



## **FACULTY-LED STUDY ABROAD APPLICATION CHECKLIST**

**Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101**

Your complete application must include the following:

### **Phase I: Application Materials –**

***Phase I Application Materials due:  
May/Summer Faculty-Led Program  
Applications are Due:  
December 1<sup>st</sup>, with Deposit (unless  
otherwise advertised***

1.  ***MSUB Application Form for Study Abroad.***  
Please type this form or print in ink and submit to the Study Abroad Program Manager at the Office of International Studies (OIS).
2.  ***Personal Essay.*** Submit to the Office of International Studies (OIS) a one-page typed essay explaining what you hope to achieve in your study abroad program, both academically and personally.
3.  ***Unofficial Transcript.*** Submit unofficial transcript to OIS. You must have completed 24 university credits by the start of the program and have a minimum cumulative GPA of 2.5. Some programs are flexible.
4.  ***Study Abroad Agreement to Participate.*** Initial each page where indicated; sign and date. Students who are legal / financial dependents should review the agreement with their parents or guardians. If you do not understand the agreement, or have any questions, the Study Abroad Program Manager will go over it with you.
5.  ***Health/Emergency Treatment Authorization.*** Include emergency contacts. Complete, sign, and date.
6.  ***International Health Insurance Form.*** Complete all spaces, sign and date. All study abroad students must agree to enroll in the MSU international health insurance for the duration of the study abroad experience. Insurance is typically figured into the overall faculty-led program price.
7.  ***Physical Exam.*** All students must receive a basic physical exam stating that they are fit to travel. MSUB students may have the exam done for free at Student Health Services. Submit a signed doctor's form to OIS. Check the CDC website <http://www.cdc.gov/travel> for information on required or recommended vaccines for the country (or countries) you plan to visit.
8.  ***Budget Form (if using financial aid for study abroad).*** Use the budget form to assess the cost of studying abroad. If you want to use financial aid for your program, you must have the budget form signed by the Director or Associate Director of Financial Aid. Please make an appointment to meet with the Director or Associate Director of Financial Aid to discuss what financial aid may be applied to your study abroad program. **Note:** not all programs are eligible for additional financial aid allocation.
9.  ***\$150 Application Fee & Designated Deposit (if applicable – refer to program advertisement for deposit information).*** Please pay any fees at the Business Office (McMullen Hall Basement). The fee(s) must be posted to your student account as "Study Abroad Application Fee" and the program name for the deposit (if applicable). Submit the receipt to OIS. Fees are refundable on a case-by-case basis or if the program is canceled.

- Study Abroad Candidate Official Interview.** In order to be officially admitted to the study abroad program, students must complete a 30-minute interview with OIS staff and a faculty group leader. After you have completed your application, the OIS will contact you to set up your official interview.

### **Phase 2: After Acceptance**

- Passport.** Apply for a passport immediately if you do not have one. U.S. citizens, go to <http://travel.state.gov/passport/> for information. If you already have a passport, please check the expiration date. Be sure it will be valid for at least 6 months beyond your intended return to the US. Bring your **signed** passport to OIS as soon as possible so we can make a copy of the front page, including your picture, passport number, and passport expiration date.
- Foreign Country Visa Application.** Visas are country and program specific. Work with Study Abroad Program Manager to apply for a visa if necessary.
- Pre-Departure Orientation.** All students **MUST** attend a Pre-Departure Study Abroad Orientation. If you fail to attend the orientation, you may be dismissed from participation in the program.

### **Phase 3: Pre-Departure Travel & Payment – Due ASAP**

- Travel Information.** Purchase your plane ticket and forward a copy of your travel information to the Study Abroad Program Manager: [studyabroad@msubillings.edu](mailto:studyabroad@msubillings.edu). OIS **must** have your full travel itinerary before you depart. **Not relevant for pre-purchased group travel.**
- Go to the U.S. State Department Website-** <http://travel.state.gov> and register for the Smart Traveler Enrollment Program (STEP): <https://step.state.gov/step/> for free information and updates related to safety in your intended destination(s).
- MSU Travel Registration (REQUIRED).** No less than 30 days before departing, all students participating in a university designated program must register their travel plans in the University's International Travel Registry. Information entered into the Travel Registry will be available to University officials in the event of a crisis or emergency. **Students cannot register their travel until their course registration has been completed.** Once the course registration is listed on your MyInfo account, you may register your travel at: <https://montana.studioabroad.com/index.cfm?FuseAction=Security.LoginWizardStepOne>. You will need digital copies of your passport and insurance card to complete this registration and will also need to provide an estimated travel itinerary.
- Payment of Tuition through MSUB and MSUB HOLDS.** You must log in to pay the tuition for your program as well as any HOLDS (library, parking, past due amounts, etc.) directly to MSUB, before the regular deadline for the semester. You can check for HOLDS on your "My Info Login."



