proposal

Completed proposals must include a clear description, following the guidelines outlined below.

Supporting Letters

Proposals should be accompanied by two letters, sent under separate cover, to the IU Director of Overseas Study: one from the chairperson or division head, and one from the Dean (IUB and IUPUI) or Chancellor (other IU campuses) of the sponsoring faculty member. These letters should confirm that the proposed program has been approved by the faculty member’s academic unit, and by the relevant college, school or campus; and that the proposal is considered a valuable academic program which will enhance their course offerings. It should confirm the department’s financial contribution to the program, if any. The salaries and reasonable travel-related expenses for accompanying faculty directors/instructors may be provided by the home department/school and/or included in the budget based on student fees.

After the Program is Approved

Once OSAC approves the program for its first occurrence, the resident director or coordinator should contact Overseas Study to obtain IU
Continuing Program Authorization
After each program occurrence, the program sponsor must submit a written report (see Guidelines for Resident Director Reports) and evaluations from all student participants to Overseas Study so that continuing program approval can be considered. For more information about OSAC's program evaluation policy and continuing program authorization, please see the Overseas Study Program Evaluation Policy.

Proposal Cover Page
Sponsors of proposed programs should complete a Cover Page to provide contact information and basic program details.

Resource Materials
Indiana University is a member of the The Forum on Education Abroad and supports its Standards of Good Practice. Forum members developed these standards for the field so that there would be an agreed-upon set of best practices on all aspects of study abroad, including student selection, academics, policies and procedures, health and safety, ethics and integrity, etc. These can guide you as you develop your program.

IU has created an abbreviated outline of the Standards. For the full set of Standards and queries, see: www.forumea.org/standards-standards.cfm.

Proposal Outline
Sponsors of proposed programs should provide as much of the following information as possible, but not every question will apply to every proposal so respond only to those which are applicable. Consult the Office of Overseas Study for assistance and guidance.

A. Basic Description of the Program
1. Briefly describe the proposed program and its location. Provide a program mission statement.
2. At what academic institution abroad will the program take place, if any?
3. Sponsoring academic units at Indiana University
4. Co-sponsoring U.S. institutions or organizations, if any
5. Dates of the program and frequency of repetition [Note: IU policy discourages program overlap with regular home campus classes that result in students missing classes.]
6. Estimated number of participants; minimum and maximum numbers that program can accommodate

B. Rationale
1. What is the academic rationale for conducting this program overseas?
2. Is there any conflict or overlap with existing IU programs overseas?
3. What evidence is there of IU student demand/need for this program?
4. Explain how the site was chosen and evaluated.

C. Eligibility
1. Academic requirements (minimum GPA, prerequisites, class standing, language level) [Note: IU policy prohibits participation of students on academic or disciplinary probation]
2. Open to students from all IU schools and/or campuses? Students outside IU? [Note: It is not common to open IU programs to outside students due to the complex logistical issues.]

D. Orientation Programming
1. Describe the pre-departure orientation (how many sessions; who will conduct them; content)
2. Describe the on-site orientation (who will conduct it; content). Distinguish between academic preparation sessions and those that focus on logistics.

E. Academic Program Abroad
[Note: Proposals for non-credit programs need only respond to item E.8]
1. Briefly describe the overall instructional program
2. How many credits will each participant be required to take?
3. Indicate whether students will be enrolled in:
   a. Courses taught by an accompanying U.S. faculty member
i) provide syllabi for courses that will be taught and the IU equivalent course number for each
ii) provide CV and/or list of qualifications

b. Regular host university courses

i) provide description of university, range of courses offered, and illustrative courses descriptions

c. Special courses for international students taught by host country faculty

i) provide course descriptions for courses that will be taught and the IU equivalent course number for each
ii) provide CV’s and/or list of qualifications of instructors

4. Which major, distribution or other requirements can be satisfied on the program?
5. Outline the instructional schedule and provide the classroom contact hours [Note: IU courses traditionally involve 12.5 hours in a classroom setting per 1 credit hour and incorporate lab hours at a 50% value. Therefore, pedagogical time outside of a classroom setting (museum tours, meetings with local authorities, etc.) should probably be factored in at a 2:1 ratio.]
6. Describe classroom or other teaching facilities on site
7. Who will determine students’ grades and on what basis?
8. If non-credit, describe the program's purpose and activities

F. Student Learning and Development

1. Describe how the program will bring IU students into direct contact with the host culture in meaningful ways.
2. Indicate how the program incorporates the program site into its pedagogy.
3. How will the program link discipline-specific learning outcomes to the location of the program?
4. How will the program provide language development appropriate to the mission of the program?
5. Describe how the students' international experiences will be integrated upon return to campus (re-entry activities, student publications, exhibits, etc.).

