



**Application for Off-Campus Study Semester Programs (2007-2008)**  
**Due Friday, January 12, 2007**  
(Turn in to Registrar's Office)

Name: \_\_\_\_\_ Student ID \_\_\_\_\_ Box # \_\_\_\_\_

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

Program: \_\_\_\_\_  FALL 20\_\_\_\_  SPRING 20\_\_\_\_

Alternate Program (second choice) \_\_\_\_\_

**Requirements:** Students must have a minimum cumulative GPA of 3.0 and must meet a number of other requirements. See the document, "Policies and Procedures for Off Campus Semester Programs" for these requirements.

**Procedure:**

1. Attach the following items to this application form:

- One or more faculty recommendations
- One off-campus study transcript request form (can be obtained from the Registrar's Office)
- A two-page essay response to these questions:
  - Why do you want to participate in an off-campus study program?
  - How will this program enhance your educational experience, major, career & life goals?
  - What other off-campus programs and/or cross-cultural experiences have you participated in?

**2. Please obtain the following signatures:**

Academic Clearance (student is in good academic standing, meets minimum GPA requirements and has advisor support to participate in the program)

\_\_\_\_\_  
Date \_\_\_\_\_  
Advisor

Citizenship Clearance (student does not have major lifestyle violations that would affect their eligibility to participate)

\_\_\_\_\_  
Date \_\_\_\_\_  
Dean of Students

Financial Clearance (student's account is current)

\_\_\_\_\_  
Date \_\_\_\_\_  
Student Accounts Specialist

Health and Counseling Clearance (student has completed and submitted the Medical Forms to the Health and Counseling Center)

\_\_\_\_\_  
Date \_\_\_\_\_  
Health and Counseling Center Staff

(over)

Student Housing Clearance (student has received a housing information packet from the Director of Housing or the Administrative Assistant for Housing and Residence Life which contains information regarding housing for the student when he/she returns following his/her semester away)

\_\_\_\_\_ Date \_\_\_\_\_  
Director of Student Housing or Administrative Assistant for Housing and Residence Life

3. Submit this form with all signatures required to the Registrar's Office in the Stevens Center by **January 12, 2007**.

4. The Off-Campus Selection Committee will review applications and select students for off campus study programs based on criteria outlined in the university catalog. The Global Studies Director, Lon Fendall, will notify students of acceptance or denial. **Not all applicants will be selected to participate.**

5. If approved, the specific program applications must be submitted with appropriate deposit either on-line or via mail. Following approval, it is the selected student's responsibility to follow up with the appropriate program regarding acceptance, registration, travel arrangements, etc.

*~Submit Completed Form and attachments to the Registrar's Office~*

Off Campus Semester Programs  
GEORGE FOX UNIVERSITY

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

(Turn in to Health and Counseling Center)

I authorize the George Fox University Health and Counseling Center to complete the bottom of this form based on my personal medical and or mental health records. This information will be released to the Center for Global Studies Director

The information will be used on my behalf to determine if there is *presently* any physical or mental health condition(s) that might compromise my safe participation in Semester Off-Campus Programs.

This authorization may be revoked at any time but that revocation will not affect any information already released. Unless revoked earlier, this consent will expire 180 days from the date of signing.

Please Print: \_\_\_\_\_  
name date of birth

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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*To be completed by the GFU Health and Counseling Center*

Upon review of the participant's physical and mental health records the following recommendation is being made:

- \_\_\_\_\_ No reservations
- \_\_\_\_\_ Mild Reservations
- \_\_\_\_\_ Serious Reservations

HCC Staff Member: \_\_\_\_\_

HCC Stamp

(over)

Off Campus Semester Programs  
GEORGE FOX UNIVERSITY

**MEDICAL FORM**  
(Turn in to Health and Counseling Center)

Please print:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone contact \_\_\_\_\_ Date \_\_\_\_\_

Planned destinations \_\_\_\_\_

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Confidential Health Review: To be completed by participant.

Drug Allergies: \_\_\_\_\_

Current Medical Problems/Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications you take: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any physical limitations: \_\_\_\_\_

\_\_\_\_\_

Mental health issues requiring counseling in the last 12 months: \_\_\_\_\_

\_\_\_\_\_

Are there any concerns/issues you would like to discuss with the Health and Counseling staff?

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

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