

Please complete and return this form to  
SAIE Office in FFS 119 by the deadline

Fall/Academic Year -  
Spring/Winter -  
Summer -

May 1  
October 15  
April 1

## STUDENT INFORMATION FORM

Student ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

I am applying for:  Academic year  Semester Program  2—9 Week Program

Duration:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Winter 20\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_

Host University or Institution: \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female  Other Country of Citizenship: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

CSU E-mail: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

Major: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Minor: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Current standing:  Freshman  Sophomore  Junior  Senior  Graduate  Post-Bac  Non-Degree Seeking

How many US semester credits do you plan to earn during your study abroad? \_\_\_\_\_

Do you plan to use the credit toward Fresno State degree requirements?  YES  NO

Do you plan to use financial aid?  YES  NO

Have you filed a FAFSA for the study abroad period?  YES  NO

Do you have a passport valid 6 months after the program end date?  YES  NO

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please Read and Initial:**

\_\_\_\_\_ I certify that the information given in the application is true and complete and that I understood each question.

\_\_\_\_\_ I understand that I must attend a pre-departure orientation hosted by Fresno State or my admission to the program will be revoked and I will not be allowed to participate.

\_\_\_\_\_ I understand that I am required to enroll and pay fees related to the CSU and Fresno State approved Study Abroad Insurance or my admission to the program will be revoked and I will not be allowed to participate.

Student's Name (please print): \_\_\_\_\_

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

**Optional Information**

Which of the following most influenced your decision to apply for this particular study abroad program? *(Check all that apply)*

- Degree Requirements
- Educational Goals
- Faculty member
- Academic Adviser
- Academic challenge
- Affordability
- Language study
- Personal growth
- Career enhancement
- Other: \_\_\_\_\_

Where did you first hear about study abroad at Fresno State? *(Check all that apply)*

- Study Abroad Fair
- Study Abroad Office
- Former Participant
- CSUF Study Abroad website
- Friend
- Professor/Advisor
- Classroom presentation
- CSU Brochure
- Dorm presentation
- Program posters
- Department/College
- E-mail from Study Abroad Office
- Other website: \_\_\_\_\_
- Advertisement (Where?) \_\_\_\_\_
- Other: \_\_\_\_\_

Please indicate racial/ethnic background by checking all that apply.

- Asian or Pacific Islander
  - White, non-Hispanic
  - American Indian or Alaska native
  - Black, non-Hispanic
  - Hispanic
  - Prefer not to answer
  - Multiracial
  - Other
-

**EMERGENCY CONTACT INFORMATION**

Student Name \_\_\_\_\_ Fresno State ID# \_\_\_\_\_

**Study Abroad Destination**

Study Abroad Program \_\_\_\_\_ University \_\_\_\_\_

Location \_\_\_\_\_ Term Abroad \_\_\_\_\_

Host University Contact Name \_\_\_\_\_

**In case of accident or illness contact:**

**Emergency Contact #1**

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Please select one:**

I give Study Abroad and International Exchanges permission to communicate with my emergency contacts listed above regarding all issues surrounding my study abroad experience. This information may include, but is not limited to, student account information, student conduct issues, health and safety issues, emergency situations, or academics.

**OR**

I give Study Abroad and International Exchanges permission to communicate with my emergency contact in the case of an emergency only.

**Medical Information (optional):**

Do you have any allergic reactions to bee/insect stings, medications, food/drink, etc.? If yes, please explain and note associated reaction(s): \_\_\_\_\_

Do you have medical information that may be pertinent to you in the case of an emergency (such as: pre-existing conditions or essential medications)? If yes, explain: \_\_\_\_\_

PLEASE NOTE: Completing the medication information section of this form is voluntary. It will be referred to ONLY in case of a critical injury or emergency situation. In the instance that you are unable to provide medical information to an attending physician or hospital, we would be able to provide it for you with your consent by signing below.

Student's Name (please print): \_\_\_\_\_

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

## STUDENT CODE OF CONDUCT AGREEMENT FOR STUDY ABROAD

California State University, Fresno is committed to maintaining a culture of academic integrity where all members are expected to adhere to fundamental values in both academic and non-academic endeavors. For purposes of this code, academic integrity is defined as "a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility.

1. Students are expected to observe rules and exhibit behavior appropriate to the local community they visit. Breaches of the local law of the host community or country may be referred to the requisite local law enforcement authority.
2. Participants will be held responsible for all rules of conduct for Fresno State students, as outlined in written form in the Campus Policies:  
<http://www.fresnostate.edu/studentaffairs/division/general/studenthandbook/policies.html>
3. Students must remain enrolled throughout the program, maintain a satisfactory standard of academic work, and behave responsibly in their classrooms, meetings, living situation, and on individual and group excursions.

### Student's Agreement

I understand that as a Fresno State student abroad, I will be regarded as a representative of my university and my country. It is my intention to act as a goodwill ambassador and conduct myself in an appropriate manner. I have read these rules and agree to obey them during my period of residence abroad while enrolled in a Fresno State study-abroad course. I understand that regardless of the laws of the country in which I am staying, I am still bound by Fresno State policies and standards of conduct, which prohibit the use of dangerous drugs and discourage alcohol abuse.

I understand that violation of these rules may lead to dismissal from the program and/or referral to Fresno State Judicial Affairs office for possible further action. I understand any additional expenses incurred as a result will be my own responsibility. I understand this expulsion forfeits all rights of participation in the study-abroad course, including overseas housing, meals and excursions.

Student's Name (please print): \_\_\_\_\_

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

*If student is under 18 years of age*

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_

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

Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity Date(s) and Time(s): \_\_\_\_\_  
Activity Location(s): \_\_\_\_\_

In consideration for being allowed to participate in this Activity, 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, [campus name] 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