G. Support Services Abroad

1. Will there be a U.S. faculty resident director on site?
2. If not, describe the office or individual overseas who will address students’ logistical, academic, personal, medical, and emergency concerns.

H. Health, Safety and Security

Review the Country Specific Information Sheet(s) for your destination(s) at the Web site of the U.S. Department of State http://www.state.gov/travel/ and the Health Information for Travelers of the Centers for Disease Control http://wwwn.cdc.gov/travel/ and respond to issues raised. [Note: Except in special circumstances, Indiana University will not offer or support study abroad in countries that are under a State Department Travel Warning. Request for exemptions based on "special circumstances" are evaluated on a program-by-program basis through a process established by the Safety and Responsibility Committee of the system-wide Overseas Study Advisory Council (OSAC). The Committee has the authority to make the final decision on such requests from program organizers.]

What safety and security preparation will be provided by the group? What security measures will be taken on their behalf?

I. Supplementary Activities

Describe excursions or group activities and how they directly complement the academic program.

J. Room and Board

Describe student housing accommodations and meal arrangements in detail.

K. Student Budget

1. What fee will IU charge for this program?
2. What costs will the IU fee include? (fees to host institution, room & board, health insurance, excursions, books and other materials)
3. If not included in the IU fee, what are estimated costs for room and board, personal expenses and international airfare?

I. Program Budget

Contact the Office of Overseas Study for assistance in preparing a realistic budget projection. You will need to consider costs for the following:

- Salaries for instructional staff
- U.S. staff travel to program site
- U.S. staff displacement allowance
- Tuition & fees to host institution abroad
- Fees for use of instructional space
- Administrative costs (publicity, office expenses)
- Group excursions (bus rental, hotels, guides, admission fees, etc.)
- Student housing (if paid through program fee)
- Student meals (if included in program fee)

Note that although each program operates a little differently, there are some general financial rules that apply. Each program should plan accordingly to make payments in advance or to make financial resources available for accompanying staff members to pay for various program expenses as they arise. Please note that University policies prohibit mixing personal and program funds, so you should not count on using your own personal bank account as a vehicle for transferring funds abroad.

M. Program Administration

Describe the procedure for registering students, collecting fees, paying program costs abroad, enrolling participants in student health insurance, conducting checks of academic and disciplinary records, collecting and retaining documents (Agreement and Release forms, emergency contact information, medical history forms), etc.

Who will establish program policies, including withdrawal and refund policies?
Who will establish the protocol for behavioral expectations, including developing a clear definition of behavior that warrants dismissal of a student from the program?
Attachment B

Field Study Financial Aid/Budget Form
Fill-in all associated costs

1. IUS Fees
   a. Tuition (6 cr. Hours off campus)
      i. Tuition Cost per student $ 

2. Director Salary
   a. Leader Salary $ 
   b. Co-Leader Salary $ 

3. Program Support / Director’s Expenses
   a. Roundtrip airport transfer to Indy Airport $ 
   b. Airfare $ 
   c. Meal Allowance $ 
   d. Lodging $ 
   e. Ground Travel $ 
   f. Tours $ 
      i. Total Program Support $ 
      ii. Program Support Cost Per Student $ 

4. Student Trip Costs
   a. Airfare $ 
   b. Meals $ 
   c. Lodging $ 
   d. Ground Travel $ 
   e. Tours $ 
   f. Tech Fee $ 
      i. Total Trip Cost per student $ 

TOTAL TRIP COSTS PER STUDENT
(1 i + 2 ii + 3 ii + 4 i) $
Attachment C

INDIANA UNIVERSITY
OUT OF STATE
DEPARTMENT TRAVEL AUTHORIZATION

*Keep ORIGINAL of this form – send PHOTOCOPY to Travel Management Services

Dept. Code Request # Campus Code

Name Net ID

Department

Campus Address Campus Phone

Purpose (no acronyms)

Account Limit Sub Account Object Code Sub-Obj. Code

Means of Travel to Destination (Check one):

