



## Study Abroad Office

Campus Library • 650 W. Easterday Avenue, Sault Ste. Marie, MI 49783 Phone:  
(906) 635-2400 or 2404 • E-mail: studyabroad@lssu.edu

Please fill out this application packet, and submit to the Study Abroad Office.

**Program Selection:** Consortium: ISA\_\_\_\_\_CIEE\_\_\_\_\_Single Student Agreement\_\_\_\_\_

Dates of Study:\_\_\_\_\_Semester: Fall\_\_\_\_\_Spring\_\_\_\_\_Summer\_\_\_\_\_

Host University:\_\_\_\_\_Country:\_\_\_\_\_

**Please attach copy of program description, application, and cost estimates with details. (Do not submit your application directly to a host institution or to your selected program until this application is approved by LSSU.)**

### Applicant Information

Full Legal Name (as shown on passport) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

Citizenship \_\_\_\_\_

Date of Birth MM/DD/YYYY \_\_\_\_\_

Gender \_\_\_\_\_

### Academic Information

Are you currently a LSSU student? ☐ Yes, my student ID # \_\_\_\_\_

**LSSU Minimum 2.0 GPA required** ☐ No, my current institution is \_\_\_\_\_  
*Individual programs may have higher GPA requirement*

Current GPA \_\_\_\_\_ Current Program of Study \_\_\_\_\_

Class Status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Other

\*Most trips require min. Soph. status (26-55 credits) (56-87 credits) (88+ credits)

How did you learn about this study abroad program? ☐ Faculty Member ☐ Study Abroad Office ☐ Class ☐ Former Participant

☐ Other \_\_\_\_\_

Have you traveled abroad for longer than a week?

If yes, please describe: \_\_\_\_\_

Do you meet the pre-requisite requirements as described in the program description? ☐ Yes ☐ No

### Application Deadlines

You must submit your LSSU application forms packet including your Course Approval Request Form, and financial aid forms (if applicable) at least 30 days prior to the application deadline for your selected program. Once you receive approval from LSSU, you may submit your application to the selected program. Only complete applications will be accepted. Applications will not be accepted less than 90 days before departure.

### OFFICE USE ONLY

Date Application Received \_\_\_\_\_

Application Fee Received ☐ Yes ☐ No

### Payment, Deposit and Refund Policies

Program Fees:	The cost of the program selected may increase due to unexpected increases in airline surcharges. If this occurs, those fees will be passed on to program participants.
Application Fee:	LSSU does not currently require application fees. Consortium application fees vary by program.
Study Abroad Administration Fee:	We currently do not charge an LSSU administrative fee.
Program Payments:	All deposits and payments will follow the guidelines of the host University. Payments will be made directly to the host University or third party provider by the student.
Withdrawal & Refunds:	Withdrawals must be in writing. The refund policy of trip deposits and payments will follow the guidelines of the host University or third party provider. You will be provided with this information upon acceptance of your application.

I have read and understand the Payment, Deposit and Refund Policies as listed above. I understand I will be notified of my acceptance. I also understand my acceptance letter will include a Decision Form that I must return within two weeks from the date of my acceptance letter or I will be withdrawn from the program, and agree to adhere to the parameters of the program as outlined by the Study Abroad Office. I understand that program fees may change due to unexpected increases in airline surcharges. If this occurs, I understand that those fees will be passed on to me.

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

### Release of Student Information

During the course of a student's participation in a study abroad program, the Study Abroad Office or Registrar's Office may wish to provide relevant information from the student's educational records to the student's parents or other third parties. Depending on the circumstances, information to be released might include student account information, information about the program in which the student is enrolled, or non-emergency information related to the student health or safety.

Please sign below to indicate that you have read this form and authorize the Study Abroad Office or Registrar's Office to provide relevant information regarding your educational records to your parents and any relevant third parties.

