

UNIVERSITY HOME APPROVAL APPLICATION

STUDENT INFORMATION

Note: Student must have 12 or more credits of residency at GCU (dual enrollment and transfer credits do not qualify) to be eligible for Traditional Study Abroad.

Student Name: _____

GCU Student ID Number: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

STUDY ABROAD PROGRAM INFORMATION

Study Abroad Affiliates (select one): USAC Semester at Sea Students International Bond University CIS Abroad
The Intern Group Living & Learning International Other: _____

City and Country of Study Abroad Program: _____

Study Abroad Program University/Campus (if applicable): _____

Timeframe for Study Abroad Experience (select all that apply): Fall Spring Summer Full Academic Year

If applying for a summer program, please indicate your summer session #: _____

Start Date of Study Abroad Program: _____

End Date of Study Abroad Program: _____

Program Type (select all that apply): Academic Coursework Internship Service Learning

Do you intend to use Federal Financial Aid (FAFSA) as a method of payment? Yes No

IMPORTANT INFORMATION REGARDING FEDERAL FINANCIAL AID (FAFSA):

If you plan to use FAFSA as a method of payment for your study abroad experience, you must meet all the following criteria. All study abroad students are required to read and acknowledge the following FAFSA usage requirements, regardless of initial plans for program method of payment. *(Please initial each statement to confirm your understanding.)*

Initials _____ Complete the FAFSA, Entrance Counseling (EC) and Master Promissory Note (MPN) on file with GCU for the academic year covering your study abroad experience. Visit studentaid.gov to complete these steps. Meet with your student services counselor (SSC) to ensure all verification paperwork has been approved and cleared.

Initials _____ Enroll as a full-time student in your respective study abroad program. Full-time status requires 12+ credits per fall and/or spring session or six+ credits per summer session.

Initials _____ Enroll in a GCU-approved study abroad program and enroll in transferable university courses that fulfill your degree program requirements.

Initials _____ Submit all required financial aid paperwork, including the Federal Financial Aid Deferment Form, to StudyAbroad@gcu.edu a minimum of 30 days prior to your program fee deadline date. Check your study abroad program to verify the financial aid paperwork required for your program and the program fee deadline date.

Initials _____ Physically attend your study abroad program and successfully complete each course with a C or better.

Initials _____ Provide an official transcript to GCU of your study abroad coursework upon completion of your program.

Failure to meet all the above criteria may restrict your use of federal financial aid or may require funds disbursed to be returned to the federal government.

Federal financial aid might not cover the full expense of your study abroad program. Please plan and prepare for an additional method of payment.

How do you intend to pay for any additional study abroad balances not covered by FAFSA? _____

I HAVE READ THIS AGREEMENT BEFORE SIGNING IT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS.

Student Name: _____

Signature: _____ Date: _____

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GRAND CANYON UNIVERSITY-DEGREE PROGRESS EVALUATION To be completed by assigned student services counselor (SSC)

Open Elective Credits			
Open General Education Credits	Effective Communication:	Global Awareness:	Critical Thinking:
Remaining Major Core Credits			
Program of Study			
Minors			

SSC Signature: _____ Date: _____

*Note for the SSC: Please complete the above chart based on student's projected DPA at the time of his or her scheduled study abroad program. Please take into consideration all programs of study (i.e. double major or double degree) and minor(s) on the student's DPA.

GRAND CANYON UNIVERSITY – COURSE APPROVAL INFORMATION

- Visit your study abroad program/organization website to review course options available for the term selected. Contact StudyAbroad@gcu.edu if you need assistance navigating to the appropriate website.
- List all courses that you would like to seek approval for. Request more than what you may need. This chart is to inform your study abroad program of all courses GCU has pre-approved for you to take abroad.
- Complete the form in full and identify if you are seeking approval to transfer the course back to GCU. Please print and provide course descriptions or a syllabus for each course that you are requesting to transfer back to GCU.
- Study abroad students are required to enroll in a minimum of 12 credits per fall and/or spring semester, as well as a minimum of six credits per summer session. Students are permitted to take a maximum of 18 credits per fall and/or spring semester or nine credits per summer term.
- *The Study Abroad Office will work with your SSC, respective college dean(s) and study abroad administration to review and make decisions on potential course transferability. However, please note, a pre-approval on a course does not guarantee the transfer of such college credits. The student must enroll in the course(s) with their study abroad provider, confirm credit count value of course(s) at the time of registration, pass the course(s) with a C or better and provide an official transcript to GCU upon successful completion of the selected study abroad course(s). All the above must be completed for courses to be eligible for transfer back to GCU and before credit can be applied toward the student's program of study.*

Term	Course Code	Course Title	Credit Count	Seeking Transfer Eligibility (Y/N)

Student Signature: _____ Date: _____



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EMERGENCY CONTACT INFORMATION (must list two contacts)

1. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

STUDENT PASSPORT INFORMATION

Passport Number: _____ Location of Issue: _____ Expiration Date: _____

Country of Birth: _____ Country of Citizenship: _____

IMPORTANT NOTE:

All study abroad travelers are required to obtain a passport at their own expense. Some program locations may also require a visa. Application and program fees will not be refunded due to improper travel documentation or failure to obtain the required documents.