☐ Personal Car Destination

☐ Air

☐ Enterprise Campus Rental Dates of Travel

☐ Other

Additional Notes:

Cost of airline ticket

Name of Conference

Actual Conference dates

SIGNED (applicant)

APPROVED (fiscal officer)

Preparer’s Name/Phone #

Note: Travel by private auto requires the traveler to carry the following insurance:
1. $50,000 for personal injury to, or death of, one person
2. $100,000 for injury to, or death of, more persons in one accident
3. $25,000 for property damage
Account Number: 

Course Number and Name: 

Semester: 

Year: 

DIRECTOR(S): 

IUS PHONE: 

ESTIMATED TOUR COSTS:  

ESTIMATED PROGRAM COSTS: $ 

ESTIMATED 6 CREDIT HOURS COST: $ 

TOTAL ESTIMATED COST: $ 

DEPOSIT: A $500.00 deposit is required. It is considered your “First Payment.” The deposit is non-refundable. 

BURSAR’S OFFICE INFORMATION REGARDING PAYMENTS: For the, you may remit any payment amount to the Bursar’s Office towards the program costs that fits with your budget (and as often as you are able) to ensure that all charges are paid in full by the beginning of the field study. No additional fees are assessed for making payments on these charges unless charges remain unpaid after the beginning of the semester. Late fees will then be assessed according to the Bursar due date schedule, and your records can be placed on HOLD. If your account isn’t paid by beginning of the field study, the program director will be notified. 

FINANCIAL AID INFORMATION: You must have a current FAFSA form on file with the registrar in order to apply financial aid to enable your financial aid to apply to the field study costs. If your are not an IUS student, you must complete a Consortium Agreement form at your home university’s financial aid office in order to transfer funding to IUS. 

STUDENT: Please fill out information below—PLEASE PRINT 

NAME: ___________________________ IUS ID#: ___________________________ 

HOME ADDRESS: ___________________________ 

SCHOOL ADDRESS: ___________________________ 

HOME PHONE: ___________________________ SCHOOL PHONE: ___________________________ 

I agree to the above conditions and payment schedule and understand that because of advance registration the cost is subject to change. 

SIGNATURES: 

STUDENT: ___________________________ DATE: ___________________________ 

DIRECTOR, FIELD STUDY: ___________________________ DATE: ___________________________ 

YOU WILL “REGISTER” FOR THE COURSES APPROVED FOR THIS PROGRAM THROUGH THE DEPARTMENT OF RECORD. INFORMATION REGARDING REGISTRATION WILL BE DISTRIBUTED AT YOUR ORIENTATION MEETING.
STATEMENT OF UNDERSTANDING

I UNDERSTAND THAT THE $500.00 DEPOSIT PAID TO FOLLOWING PROGRAM IS NON REFUNDABLE:

______________________________________________________________________________________

______________________  _______________________

I FURTHER UNDERSTAND THAT THIS $500.00 WILL BE CREDITED TOWARD MY TRIP COSTS CHARGED BY IUS.

I ALSO UNDERSTAND, THAT SHOULD I DECIDE TO WITHDRAW FROM THE PROGRAM, I WILL BE RESPONSIBLE FOR ALL TRIP COSTS PAID UP TO THE DATE OF MY WITHDRAWAL (INCLUDING, BUT NOT LIMITED TO, AIR FARES, HOUSING, AND CULTURE PACKAGE).

________________________________________      _____________________________
Print Name                                      Student ID #

___________________________________________________         _______________
Signature of participant                           Date

___________________________________________________          _______________
Signature of Parent or Guardian (if participant is under 21 years old)   Date
CONSORTIUM AGREEMENT

Indiana University Southeast_____________________ with ________________________________________

Home School Host School

The home school and the host school listed above are hereby entering into a consortium agreement.

SECTION I: To be completed by the Student:

Name:___________________________________ University ID Number:_________________________
Telephone Number:(____)___________________ E‐mail Address:_______________________________
Current Permanent Address: Address while studying away:

Consortium Period: Fall 20_____ Spring 20_____ Summer 20_____ (Consortium Agreement is for one term only. Please complete a new consortium agreement for each additional term.)