# MSUBILLINGS

## APPLICATION FOR FACULTY-LED STUDY ABROAD PROGRAM

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

Name \_\_\_\_\_ MSUB ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Must be at least 18) Email \_\_\_\_\_  
Month/Day/Year

Sex  F  M Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_  
*Check here if your passport application is in process*

MSUB in-state student  MSUB out-of-state student  NON-MSUB student: Current University \_\_\_\_\_

Name of study abroad program: \_\_\_\_\_

Country/counties of program: \_\_\_\_\_

Dates and year of program: \_\_\_\_\_

MSUB exchange or study abroad program  NON-MSUB study abroad program: specify: \_\_\_\_\_

**NOTE TO STUDENT:** If the following information is different than what the University has on its system, you must update your changes at the Registrar's Office.

Current mailing address\*: \_\_\_\_\_ Apt #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street address

\_\_\_\_\_ Work phone: \_\_\_\_\_  
City State Zip

\*Address expires: \_\_\_\_\_ Permanent address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
Month/Day/Year Street address

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

Major: \_\_\_\_\_ Expected graduation (Month/Year): \_\_\_\_\_

College:  Allied Health  Arts & Science  Business  City College  Education Number of program credits: \_\_\_\_\_

Status during program:  FR  SO  JR  SR  GR  Other (24 cr. required before group study abroad)

Foreign language(s) studied: \_\_\_\_\_ Years studied: \_\_\_\_\_ (Two years of study prior to time abroad is recommended)

Current cumulative grade point average (GPA): \_\_\_\_\_

*(Min. 2.5 GPA – some group programs may be flexible. Submit unofficial transcripts)*

Will you be using financial aid?  yes  no Have you filed a FAFSA for the study abroad period?  yes  no  
*(Including loans, MET, scholarships & grants) (If not, complete as soon as possible. Available at Financial Aid, McM 103.)*

Are you considered as a dependent on the tax form of your parent/guardian?  yes  no

I give the Office of International Studies permission to share/discuss my study abroad plans with my parents/guardians.  yes  no

How did you learn about this study abroad program? (Check all that apply)

- Faculty Member
- Office of Int'l Studies
- Class
- Friends
- Study Abroad Event
- Former Participant
- Poster/Flyers
- MSUB website
- Other (specify): \_\_\_\_\_

**By submitting this signed application, I understand that:**

- I will forfeit my \$150 application fee and deposit if I withdraw from the program after I have been accepted to the program.
- The Office of International Studies will not accept verbal cancellations by phone or e-mail notification; withdrawal must be in writing.
- I will be withdrawn from the program and will forfeit my application fee if I do not attend the pre-departure orientation meeting or fail to complete any portion of the application and enrollment process.
- I give the Office of International Studies permission to order and release my student records and transcript to persons directly involved with the acceptance and processing of my application.
- All information on this application form is complete and accurate to the best of my ability.

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



# MSUBILLINGS

## FACULTY-LED STUDY ABROAD AGREEMENT TO PARTICIPATE

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

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In consideration of participation in Montana State University Billings study abroad program, I, \_\_\_\_\_, hereby agree to the following conditions:

