



SACRAMENTO STATE

International Programs & Global Engagement

Study Abroad

Sacramento State Exchange Application

Name _____
First Name Middle Name Last Name

Student ID # _____ E-Mail Address _____

Application for 1st Choice _____

2nd Choice _____

Terms(s) fall only spring only academic year calendar year year _____

Application Checklist

- Study Abroad Application
- Statement of Purpose
- Faculty Recommendation
- Language Evaluation (if required)
- Unofficial Sacramento State Transcripts
- Copy of the Inside Page of Passport

Return this application by the appropriate deadline to:

International Programs and Global Engagement
Library 1001
California State University,
Sacramento 6000 J Street
Sacramento, CA 95819-6012

Deadline for Exchange Programs

Fall Departure: March 1, February 1 for Yokohama National University
Spring Departure: September 15

For Internal Use:

Application Received: _____

Accepted to: _____

Sacramento State Exchange Program Application

Name _____
First Name Middle Name Last Name

Passport _____
Issuing Country Number Expiration Date

Student ID # _____ E-Mail Address _____

Cell Phone # _____ Other Phone # _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Academic Major _____ Minor _____

Academic Major _____ Minor _____

Cumulative GPA _____ Sacramento State GPA _____

Class Level (Check one box)

Undergraduate Students:

- Sophomore (30-59 semester units)
 Junior (60-89 1/2 semester units)
 Senior (90 or more semester units)

Graduate Students:

- Master's Degree
 Credential Program
 Doctorate Program

Expected graduation date: _____
Term Year

Birth Date _____
Month Day Year

Gender: Male Female Transgender Prefer to self-describe _____ Decline to answer

Emergency Contact Person _____
First Name Last Name

Relationship _____ Email Address _____

Cell Phone # _____ Other Phone # _____

Street Address: _____

City _____ State _____ Zip Code _____ Country _____

Sacramento State Exchange Program Application

State of California residence status for campus registration fee purposes (check one)

CA Resident Non-Resident F-1 Visa Student J-1 Visa Student

Have you filed a FASFA for the current academic year: Yes No Not Applicable

Are you currently receiving Financial Aid? Yes No

Please indicate the type of financial aid:

Federal Pell Grant

Cal Grant

State University Grant

Subsidized Loans

Unsubsidized Loans

Veterans Benefit

Fee Waiver

Other

Scholarship (Please list the scholarship name): _____

List the total estimated expenses for the exchange program \$ _____

Estimate how you plan to finance your study abroad experience:

Personal Savings \$ _____

Financial Aid \$ _____

Parental Support \$ _____

Other \$ _____

Total estimated resources: \$ _____

I hereby submit my application to participate in one of the Sacramento State Exchange Programs. I understand that my application will not be reviewed until all of the forms are completed and turned in. I certify that the information given in the application is true and complete and that I understood each question.

If accepted to the program, I understand there will be additional paperwork required by the host university, which may require additional documentation. Failure to complete the additional paperwork by the required deadlines could jeopardize admissions to the exchange program.

Signature of Applicant _____ Date _____

Statement of Purpose

Please include a one-page typed essay that addresses:

1. Why you are deciding to study abroad
2. The factors that led you to choose the university and country you have selected
3. How the program will contribute to your long-term academic and career plans

Academic Planning Form

Name: _____ ID Number: _____ Email _____

Study Abroad Location: _____ Major _____
University Country

You are required to carry a full course schedule and to be enrolled as a full-time student while participating in any study abroad program. In the space provided below, list the names and numbers (when applicable) of the courses you plan to take overseas and the name and number of the equivalent courses at Sacramento State and the approval from the appropriate department.

Course Code and Course Title at Host Institution	Equivalent to/Substitution for CSUS Course	Units	Course Level: <u>Circle one</u>	Where course will be applied: <u>Circle one</u>	Faculty/Academic Advisor Approvals	Date
			Lower Div Upper Div Graduate	Major Minor GE Other	Signature: Print Name:	
			Lower Div Upper Div Graduate	Major Minor GE Other	Signature: Print Name:	
			Lower Div Upper Div Graduate	Major Minor GE Other	Signature: Print Name:	
			Lower Div Upper Div Graduate	Major Minor GE Other	Signature: Print Name:	
			Lower Div Upper Div Graduate	Major Minor GE Other	Signature: Print Name:	
			Lower Div Upper Div Graduate	Major Minor GE Other	Signature: Print Name:	
			Lower Div Upper Div Graduate	Major Minor GE Other	Signature: Print Name:	

Study Abroad Program Agreement

As a participant in the California State University, Sacramento Study Abroad Program with

_____ (name of host university)

for the term _____, I, _____
(state exact Sac State semester or year) (print full name)

agree to the following:

1. I agree to the various regulations as defined and determined by the Study Abroad and Exchange Programs (CSU Executive Order #1081).
2. I shall qualify for admission as a student for credit in the study abroad programs of California State University, Sacramento by satisfying all requirements, including payment of fees at my home campus.
3. I shall obtain and provide all materials, meet all deadlines, and otherwise comply with all participation requirements established by the International Affairs office of California State University, Sacramento.
4. I agree to expend my best efforts in successfully completing the academic requirements of the courses in which I enroll. Should it become necessary for me to withdraw from the study abroad program at any time during the above-named term, I shall immediately notify both the coordinator of the program at the host institution and the International Affairs office at California State University, Sacramento of my intention to withdraw.
5. I agree to conform to standards of conduct consistent with the maintenance of a positive reputation of California State University, Sacramento and to conform to all applicable rules, regulations and policies of the host institution.
6. I agree that I shall not hold California State University, Sacramento nor any of its officers, agents, or employees responsible for any injury, damage, or loss to me or my property which occurs from any cause beyond their control.