Under this consortium agreement, the student will:

Be enrolled in a degree, certificate, or other recognized program at the home school (IU Southeast).
Maintain satisfactory academic progress (SAP).
Take courses at the host school which are transferable to his or her home school degree, certificate, or recognized credential as certified by his or her home school academic advisor.
Notify the home school financial aid office if he or she does not begin attendance in the courses listed and approved in this consortium agreement.
Immediately inform the home and host school of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
Ensure that the host school provides the home school with a host school academic transcript upon completion of the consortium period.
File a FAFSA and complete the required financial aid process prior to all applicable deadlines.
Pay tuition, fees, and other expenses as charged by the home and/or host school.

Student Signature_______________________________________ Date:______________________________
E-mail Address:_______________________________________ Phone:(_____)________________________

SECTION II: To be completed by the Student’s home school (IU Southeast) academic advisor:

Number of credit hours the student is taking at the host school: Fall 20_____ Spring 20_____ Summer 20_____ List the course(s) that the student is taking at the host school which are applicable to his or her academic program at the home school: (i.e.) ENG‐W 231 Professional Writing Skills_3 hrs

____________________________________ _________________________________________
____________________________________ _________________________________________

Under this consortium agreement, the home school (Indiana University Southeast):

1. Certifies that the student is enrolled in a degree, certificate, or recognized credential at the home school.
2. Agrees to accept the course work listed above toward the completion of the student’s degree, certification, or recognized credential requirements.

Academic Advisor’s Signature:_________________________ Printed Name:_________________________ Academic
Department:______________________________________ Date:_________________________ Academic Advisor’s
E‐mail Address:_________________________ Phone:(____)________________________
SECTION III: To be completed by the host school financial aid officer:

**Under this consortium agreement, the home school (Indiana University Southeast):**
Agrees to process the student’s Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium period.
Will make available applicable student consumer information required under Title IV.
Certifies that the student is making satisfactory academic progress toward the completion of his or her degree, certificate, or recognized credential at the home school (IU Southeast).
Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
Will calculate returns of the Title IV funds, when appropriate.
Will maintain Title IV recordkeeping and reporting requirements.

Home School Financial Aid Officer’s Signature: __________________________________________ Date: _____________________
Printed Name: __________________________________________ Phone: (____) ___________
Financial Aid Officer’s E-mail Address: __________________________________________

SECTION IV: To be completed by the host school financial aid officer:

Will the student receive financial aid at your institution? ___________Yes ___________No
Type & amount of funding from host school:
Grants: ___________________________________________________________ $__________
Scholarships: ______________________________________________________ $__________
Other: ____________________________________________________________ $__________
Enrollment period dates: From: __________________ To: __________________________
Tuition and fees: $_________________________ Room and Board: $_________________________
Books and Supplies: $_________________________ Transportation: $_________________________
Misc. personal expense: $________________________________ Other (specify): $__________
Name, address, telephone number, and e-mail address of person at host school to whom check(s) for payment should be sent:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

**Under this consortium agreement, the host school:**
Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements.
Will make available applicable students consumer information required under Title IV.
Will provide the home school with documentation of the student's enrollment at the host school.
Agrees to notify the home school if the student fails to enroll in or withdraw from, the host school (to include the withdrawal date and other relevant information).
Will provide the home school with a host school academic transcript upon completion of the consortium period.

Host School Financial Aid Officer’s Signature: _____________________________
Printed Name: _____________________________ Academic Department: _____________________________ Date: _____________________________
Financial Aid Officer’s E-mail Address: _____________________________ Phone: (____) ___________
Comments: ____________________________________________________________

Please return this form to:
Indiana University Southeast Financial Aid Office
4201 Grant line Road
New Albany, IN 47150
Fax: (812) 941-2546
**Appendix G**

**SAMPLE Indiana University Overseas Study**

**Online Application**

Page One of Three

Please provide as much information as possible. In some cases, example entries are provided to illustrate proper format. **Please match the example formats when you provide your information.**

For example, you should enter your phone number with dashes, e.g., 812-855-4848 812-855-4848

If a value already appears in a field as a default and the default value is incorrect, you may delete the default value and type in a new value.