STUDENT HEALTH INFORMATION (Attach a separate sheet if necessary)

General Health Concerns: _____

Disabilities: _____

Allergies: _____

Medications: _____

I acknowledge that it is my responsibility to inquire with my personal physician or local health department regarding immunizations that may be recommended prior to travel in the region of the world in which I propose to travel.

Student Signature: _____ Date: _____

I am aware that overseas travel exposes me to numerous health, safety and other substantial risks. I understand that these risks may be significantly greater than risks of travel within the United States. With an understanding of these substantial risks, I voluntarily assume and accept these risks.

Student Signature: _____ Date: _____

VOLUNTARY WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT

As a condition of my participation in the Grand Canyon University Traditional Study Abroad Program (the Study Abroad Program), I hereby understand, acknowledge and agree that:

- I voluntarily desire to participate in, observe and/or otherwise take part in and all Grand Canyon University (University) activities offered to me associated with the Study Abroad Program.
- I agree to comply with all Applicable Law during my participation in the Study Abroad Program. “Applicable Law” shall include all international, federal, state and local laws, statutes, regulations, codes, ordinances, rules and/or executive orders, as amended.
- I agree to follow all instructions, procedures, measures and directions given to me by the University or any of its staff or representatives while participating in the Study Abroad Program and understand that my failure to do so may result in property damage or injury or death to me or to a third party.
- I understand that my invitation to participate in the Study Abroad Program may be revoked at any time for any reason by the University.

IN CONSIDERATION of being permitted to participate in any way in the Study Abroad Program, I hereby knowingly, freely and voluntarily agree to waive, release and discharge any and all claims for damages for illness, death, personal injury, or property damage that may happen during the Study Abroad Program, or that may subsequently accrue to me as a result of my participation in the Study Abroad Program, afforded or sponsored by the University and as a result in my participation the Study Abroad Program, including transportation to and from the Study Abroad Program.

I UNDERSTAND THAT THIS WAIVER, RELEASE AND INDEMNITY IS INTENDED TO WAIVE, RELEASE, DISCHARGE AND INDEMNIFY IN ADVANCE GRAND CANYON UNIVERSITY AND ITS AFFILIATES, SUBSIDIARIES, MEMBERS, MANAGERS, OFFICERS, EMPLOYEES, INSURERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, FOR, FROM AND AGAINST ANY AND ALL LIABILITY TO ME ARISING FROM MY PARTICIPATION IN THE STUDY ABROAD PROGRAM, INCLUDING ANY DEMAND, RIGHT OR CAUSE OF ACTION OF ANY KIND OR NATURE WHATSOEVER, WHETHER BASED ON TORT, CONTRACT, WARRANTY, OR ANY OTHER THEORY OF RECOVERY, AT LAW OR INEQUITY, VESTED OR CONTINGENT, THAT I OR MY SPOUSE, FAMILY, PARENTS, CHILDREN, ESTATE, HEIRS, AGENTS, INSURERS, SUCCESSORS OR ASSIGNS MAY AT ANY TIME HAVE AS A RESULT OF MY PARTICIPATION IN THE STUDY ABROAD PROGRAM. THIS ALSO INCLUDES, WITHOUT LIMITATION, ANY LIABILITY (INCLUDING CONSEQUENTIAL, INDIRECT, SPECIAL OR INCIDENTAL DAMAGES) ARISING FROM INJURY OR DAMAGE THAT I SUFFER OR CAUSE DURING MY PARTICIPATION THE STUDY ABROAD PROGRAM, WHETHER SUCH INJURY OR DAMAGE IS FORESEEN OR UNFORESEEN OR WHETHER RESULTING FROM NEGLIGENCE OR OTHERWISE.

I AGREE THAT THIS WAIVER AND RELEASE IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY APPLICABLE LAW. IF ANY PROVISION OF THIS WAIVER AND RELEASE SHALL BE INEFFECTIVE OR INVALID, SUCH PROVISION SHALL BE INEFFECTIVE OR INVALID ONLY TO THE EXTENT OF SUCH PROHIBITION OR THE REMAINING PROVISIONS OF THIS WAIVER AND RELEASE, WHICH SHALL REMAIN IN FULL FORCE AND EFFECT. I AGREE TO COMPLY WITH ALL APPLICABLE LAW DURING MY PARTICIPATION IN THE STUDY ABROAD PROGRAM. “APPLICABLE LAW” SHALL INCLUDE ALL FEDERAL, STATE AND LOCAL LAWS, STATUTES, REGULATIONS, CODES, ORDINANCES, RULES AND/OR EXECUTIVE ORDERS, AS AMENDED.

I HAVE READ THIS AGREEMENT BEFORE SIGNING IT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS.

Participant:

Print Name: _____ Date: _____

Signature: _____