1. I understand and will abide by the rules governing student responsibility and behavior as stated in the Montana State University Billings' Student Affairs Policies and Procedures, including the Code of Student Conduct, as published in the *Student Handbook*. I recognize that violations of the law and/or MSUB regulations or policies may result in (i) immediate dismissal from the program; (ii) academic withdrawal from the University for the semester in progress; and (iii) disciplinary action upon my return to campus.
2. I will become informed about and will comply with the laws, rules and regulations, and customs of my host country, community, institution and program as administered by the faculty or resident director(s), or other representative(s) of Montana State University Billings. To be acceptable, behavior should show a genuine concern for the mores and social patterns of the host culture, in order that actions not be offensive to the community.
3. The program director and the director of the MSUB Office of International Studies shall have the right to dismiss me from the program at any time if (i) my conduct violates Montana State University Billings' Code of Student Conduct; (ii) I violate laws, rules and regulations, or customs of my host country, community, institution and program; or (iii) the program director and the MSUB Office of International Studies have reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons or property or threatens the future viability of the program. The following behaviors are among those that may result in immediate dismissal from the program: alcohol abuse; physical or sexual assault; harassment; possession, use or distribution of illegal drugs; setting a fire or possession of explosives; possession of a weapon; theft. The program director, with the concurrence of MSUB's Office of International Studies, may temporarily suspend me pending final resolution of the matter.
4. In the event of an infraction which does not cause an immediate danger and where there is an allegation of a violation of the laws, regulations, and customs of the host country, community, institution or program or a violation of the MSUB Code of Student Conduct, the director of Office of International Studies has the right to enforce the standards of conduct described in the Student Handbook, in its sole judgment, and that the director will impose sanctions, up to and including expulsion from the Program. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at MSUB do not apply. I understand that a decision made to dismiss me from the program will be final and I consent to being sent home at my own expense with no refund of fees.
5. The University may make changes to the program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers based on operational and/or itinerary changes regardless of whether the participant or the University makes the flight arrangement. The University may substitute hotel accommodations or housing at any time. Specific room and housing assignments are within the sole discretion of the University.

Study Abroad Participant Initials \_\_\_\_\_

6. The University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel or transportation reservations, missed carrier connections, sickness, injuries (including death), losses, damages, weather, strikes, acts of God, public health risks, criminal activity, terrorism, expense, accident or damage to property, inconveniences, failure or negligence of any nature in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or common carrier beyond the University's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other factors I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property is transported at my risk entirely.
7. The University, in its sole discretion, may cancel the program or any aspect of the program prior to departure and, in its discretion, the University may cancel the program or any aspect of the program after departure, requiring that all participants return to the United States, if the University believes that any person is or likely will be in danger if the program or any aspect of the program is continued. I understand that if I ignore or refuse to comply with the University's directive to return to the United States I do so at my own risk.
8. I understand that I am required to provide my full travel itinerary to/from my host country, along with the travel itinerary for any program related trips, to the Office of International Studies prior to departure for each trip.
9. I understand that I must demonstrate minimum levels of health and medical emergency insurance. As such, the State of Montana has ensured affordable access to international health insurance for students through a statewide contract with GeoBlue International Health Insurance for Higher Education. Enrollment in GeoBlue International Health Insurance is **mandatory** for all students traveling internationally on a University affiliated and/or sponsored program.
10. The University will not provide any administrative support (housing, childcare, etc) or assume any responsibility for accompanying non-participants. Accompanying non-participants are limited to spouses/partners and children. I understand that I am responsible for obtaining overseas health insurance for myself and any accompanying non-participants. I understand that such accompanying non-participants are not part of the program and therefore cannot attend classes, field trips, or any other activities formally associated with the program. I understand if such individuals become disruptive to the program, it may be grounds for my dismissal.
11. I shall be responsible for my own health care, conduct, financial integrity and travel plans while studying abroad on a University-sponsored study abroad program. In the event of serious illness, accident or emergency, my designated emergency contact, as indicated on the *Student Health/Emergency Treatment Authorization*, may be notified. I shall inform the faculty member-in-residence, on-site director(s), or program assistant(s) representing the Office of International Studies of problems that arise during my stay abroad so that assistance can be provided.