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

(If this section is not signed, no student information other than "directory information" will be released to family members, etc., except in an emergency)

### Registration and Financial Aid for Study Abroad Programs

Are you planning to use financial aid as all or part of your funding for this trip? ☐ Yes ☐ No

**Note:** Most LSSU aid, including scholarships, grants, waivers, rebates, and Michigan Indian Tuition Waivers, do NOT apply to study abroad programs.

Have you filed a FAFSA for the academic term in which you wish to study? ☐ Yes ☐ No

### Use of Financial Aid for Program Payments

By signing below, I understand that my financial aid for my study abroad program may not be available until the trip start date. I agree to make any non-refundable deposits or payments that are due prior to the start date with other funds. When my financial aid disburses into my account, I authorize Lake Superior State University to apply my Federal Title IV financial aid toward payment of my tuition, fees, room, board and other charges billed by the host University. I make this request to be assured that my account at LSSU will be paid in a timely manner. I further understand that I have the right to rescind this request in writing, without penalty, if I choose to pay other charges without the use of Title IV financial aid.

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

***Financial Aid Agreement for Study Abroad Transfer Credit***

**Must be completed by students using financial aid for Study Abroad programs which grant transfer credit.**

- I understand that my financial aid cannot be processed until I have submitted a completed and signed study abroad packet to the Study Abroad Office and I have been registered in the appropriate study abroad courses.
- I understand that my financial aid cannot be processed until I submit the original signed copy of both the Consortium Agreement and Host University agreement or the Single Student Financial Aid agreement and the Study Abroad Cost Estimate sheet from the Study Abroad Office.
- I understand that in order to maintain my financial aid eligibility during my period of study abroad I must maintain a course load equivalent to the enrollment status indicated on my Single Student Financial Aid Agreement. I understand that I must be registered concurrently at LSSU during my period abroad.
- I agree to report immediately any course changes to the LSSU Registrar's Office and the Study Abroad Office while enrolled in the program abroad.
- I understand that I may need to repay financial aid (including loans) disbursed through LSSU if:
  - I drop below half time enrollment during the tuition refund period
  - Withdraw completely
  - My credits do not transfer to LSSU within one semester
  - Fail to attend classes
- I agree that if credits do not transfer to LSSU within one semester following my participation, I will provide an explanation to the LSSU Financial Aid Office for this absence.
- I understand that if for any reason my financial aid should be reduced and/or cancelled, I am responsible for all program costs to the Host University or LSSU, whichever is applicable.

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

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Telephone \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_

State/Postal Code \_\_\_\_\_

**Note: This form is for Single Student Programs only**  
**HOST INSTITUTION STUDY ABROAD COST ESTIMATE**

**MUST BE COMPLETED ON BEHALF OF AN LSSU STUDENT PARTICIPATING  
IN A NON-LSSU CONSORTIUM MEMBER PROGRAM. MUST BE ACCOMPANIED BY HOST INSTITUTION  
SINGLE STUDENT FINANCIAL AID AGREEMENT (page 4).**

**Student Information:**

*(To be completed by the Student.)*

Name (last, first, middle)	Student ID #	Birthdate
Permanent Address	City	State/Postal Code
Home Phone	Program Begin Date (mo/day/yr)	Program End Date (mo/day/yr)
Host Institution Program Sponsor	Program Name & Location (City, Country)	

**ESTIMATED EXPENSES**

Tuition / Program Fees	\$ _____
Room & Board / Meals	\$ _____
Books and class materials	\$ _____
International airfare	\$ _____
Host institution medical insurance	\$ _____
Host institution administrative fees	\$ _____
Immunizations	\$ _____
Orientation	\$ _____
On-site transportation	\$ _____
Passport	\$ _____
Visa	\$ _____
Spending money	\$ _____
Other _____	\$ _____
<b>TOTAL</b>	\$ _____

**This form must be accompanied by documentation from the host institution/program sponsor for cost estimation verification. A printed copy from the Web is acceptable. Please include price estimates with documentation for all items (airfare, etc.) that are not included on the host institution documentation.**

Student Signature	Date
Study Abroad Officer Signature	Date
Financial Aid Director's Signature	Date

***Information and Instructions for Completion of  
LSSU Study Abroad Course Approval Form on Page 7***

**Students:**

It is your responsibility to discuss your degree plans with your academic advisor to determine how study abroad fits into and affects your degree plan. In some instances, study abroad could delay your graduation. It is up to you and your adviser to determine this and other effects of study abroad and to make decisions accordingly.