### 1. PROGRAM INFORMATION

<table>
<thead>
<tr>
<th>Program for which you are applying:</th>
<th>Specialized Programs/Exchanges:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the program you are interested in does not appear on this list, you may not apply for it online at this time.</td>
<td>Programs administered by IU Departments or Schools. Some programs, including Beijing-IUP and the Royal Academy of Music Exchange, require advance authorization for applications.</td>
</tr>
</tbody>
</table>

For **fee purposes**, when you are on the program will you be a:

- resident undergraduate
- non-resident undergraduate
- resident graduate
- non-resident graduate

<table>
<thead>
<tr>
<th>Term of Study:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Fall 2010</td>
</tr>
<tr>
<td>- Academic Year 2010-11</td>
</tr>
<tr>
<td>- Spring 2010</td>
</tr>
</tbody>
</table>

*Academic year 2010-11 applications will be accepted beginning in January 2010.*

### 2. PERSONAL DATA

**Name as it appears (or will appear) on your passport.** NOTE: U.S. citizens who do not currently have valid passports should act immediately to obtain a new passport. Many participants will need to have passports in hand several months in advance of travel in order to secure required visa or residency permits. The passport application process can take up to four months.

Last: _______________________________  First: _______________________________  Middle Initial: ________________

**E-mail (include full internet address) (Ex: username@indiana.edu):**

*Overseas Study will use this e-mail address for official electronic mailings and notifications. Please provide an e-mail address for an account that you check regularly.*
Your Campus:

- I am at the IUB/IUPUI/IUSB/IUNW campus; I will provide my IUID
- I attend IPFW or any non-IU university and do not have an IUID; I will provide my SSN

Passport # (US citizens only. No dashes. Complete if you have your passport already):

Ex: 123456789

Date of Birth:

Ex: mm/dd/yyyy

Gender:

- Male
- Female

Are you a U.S. citizen?

- Yes
- No

**Ethnic information**
(for statistical purposes only; response is optional).
Check one:

- Asian or Pacific Islander
- Black (not of Hispanic origin)
- Hispanic
- Native American or Alaskan Native
- White, not of Hispanic Origin
- Other
- I prefer not to answer

**3. CONTACT INFORMATION**

Emergency Contact Information/Permanent Address Information

Name of one contact:

- First Name
- Last Name

Relationship: [Parent]

Emergency Contact/Permanent Address:

This contact will be used in an emergency. Unless you contact Overseas Study and indicate otherwise, the emergency contact will also be sent informational materials about your program.

If your emergency contact is overseas, please click the checkbox below, make sure not to alter any of the fields after doing so. Then, send an email to ovstadmt@indiana.edu and indicate the correct international address and telephone numbers of your emergency contact.

My contact has an international address: ☐

Number and street (and Apt. # if applicable):
Local address while attending school:

My local address at school and permanent address are the same: □

Number and street (and Apt. # if applicable) OR dormitory name and room number:
Address: ____________________________
City: __________ State: ______ Zip: ______

Telephone:
Home: ____________________________ Ex: 812-855-9304 812-855-9304
Work: ____________________________ Ex: 812-855-9304 812-855-9304

Summer address:

Use your local address? □
Use your permanent address? □

Number and street (and Apt. # if applicable):
Address: ____________________________
City: __________ State: ______ Zip: ______
Summer phone: ____________________________ Ex: 812-855-9304 812-855-9304

4. ACADEMIC DATA

University now attending: Indiana University

IU School:
School names vary throughout the IU-campus system. If you are on a IU campus other than Bloomington, choose the "Non-IUB campus" option.

IU Campus:
### Semesters in residence at IU:

- [ ]

### Class standing:

- [ ] Freshman
- [ ] Sophomore
- [ ] Junior
- [ ] Senior
- [ ] Graduate student
- [ ] Other

### Major:

(Control-click to select more than one)

- African-American & African Diaspora Studies
- Animal Behaviour
- Apparel Merch. & Int. Design
- American Studies
- Anthropology
- Astronomy/Astrophysics
- Biochemistry
- Biology
- BUS - Accounting
- BUS - Business Economics

### Minor or Concentration:

(Control-click to select more than one)

- African-American & African Diaspora Studies
- Apparel Merch. & Int. Design
- American Studies
- Animal Behavior
- Anthropology
- Astronomy
- Biochemistry
- Biology
- all Business minors
- Central Eurasian Studies

### Credit hours completed to date:

(including the current semester)

- [ ]

### Cumulative Grade Point Average (GPA):

- [ ]

Click "Continue" to go to the next page, or "Clear all fields" to start over.
This Agreement is between the undersigned student (Student) and Indiana University (IU) for participation in an IU overseas study program.