Study Abroad Participant Initials\_\_\_\_\_

12. I shall be solely responsible for any and all additional costs incurred on my behalf by the university while participating in the program. In addition, I shall be solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal or dismissal from the program prior to its completion, including but not limited to withdrawal or dismissal for reasons of health, family emergency, illegal drug use or alcohol abuse, legal detention, or disciplinary action by a representative(s) of the University. Costs incurred on my behalf include, but are not limited to, monies advanced on my behalf for non-refundable deposits at other institutions, airfare, accommodations, legal documents, and visa and application fees.
13. If I withdraw, depart or am dismissed from a program for any reason prior to its formal completion, I may not be eligible for any academic credits. Should I receive permission to return home early, I may be eligible to receive a grade of "W" on my University academic transcript. University tuition and fees may be refunded according to University policy, as stated in the Schedule of Courses publication for on-campus enrollment.
14. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all injuries, illnesses, damages, losses (including death) I sustain to my person or property or both, including but not limited to any claims, actions, damages, expenses, and costs, including attorney fees, which arise out of, result from, occur during or are connected in any manner with my participation in the program and/or any related travel.
15. I, individually, and on behalf of my heirs, successors assigns, and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, actions, damages, expenses, or costs, including attorney fees, which arise out of, occur during, or are in any way connected with my participation in the program or any related travel.
16. This agreement is to be construed under the laws of the State of Montana, USA; and if any portion of this Agreement is held invalid, the balance of this Agreement shall, notwithstanding, continue in full legal force and effect.

**In signing this document I acknowledge that I have read this entire document, have had an opportunity to ask questions, understand its terms, agree to the terms stated, am giving up substantial legal rights I might otherwise have, and have signed it knowingly and voluntarily.**

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



# MSUBILLINGS

## FACULTY-LED STUDY ABROAD HEALTH/EMERGENCY TREATMENT AUTHORIZATION

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

The purpose of this form is to help the Office of International Studies (OIS) provide appropriate assistance to you should the need arise during your study abroad experience. 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 MSUB study abroad program. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your well-being.

All Study Abroad applicants must have a physical exam and submit the Doctor’s evaluation to OIS. The physical exam may be done at Student Health Services: 406-657-2153 (no charge for students currently enrolled at MSUB).

Name: \_\_\_\_\_ MSUB ID#: \_\_\_\_\_  
Last First

Sex:     F     M    Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Citizenship: \_\_\_\_\_  
Month/Day/Year

Current address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Local phone: \_\_\_\_\_  
Street address

\_\_\_\_\_ Work phone: \_\_\_\_\_  
City State Zip

Country/countries of study abroad program: \_\_\_\_\_

Date and year of program: \_\_\_\_\_

**Emergency Contact:** Please list who should be notified in case of an emergency

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Street address

\_\_\_\_\_ Work phone: \_\_\_\_\_  
City State Zip

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Street address

\_\_\_\_\_ Work phone: \_\_\_\_\_  
City State Zip

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Health Information:** Please list the following or indicate “N/A” if not applicable

Food allergies: \_\_\_\_\_

Dietary restrictions or requirements: \_\_\_\_\_

Allergies (plants, insectes, etc.): \_\_\_\_\_

Immunizations received in the past 90 days: \_\_\_\_\_

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**Medical History:** *This is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable.*

Medical allergies: \_\_\_\_\_

Medication taken on a daily or routine basis and **purpose** for use: \_\_\_\_\_

Note: Participants should bring an adequate supply of medications that are required on a daily or routine basis, in addition to a new, original prescription from your doctor in case you need to have your medication replaced/filled while abroad.

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List any circumstances or health conditions (such as surgery; hospitalization; injuries; chronic condition; physical, psychological, emotional, or mental illness) that may need special consideration before or during your experience or may affect your ability to participate in this program:

The following **must** be completed. If you do not have a regular physician, indicate where your medical records are kept.

Physician name: \_\_\_\_\_

Office phone: (\_\_\_\_) \_\_\_\_\_                      Emergency phone: (\_\_\_\_) \_\_\_\_\_

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

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**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 Office of International Studies and the appropriate health professionals in the MSU-B Student Health Services. I give these individuals permission to communicate my health condition with each other and with any physician, psychologist, or counselor who treated me during the past four years. I understand that if this information is pertinent to my well-being abroad, it may be communicated to overseas medical professionals providing treatment, the MSUB International Oversight Committee, the MSUB program leader, and the host institution's resident director.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Montana State University Billings, through its representatives, to secure any necessary treatment. If coverage is not provided through medical insurance, I understand that such treatment shall be solely at my expense, and I shall reimburse Montana State University Billings or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, Montana State University Billings may notify my designated emergency contact.