By signing this form, you agree to accept study abroad credits as the appropriate chairs have designated them. If for some reason you make changes to your course schedule while you are abroad, you must renegotiate transfer credit with the appropriate chair upon your return and will be bound by the decisions of the academic department chair.

Credit for courses taken as study abroad cannot be awarded without an official transcript. You must arrange for an official transcript to be mailed directly from the foreign institution to the LSSU Registrar. Until official transcripts are received, your LSSU academic transcript will indicate "I" (Incomplete) grades for courses taken through study abroad. Only grades of C- or better will be acceptable. Grades below C- will be listed as F grades on your LSSU academic transcript.

**Dean:**

Signing this form constitutes an agreement between the student and the appropriate Dean on behalf of the department. The student is seeking pre-approval for credit in the courses listed on the reverse side of this form if classes are completed with a passing grade (C- or better). Any changes that occur in the courses taken through study abroad should be considered on an individual basis by the Dean.

**Instructions for Completing this Form:**

**Students:**

Complete Section 1. Deliver this form to the academic department responsible for the study abroad course. Attach information about the foreign school and course descriptions from the study abroad program literature to this form. Working with your advisor and department chair, complete Sections 2 and 3.

Return completed form with your study abroad application to the Study Abroad Office for final approval. Once approved, you will receive a copy of this form for your records when you receive your decision form.

**Dean:**

Complete Sections 2 and 3. Student should provide you with a description of the course he/she plans to take during the study abroad experience as well as information about the program/institution to be attended. Please review the information to determine course equivalencies. List the LSSU equivalent course to the right of each foreign course. If no direct equivalent course exists but you are willing to grant elective credit in your department, please indicate this along with the number of credits you will award and the preferred grading method. Sign the appropriate lines in Section 3 and return form to the student.

### ***LSSU Study Abroad Course Registration Form***

Please complete the information in Section 1. Take this form to your Advisor and academic department for the completion of Section 2. It is your responsibility to discuss your degree plans with your academic advisor to determine how study abroad fits into and affects your degree plan. In some instances, study abroad could delay your graduation. It is up to you and your advisor to determine this and other effects of study abroad and to make decisions accordingly. Turn this completed registration form in to the Study Abroad Office along with your completed application materials.

Once you have been approved for your study abroad program, this form will be sent to the Registrar's Office and you will be registered into the course(s) listed below. Online registration is not available for this study abroad program.

If you decide to withdraw, it is your responsibility to formally drop your course(s). You are required to follow the Add/Drop/Withdrawal Policy as outlined on LSSU's Course Registration Information website at [http://www.lssu.edu/scheduling/add\\_drop.php](http://www.lssu.edu/scheduling/add_drop.php). If you have any concerns, please contact the Registrar's Office at 906.635.2682.

#### **SECTION 1 - To be filled out by STUDENT (Please Print):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ LSSU Email: \_\_\_\_\_ Major: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_  
(Required)

#### **LSSU COURSE INFORMATION:**

Course Code at Host Institution	Course Title at Host Institution	Equivalent LSSU Course	LSSU Course Title	Number of credits

#### **SECTION 2 – To be completed by ADVISOR/ ACADEMIC DEPARTMENT:**

How will the course(s) apply toward the student's degree requirements? Will a waiver or course substitution be required for these courses to be used for the student's degree program? If yes, please attach appropriate paperwork. Please add any additional comments (if applicable):