I understand and agree that acts, omissions, occurrences, or events beyond the control of California State University, Sacramento and its officers, agents, and employees may make necessary or desirable the modification of the program contemplated by this agreement.

Participant's Signature

Date

CALIFORNIA STATE UNIVERSITY, SACRAMENTO
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 of 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, Sacramento 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)

Faculty Recommendation

Instructions: Student completes the top section *before* giving it to the faculty member. Faculty member completes the bottom section. Please do not submit recommendations from employers, university staff, or administrators. Please type or print neatly.

Student Completes

Applicant's Name _____

Study Abroad Location _____
University City Country

Faculty Member Completes

This section is to be completed by the recommending faculty member: Please type or print with black ink for duplicating purposes. Please rate the applicant relative to students whom you have known in recent years, circling the desired number.

	Unsatisfactory		Fair		Good		Very Good		Superior		
Academic Performance	0	1	2	3	4	5	6	7	8	9	10
Maturity	0	1	2	3	4	5	6	7	8	9	10
Initiative	0	1	2	3	4	5	6	7	8	9	10
Adaptability	0	1	2	3	4	5	6	7	8	9	10

Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from a study abroad on a Sacramento State Study Abroad Programs. Please use the space below or attach a letter with more details.

Printed Name _____ Institution _____

Position/Department _____

Signature _____ Date _____

Language Evaluation

Students are required to complete a language evaluation for any program where students plan to take courses are in the host language. Examples of programs that would require a language evaluation:

French

- University of Laval University (except for Business)
- MICEFA – University of Paris (not required for beginner)

Japanese

- Ehime University
- Shinshu University
- Yokohama National University

Student Completes

Applicant's Name _____

Study Abroad Location _____
University City Country

Faculty Member Completes

Language evaluated: _____

Based on classroom observation interactive session

Please rate the student's foreign language competency in the following areas.

	Unable to Judge	Elementary	Intermediate	Advanced
Listening Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will this student have achieved a level of proficiency to take university level courses in the host language?
 Yes No Unable to Judge

Comment on the applicant's linguistic ability to participate in a study abroad program taught in the evaluated language. Please include any reservations you may have about the ability of the student to be academically successful on the program.

Printed Name _____ Institution _____

Position/Department _____

Signature _____ Date _____



****Preferred** EMAIL PDF REQUEST TO: *transcripts@csus.edu* **Preferred****
MAIL REQUEST TO: Sacramento State, Office of the Registrar, 6000 J Street, Sacramento, CA 95819-6056
OR SUBMIT TO STUDENT SERVICES CENTER/DROP BOX: Lassen Hall 1000

*****International Programs and Global Engagement Study Abroad Students ONLY*****

Official Transcript Requests - please allow 7- 10 business day processing, not including mail time)

Your request will be returned to you and not processed if:

- There is a hold on your record
- Writing is illegible
- Form is incomplete or missing signature

STUDENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

Name _____ Student ID #/SSN _____
Last First MI

Address _____ Former Name(s) _____

City _____ State _____ Zip _____ Email _____

Phone _____ Alt Phone _____ Date of Birth _____
Month Day Year

Are you currently enrolled? (Circle One) Yes No

Last Semester/Year of attendance at Sac State: _____ Term of Graduation: _____

REASON FOR TRANSCRIPT REQUEST (Please check all that apply):

- Student Transfer
- Grad School / Professional School
- Scholarship
- Employment
- Military
- Personal/Other

Please check all that apply:

Release Transcript as record stands today

- Hold for current grades _____ (Semester/Year)
- Hold for degree posting _____ (Semester/Year)
- Hold for grade change from ____ to ____
Course/Year _____
- Hold for additional credit from _____

My signature below authorizes The Office of the University Registrar to release my official transcripts to:

Geoff Fattig, Coordinator of Study Abroad or other authorized representative of Sacramento State's International Programs and Global Engagement Office, for the purpose of sending my official transcript to the following partner institution for my study abroad program:

Institution: _____

Please mail transcript(s) to the following address(s): Please print additional addresses on a separate sheet of paper and attach to this form.

Include form with transcript
 _____ # of Copies to:

Include form with transcript
 _____ # of Copies to:

STUDENT SIGNATURE (REQUIRED) _____ DATE _____

OFFICE USE ONLY: Holds Cleared _____ Sac State Requests _____ \$ _____ A/R Requests _____ \$ _____ Rush Service \$ _____ Grand Total \$ _____

Rev 06/22 Check #/Amt _____ / _____ Rcd Date/Initials _____ / _____ Date Verified/Initials _____ / _____ Date Sent/Initials _____ / _____