**I certify that all responses made on this form are complete, true and accurate, and I will notify the Office of International Studies immediately of changes in the state of my health. I understand that approval and participation in this study abroad program is contingent on receipt by the MSUB Office of International Studies of this completed and signed form.**

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

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

**If you have any questions regarding medical problems, immunization requirements, or other health issues, call Student Health Services, 657-2153, at least 45 days prior to departure.**







# MSU BILLINGS

## FACULTY-LED STUDY ABROAD BUDGET FORM

Office of International Studies – McDonald Hall 1<sup>st</sup> Floor – 1500 University Drive - Billings, MT 59101

This form is for you to list all necessary direct educational expenses for your study abroad experience as well as expected funding for your trip. If you anticipate using federal financial aid to pay for part of your trip, please make an appointment with either the Director or Associate Director of Financial Aid, as you will need him/her to sign off on this form. *Most faculty-led programs include many of these expenses in the overall program price, so please refer to the program advertisement for reference or contact the OIS for price inclusion confirmation.*

**Please note that not all faculty-led programs are eligible to receive additional financial aid support – please consult with the Study Abroad Program Manager to confirm your program’s eligibility.**

### Estimated Expenses

Expense	Amount
Faculty-Led Program Fee	\$
Airline Ticket ( <i>if NOT included in program fee</i> )	\$
Passport, Visa, other documents	\$
Miscellaneous Living Expense (local transportation, food, etc.)	\$
<b>Total</b>	<b>\$</b>

### Estimated Revenue

Funding Source	Amount
Federal Financial Aid (FAFSA)	\$
Personal Funds	\$
Miscellaneous Support	\$
<b>Total</b>	<b>\$</b>

**\*\*\* If you want to utilize Financial Aid toward your study abroad program, then the back page must be filled out in its entirety and a meeting with the Director of the Financial Aid Office must be arranged prior to submission of completed application to the Office of International Studies \*\*\***

- OVER -

## **Frequently Asked Questions about Financial Aid**

### **& Study Abroad Programs**

- **Can FINAID be used toward my faculty-led program?**
  - Sometimes. Financial aid can only be applied for a faculty-led program if the program fits within the parameters of the designated awarded semester. If the program takes place in May, then it must start directly after the conclusion of the spring semester and end within 14 days of the end of the semester. Programs that take during the designated semester meet the financial aid eligibility requirements.
- **What do I do differently if I am paying tuition to Bozeman instead of Billings when I go abroad?**
  - Fill out your FAFSA as usual and fill out the Consortium Agreement form that can be found at the OIS or Financial Aid offices. This agreement applies your Federal Aid to Bozeman as a Billings student, and adjusts for the higher cost of education at Bozeman.
- **Should I meet with the FINAID Director/Associate Director before turning in my application to the OIS?**
  - YES! He/She will help you walk through monetary options available (e.g. loans & grants) for your time abroad. Circumstances arise that may require backup funding to pay for surprise costs. One must be realistic about potential risks and financial solutions.
- **What if I want to take summer classes at MSUB after I return back home? Can I have FINAID for my summer session(s) at MSUB?**
  - YES! The Financial Aid Office will need a class list to award you FINAID for the summer session(s). You will be awarded funds based on how many classes you take and the amount of funding available during the summer. The sooner your class list is submitted to the Financial Office, the better your chances of increased funding.
- **Can I just stop by the Financial Aid Office and chat with the Director or Associate Director?**
  - NO! All students must make an appointment. Realize that you might have to wait a week or two to get in with him/her (especially during their “busy” months of processing FAFSA applications). BUT, sometimes the Director is available for a quick chat, so stop by & make the necessary arrangements.
- **What happens if I have more FINAID questions?**
  - Contact a member of the Financial Aid Office.
  - McMullen Hall, 1st Floor East Wing  
406-657-2188| FAX (406) 657-1789  
[finaid@msubillings.edu](mailto:finaid@msubillings.edu)

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Name: \_\_\_\_\_ MSUB ID #: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_  
*Address* *City* *State* *Zip*

Study Abroad Program: \_\_\_\_\_  
*University* *Country*

Study Abroad Program Dates: \_\_\_\_\_  
*Start Date (Month/Year)* *End Date (Month/Year)*

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### **If receiving Financial Aid, to be signed by the Director or Associate Director:**

Financial Aid Office: \_\_\_\_\_

Director's or Associate Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_