A. IU’s Obligations
IU agrees to:
1. Assist Student in enrolling in a program of education abroad;
2. Assist Student in making housing arrangements abroad if such assistance is included in program description;
3. Provide an IU faculty member or other on-site coordinator to serve as the representative of IU or have an agreement with a partner institution abroad to provide student services;
4. Upon successful completion of the program by Student, assign credit for the academic work, if applicable;
5. Take reasonable precautions to protect the welfare and safety of the student, from the published official program arrival date through the official program completion date, including but not limited to making or adopting in conjunction with the host institution rules and regulations for student conduct designed to safeguard health, well-being and safety.

B. Student’s Obligations
Student agrees to:
1. Participate fully in the academic program by attending classes, remaining at the host institution for the full academic term, carrying at least the designated course load, and completing all examinations; or participate in approved internship or not-for-credit activity;
2. Independently arrange and pay for a comprehensive health and accident insurance plan if the program does not provide an insurance plan;
3. Assume full legal and financial responsibility for the stay abroad, including but not limited to all program charges as stated in the Fee Schedules for the IU program abroad and all costs associated with illnesses or injuries sustained or experienced while abroad not covered by insurance;
4. Reimburse IU for all unrecoverable costs made on Student’s behalf if Student withdraws from the program at any time;
5. Grant IU, its employees, agents and consortium partners full authority to act in an attempt to safeguard and preserve Student’s health and safety during Student’s participation in the program abroad, including authorizing routine or emergency medical treatment on Student’s behalf and at Student’s expense; return Student to the United States at Student’s expense;
6. Respect and abide by the laws and customs of the host country, the IU Code of Student Rights, Responsibilities, and Conduct, any rules and regulations for student conduct made or adopted pursuant to Paragraph A.5. above, and all other reasonable standards of conduct related to Student’s education abroad program promoted by IU, its employees, agents, consortia and partner institutions abroad;
7. Accept termination of participation in the program abroad with no refund of fees and take responsibility for transportation costs home if Student’s conduct is determined to be detrimental to the best interests of the student, the program or IU, such a decision to be at the sole discretion of the IU program coordinator and/or the partner institution, with the concurrence of the Director of Overseas Study and/or other appropriate campus representative of the IU Office of International Programs.

Student acknowledges and agrees that he/she may be required to leave the Program at the sole discretion of the University’s agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action and that, in such circumstances, no refund will be made for any unused portion of the Program.

Student’s initials/Parent’s initials (see below)

Waiver, Release and Indemnification

Students are strongly encouraged to consult the State Department Country Specific Information and Travel Alerts and Warnings at http://travel.state.gov/travel/ and the Centers for Disease Control (CDC) at http://wwwnc.cdc.gov/travel/ with regard to their destination country prior to signing this Agreement.
• Student states that his/her participation in this program or activity abroad is wholly voluntary.
• Student states that s/he understands that certain risks are inherent in foreign travel and that s/he fully accepts those risks.
  o These risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury. Student states that s/he fully understand the above risks and the scope of the activities involved in the program and that s/he agrees to assume the risks of the participation in the program, including the risk of catastrophic injury or death.
• Student states that, for and in consideration of acceptance in the program, Student and his/her heirs, successors, assigns, and personal representatives agree to indemnify, hold harmless, release and forever discharge Indiana University, its Trustees, employees, agents, and cooperating institutions and their offices and agents from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to the program abroad or suffered by Student (including those related to travel to and from the program site).
• Student states that s/he agrees that information in the Student's University records, including disciplinary, academic and medical records, may be available to Overseas Study and cooperating institutions, with the understanding that the information will be kept confidential to the extent provided by law.

Choice of Law
The interpretation and performance of this Agreement shall be construed in accordance with the laws of the State of Indiana, and any litigation arising out of this Agreement shall be venued in the State of Indiana and shall be governed by the laws of the State of Indiana. Please initial the bottom of the first page and sign below.

Student's Signature Date ______________________
Name (printed) Program ________________________________

This statement must be read and signed by a parent IF the applicant is a dependent student (is claimed as a dependent on either parent's tax return). The parent should sign below and initial the bottom of the first page.
Check one: ___ I am an independent student, or ___ My parent's signature/initials are provided
I hereby give my son/daughter named above permission to participate in an Indiana University overseas study program. I have read the statement above and agree to be jointly responsible for any financial obligation incurred by my son/daughter related to the program.