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

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

#### **SECTION 3 – PLEASE FORWARD to the Provost's Office if Dean is not available:**

Approval – Provost Office: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Registrar's Office Approval: \_\_\_\_\_

## Waiver and Release Agreement

I, \_\_\_\_\_, am a student at Lake Superior State University ("the University") and have agreed to participate in the University's Study Abroad Education program in \_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_ ("the Program"). In consideration for being permitted to participate in the Program, I hereby agree and represent that:

- I have or will secure health insurance to provide adequate coverage (including emergency evacuation and repatriation coverage) for any injuries or illness that I may sustain or experience while participating in the Program. By my signature below (or that of my legal guardian) I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the University, and its employees and agents from any responsibility or liability for any and all expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses. HTH Health Insurance or its equivalent is required for all students.
- I understand and agree that, although the University will attempt to maintain the Program as described in its publications, it reserves the right to change the Program including, but not limited to, the curricula, instructors, itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that the University, or its employees and agents, shall not be responsible or liable for any expenses or losses that I may sustain because of these changes.
- I understand and agree that I must comply with all applicable University rules, regulations and policies governing students. I understand and agree that the University reserves the right to dismiss me from the Program at any time should my actions or general behavior, in the sole discretion of the University; be determined to constitute a danger to myself, others, or to the acceptability of the Program to its hosts, or if it is determined that my actions or general behavior impedes or obstructs the progress and objectives of the Program in any way.
- I understand and agree that there are unavoidable risks in travel overseas, and I hereby release and promise not to sue the University, or its employees and agents, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence of the employees or agents of the University. I also agree to indemnify and defend the University, its Board of Trustees, agents and employees against any liability incurred by them as a result of my conduct.
- I also understand and agree that I will have to rely upon medical facilities generally available in the locale where I am traveling. The University assumes no responsibility for such health matters.
- I acknowledge that I have consulted with a qualified medical doctor and that based on that consultation there are no physical or mental health-related reasons or problems which preclude or restrict my participation in the program or which require any accommodation.
- I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.
- I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing the agreement; I have the right to consult with the adviser, counselor, or attorney of my choice.
- I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the Michigan Court of Claims, and be determined by the laws of the State of Michigan.
- The University shall not be liable or considered in default under this Agreement when the delay of performance, or non-performance, is caused by circumstances beyond its control and occurring without its fault, including failure of suppliers, subcontractors, and carriers, acts of civil or military authorities, national emergencies, fire, flood, acts of God, riot, natural and/or man-made disaster, civil disturbance, labor dispute, work stoppage/slowdown, insurrection, and war, provided the party invoking this paragraph provides reasonable prompt notice thereof to the other.
- This agreement represents the complete agreement with the University concerning the University's responsibility and liability for my participation in the Program. This agreement and waiver supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral. This agreement shall not be changed or amended in any way except in writing signed by University Provost and/or the Provost's designated representative and myself (or legal guardian.)
- I represent that I am at least eighteen years of age, if not, that I have secured below the signature of my parent or guardian as well as my own.

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of parent or guardian (If required)

**Medical Information and Release Form****Student Name:** \_\_\_\_\_ **ID #** \_\_\_\_\_

The medical review of this form and acceptance into a program are independent of one another. The purpose of this form is to help the Study Abroad Office to provide appropriate assistance to you should the need arise during your exchange program. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in the study abroad program. The information provided will remain confidential as allowed by law. Relevant information will be shared with the program staff, faculty, or appropriate professionals as it relates to your health and safety. This information is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable and attach other sheet if necessary.

**Disabilities**

Please list any special accommodations, if any, that you will require while studying abroad:

**Allergies**

Medication allergy	Reaction	Treatment, if exposed
Food or environmental allergy	Reaction	Treatment, if exposed

**Medications**

Please list any medications you are taking on a daily basis

**Additional Health Conditions**

Do you have any health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your ability to participate in this program? Yes ☐ No ☐

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition \_\_\_\_\_ How often do you have symptoms? \_\_\_\_\_

Plan for managing this condition while studying abroad: \_\_\_\_\_

**Health and Emergency Agreement**

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization Form for access and review by the Director of the Study Abroad Office and the appropriate health care professionals at Lake Superior State University. If further medical information is required, I understand that I will be contacted by a health care professional at LSSU who will ask for a specific release for my personal health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety, it may be discussed in a confidential manner with the director of the Study Abroad Office and appropriate health care professionals representing the host institution.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Lake Superior State University, through its representatives, to secure any necessary treatment. If treatment is not covered under my own health insurance or LSSU's insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Lake Superior State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency, Lake Superior State University may notify my emergency contacts listed on the study abroad application.

I certify that all responses made on this form are complete, true and accurate, and I will notify the Study Abroad Office immediately of any changes in the state of my health. I understand that if I withhold information on this form, I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand participation in the study abroad program is contingent on receipt by the LSSU Study Abroad Office of this completed and signed form.

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

**Emergency Contact:** *Please list two contacts that should be notified in case of emergency*

Primary Contact Name		Relationship	
Current Address	City	State/Province	Zip Code
Home phone	Work Phone	Cell Phone	E-mail address
Secondary Contact Name		Relationship	
Current Address	City	State/Province	Zip Code
Home phone	Work Phone	Cell Phone	E-mail address



**Confidential Reference Form**

In order for your application to be considered, you will need to have two academic references. These references can be current or former instructors and academic advisors. Please complete Part I of this reference form and give the form directly to the person you wish to use as a reference. If the person is on campus at LSSU, they may send the form directly to the Study Abroad Office via inter-campus mail. If the person is an off-campus reference, please provide them with a pre-addressed envelope to the Study Abroad Office, Lake Superior State University, 650 W. Easterday Avenue, Study Abroad, Sault Ste. Marie, MI 49783.

**Part I - to be completed by applicant**

Name of Applicant

Date of Request

Name of Study Abroad Program

City

Country

Evaluator's Full Name

Deadline for Request

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below:

Applicant's Signature

Date

**Part II - to be completed by evaluator**

The above mentioned applicant is applying for a study abroad program as designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form to the Study Abroad Office.

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

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comment section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet if necessary.)

5. Additional comments:

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Telephone Number

**Confidential Reference Form**

In order for your application to be considered, you will need to have two academic references. These references can be current or former instructors and academic advisors. Please complete Part I of this reference form and give the form directly to the person you wish to use as a reference. If the person is on campus at LSSU, they may send the form directly to the Study Abroad Office via inter-campus mail. If the person is an off-campus reference, please provide them with a pre-addressed envelope to the Study Abroad Office, Lake Superior State University, 650 W. Easterday Avenue, Study Abroad, Sault Ste. Marie, MI 49783.

**Part I - to be completed by applicant**


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 Name of Applicant

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 Date of Request

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 Name of Study Abroad Program

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 City

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 Country

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 Evaluator's Full Name

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 Deadline for Request

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 Applicant's Signature

---

 Date
**Part II - to be completed by evaluator**

The above mentioned applicant is applying for a study abroad program as designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form to the Study Abroad Office.

1. Basis and extent of your acquaintance with the applicant.

2. Please indicate the applicant's academic attributes. You may elaborate in the comment section on the next page if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comment section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet if necessary.)