Parent’s Signature Date ______________________
1/08

Indiana University, International Programs, Franklin Hall 303 Bloomington, IN 47405 (812) 855-9304
1) PRINT OFF AND FILL OUT THE PASSPORT APPLICATION FORM FOUND AT:
http://travel.state.gov/passport/forms/forms_847.html

2) ATTACH A NOTARIZED BIRTH CERTIFICATE (WITH RAISED SEAL)

3) TAKE TWO (2) PERSONAL CHECKS WITH YOU TO THE POST OFFICE

4) PASSPORT PHOTOGRAPHS WILL BE TAKEN AT THE POST OFFICE

TAKE YOUR COMPLETED PASSPORT APPLICATION WITH YOUR BIRTH CERTIFICATE TO THE MAIN POST OFFICE OF ANY TOWN. (THE MAIN POST OFFICE IN MUNCIE IS LOCATED AT 501 WEST MEMORIAL DRIVE.)

THE POST OFFICE WILL PHOTOGRAPH YOU AND WILL ATTACH THE PHOTOS TO YOUR APPLICATION.

YOU WILL NEED TO WRITE TWO CHECKS; ONE TO THE U.S. STATE DEPARTMENT, AND ONE TO THE U.S. POSTAL SERVICE.

ALL THESE MATERIALS WILL BE PACKAGED BY THE POST OFFICE AND SENT TO THE APPROPRIATE OFFICES.

YOU WILL HAVE YOUR PASSPORT IN EIGHT TO TEN WEEKS. YOUR BIRTH CERTIFICATE WILL BE RETURNED WITH YOUR PASSPORT.
IUS International Programs

EMERGENCY INFORMATION

Please provide names, phone numbers, and addresses for two individuals who may be contacted in case of an emergency. Complete ALL blanks

IT IS ESSENTIAL THAT YOU PRINT LEGIBLY!

STUDENT NAME: ____________________________  Last ____________________________  First ____________________________

IUS PROGRAM NAME: ____________________________

PRIMARY CONTACT:

Name: ____________________________  Relationship: ____________________________

Phone Number 1: (     ) _______ - _______ ext. _______  ____________________________ workplace

Phone Number 2: (     ) _______ - _______ ext. _______  ____________________________ workplace

Use this number between the hours of: ____ am/pm and _____ am/pm

SECONDARY CONTACT:

Name: ____________________________  Relationship: ____________________________

Phone Number 1: (     ) _______ - _______ ext. _______  ____________________________ workplace

Phone Number 2: (     ) _______ - _______ ext. _______  ____________________________ workplace

Use this number between the hours of: ____ am/pm and _____ am/pm

Medical Condition and/or medication that you take on a regular basis. (This information will remain confidential, but is essential in case of an emergency):

________________________________________________________________________

________________________________________________________________________

___________________________________________________________

International Programs – IUS – 4201 Grant Line Road, New Albany, IN  47150  (812) 941-2365
Attachment K

Indiana University Southeast
Study Abroad/Field Study
Health Evaluation

To the Physician: ________________________________ has applied for admission to a IUS Study Abroad or field study program. In order to be eligible for the program, all applicants must receive certification indicating that the student is in good health. This should be determined by an examination of the candidate.

_____ I have examined the above-named student and am satisfied that s/he is qualified to participate in the Study Abroad or field study program. To my knowledge, this student presents no evidence of a chronic disability or recurring ailment that is likely to require medical or surgical attention prior to his/her return.

_____ I have examined the above-named student and have identified the following areas in which medical attention may be required prior to his/her return.

In your opinion, would the indicated medical problems preclude this student’s successful participation in Study Abroad or field study program?

_____ Yes  _____ No

Date of Examination  ________________________________

______________________________________________
Signature of Attending Physician

______________________________________________
Name of Physician
The Office of Overseas Study has contracted with HTH Worldwide Insurance Services to provide health insurance coverage for students participating on approved Indiana University Overseas Study Programs. **All student participants may enroll in the insurance, whether they will be awarded credit for the experience or not.** Students are strongly encouraged to enroll in this insurance plan, but your program may elect to use other insurance options.

If the program decides to enroll all students in the HTH plan you can provide a list of student participants to our office. We have provided an Insurance Agreement form if you decide to have the insurance **optional** for the students participating on your program. Individual forms should be returned to the director of the program. Please follow the instructions below.

1. Provide an Excel spreadsheet that lists the student participants. The spreadsheet should include, name, birth date, gender, dates of coverage and location of program. Send the HTH Insurance Agreement forms filled out completely by interested students if the program decides to make insurance **optional**.

2. The cost of the insurance is $24.00 per month. This money needs to be collected by the director of the program. The money should then be transferred to the Overseas Study account 20 111 50. Overseas Study pays the insurance provider directly.

3. The health insurance enrollment forms or list of students and a copy of the transfer of funds should be sent to Laura Kremer, Overseas Study, 303 Franklin, IUB. **The forms and the transfer must be received one month prior to the program’s departure date.**

4. Once all of the forms are received the students will be enrolled in the HTH Insurance Plan.

5. Insurance cards are usually received by Overseas Study 1-2 weeks after students are enrolled. The cards will be then sent to the program director along with claim forms for distribution to the students.
INSURANCE AGREEMENT
HTH WORLDWIDE INSURANCE

As a participant on an Indiana University Overseas Study Program, you have the option to be enrolled in the health insurance plan administered by HTH Worldwide Insurance Services. The price is $24.00 per month and can only be purchased for full months, not partial.

Return the form to the program coordinator.

______ Yes, I would like the HTH Worldwide Insurance coverage. ($24.00 PER MONTH)

Please print:

________________________  ______________________  ____________
Name                        ID Number (10 digit)                  Gender

________________________  ______________________
Date of Birth (mm/dd/yy)    Citizenship

Program location:____________________________

Sponsoring Department:____________________________

Dates of coverage:  ____________________   ____________________
from                        to
(use actual arrival date, insurance only valid outside US)

__________________________________________
Signature

e-mail address:____________________________

We can not guarantee an insurance card from HTH for students who turn forms in less than 4 weeks prior to departure. Please be prompt in returning your paperwork.
# 2009-10 Indiana University Overseas Study Advisory Programs Census

<table>
<thead>
<tr>
<th>Sponsoring Department</th>
<th>Total Students on Program</th>
<th>U.S. Citizens and Permanent Residents</th>
<th>Non-U.S. Citizens</th>
<th>U.S. Citizens and Permanent Residents</th>
<th>Non-U.S. Citizens</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Academic Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshman</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sophomore</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine or Applied Arts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Languages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Ethnicity/Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amer Indian/Alaskan Native</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please list below</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Major Field of Study</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business / Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engineering</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine or Applied Arts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Languages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Sciences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math / Computer Sciences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical or Life Sciences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Sciences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list ONLY participants from the home campus of the program’s sponsoring department. Use separate sheet(s) for details of participants from each additional institution or IU campus.

Please return completed form to: Overseas Study, Franklin Hall 303, IU Bloomington; Fax 812/855-8452

---

<table>
<thead>
<tr>
<th>Is the program offered for credit?</th>
<th>No</th>
<th>African-American</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic-American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Is this a recurring program?       | No | Do not know      |       |

<table>
<thead>
<tr>
<th>How many students were involved in internships or work as all or part of their program?</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
DIRECTOR’S REPORT GUIDELINES

- Name, dates and location of the program
- Indication of how program met its mission
- Selection process (target audience, vetting process, exceptions, etc.)
- Number of participants and an overall description of the group as a whole (credit/non-credit enrollment, graduate/undergraduate status, most common major, class standing, distribution by campus, etc.)
- Pre-departure orientation and preparation of students
- Academic program
  - description of courses offered (content, level, credits, teaching methods, etc.);
  - distinctive features, strengths, and weaknesses of the academic program;
  - impact and influence of the overseas setting on the academic and intercultural experience;
  - description of field trips and excursions and how they served the academic mission;
  - recommended changes
- Summary of grade distribution
- Description of program facilities, student housing and meal arrangements
- Issues concerning student health and safety, including disciplinary problems: explain incidents that occurred or concerns that you or others might have
- Overall recommendations for the program in the future
- When the program would take place again
- Reflections on any issues or concerns that were raised by the Overseas Study Advisory Council during the program approval process

Attach copies of the following:

1. Completed Census form
2. Program schedule indicating daily routine and calendar of whole program
3. Course syllabus
4. Handbooks or handouts distributed to students prior to departure
5. Student evaluation forms (Overseas Study has a standard form you may use.)

Note: Reports should be sent electronically (as attached files) whenever possible