5. Additional comments:

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Telephone Number

**Note: This form is for Single Student Programs only**  
**HOST INSTITUTION SINGLE STUDENT FINANCIAL AID AGREEMENT**

**MUST BE COMPLETED BY HOST INSTITUTION ON BEHALF OF AN LSSU STUDENT PARTICIPATING IN A NON-LSSU MEMBER CONSORTIUM PROGRAM. THIS FORM MUST BE ACCOMPANIED BY STUDY ABROAD COST ESTIMATE SHEET (page 5).**

Through this agreement, Lake Superior State University, hereafter referred to as LSSU, contracts with:

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

\_\_\_\_\_  
 Location (Address, Country)

Hereafter referred to as Host, to provide a portion of the education for a degree program of a LSSU student:

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

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

\_\_\_\_\_  
 Permanent Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State/Postal Code

Hereafter referred to as Student.

Starting Date of study abroad program covered by this agreement (mo/day/yr): \_\_\_\_\_

Finishing Date of study abroad program covered by this agreement (mo/day/yr): \_\_\_\_\_

Title and location of program in which the student has been accepted: \_\_\_\_\_

Anticipated enrollment and credit status (check one):

☐ Full Time (12)

☐ Three Quarter Time (9-11)

☐ Half Time (6-8)

☐ Less Than Half Time (1-5)

- During the period covered by this agreement, for US Federal financial aid purposes, the Student will be considered enrolled at LSSU, which will process Federal and State of Michigan financial aid, and will be considered a visiting student at Host. Host will award no Federal or State financial aid. If Host awards any scholarships of its own to Student, it will promptly inform LSSU to assure that LSSU does not award funds in excess of Student's financial need.
- Provided Student has completed all the necessary LSSU documentation, LSSU agrees that credit hours earned by Student while attending Host will be accepted toward Student's LSSU degree, providing Student earns passing grades and the courses are applicable to Student's specific degree program. Grades below C- will be listed as F grades on your LSSU academic transcript.
- Host will provide LSSU with a detailed list of costs encountered in the program of study.
- Host will promptly inform LSSU if Student withdraws, is not attending classes regularly, or reduces below the enrollment status indicated above. Such notice will include the last date of attendance or the date of reduction in instructional load.
- Upon Student's request, Host will send LSSU a transcript or comparable official written record noting Student's performance in the program. For non-accredited or foreign transfer credits, this record will include course titles, number of credit hours or an equivalent measure, and a grade or comparable indication of Student's performance. It is Student's responsibility to request in writing that the transcript is sent to the Lake Superior State University, Registrar's Office, 650 W. Easterday Ave., Sault Ste. Marie, MI 49783.
- Host will invoice Lake Superior State University directly for tuition, program fees, room & board fees, etc. Lake Superior State University will make payments directly to host institution on the student's behalf. Host agrees that any refund of charges for cancellation, program changes, etc. will be refunded directly to Lake Superior State University.
- Host will direct any correspondence pursuant to this agreement to the Lake Superior State University, Study Abroad Office, 650 W. Easterday Ave., Sault Ste. Marie, MI 49783.  
 LSSU will direct any such correspondence to:

Host Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**For Host Institution (IF NOT CONSORTIUM MEMBER):**

**For Lake Superior State University**

Printed name: \_\_\_\_\_ Printed Name: Marc Boucher \_\_\_\_\_

Title/ Dept.: \_\_\_\_\_ Title/ Dept. Director of Library & Academic Services & Study Abroad

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

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

**Contact Information for Questions – Take this page with you on your trip**

Study Abroad Office  
Teresa Yelverton, Academic Success and Student Support Coordinator  
(906) 635-2400

Registrar's Office  
Nancy Neve, Registrar  
(906) 635-2080

Business Office  
Jesse Monroe – Student Accounts  
(906) 635-2734

Risk Management – Insurance  
Wendy Beach, Safety & Risk Specialist  
(906) 635-2626

Financial Aid  
Katellynn Coon, Director of Financial Aid  
(906) 635-2650

Public Safety – 24 Hour LSSU Campus Contact  
(906) 635-2100

**Important Phone Numbers (In case of lost or stolen cards, or emergency)**

Credit Card Phone Number \_\_\_\_\_

Bank Debit Card Phone Number \_\_\_\_\_

Health Insurance Phone Number \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_