



University Heights, Newark, NJ 07102
Office of International Students & Faculty

REQUEST FOR STUDY ABROAD ENROLLMENT (UNDERGRADUATE/GRADUATE STUDENTS)

PLEASE FOLLOW THESE STEPS IN COMPLETING YOUR APPLICATION

- Step A:** Visit the Office of International Students & Faculty. Call (973) 596-2451 or 2442 for information or an appointment.
- Step B:** Meet your major advisor and appropriate departmental advisors. Discuss your plans for study abroad and courses you wish to take. Ask advisors for their approvals and to sign off on your courses. For undergraduates, grades equivalent to 'C' (2.0 on a 4.0 scale) or higher at NJIT must be obtained for the credits to be transferred to NJIT. Graduate students must obtain grades of 'B' (3.0 on a 4.0 scale) or higher for the credits to be transferred to NJIT.
- Step C:** Meet with Student Financial Aid Services if you are seeking assistance for the study abroad term. Call (973) 596-3479 for an appointment. Make sure you are very clear about **YOUR RESPONSIBILITIES** in receiving funding for study abroad.
- Step D:** Register for course code MR INTL at www.njit.edu/Registrar
- Step E:** Return the form back to the Office of International Students & Faculty

IMPORTANT REQUIREMENTS FOR STUDY ABROAD-

- You must be matriculated in an NJIT program.
- The minimum eligibility cumulative GPA is 3.0 for undergraduates and 3.5 for graduate students.
- A transcript from a study abroad college/university, written in a language other than English, must be translated by the World Education Services, or another approved foreign credential service, before it is presented to the Registrar.
- Upon completion of study abroad, an official transcript of the college/university, must be sent to the Registrar's office. **This must be done within one month after completion of your study abroad.**
- You are responsible for adhering to the regulations for study abroad written in the NJIT graduate and undergraduate catalogs. All requirements outlined in this application must be completed prior to embarkation.
- You must purchase health insurance that includes emergency evacuation and repatriation.

Application Deadlines:

February 15 for the **Fall and Summer** semesters

September 15 for the **Spring** semester

NEW JERSEY INSTITUTE OF TECHNOLOGY

Office of International Students & Faculty
University Heights, Newark, NJ 07102-1982

STUDY ABROAD
APPLICATION PACKET

Thank you for your interest in New Jersey Institute of Technology's Study Abroad Program. Please take the time to carefully read all the information contained in this application packet.

Application Deadlines:

Fall and Summer Semesters – **February 15**

Spring Semester – **September 15**

PLEASE USE THE FOLLOWING CHECKLIST TO MAKE SURE YOU HAVE RETURNED ALL NECESSARY MATERIAL. A completed application includes the following;

_____ 1) Request for Study Abroad Course Enrollment

_____ 2) Faculty Reference Form

_____ 3) Emergency Treatment Permission and Contact

_____ 4) Application Conditions

_____ 5) Statement of Authorization and Consent

_____ 6) Essay (1 page typed) to include: your reasons for wanting to spend a semester abroad, your reasons for selecting the host country, past travel or study abroad experiences, and community and/or campus activities

_____ 7) Health Insurance Coverage that includes emergency evacuation and repatriation

_____ ** If Study Abroad Program is through IIE's global-e3, please apply on line at www.iie.org/pgms/global-3.

Once a completed application has been handed in and reviewed, an interview can be scheduled with the Associate Director of International Students & Faculty at (973) 596-2451.

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REFERENCE FORM

Part I to be completed by the Applicant

Deadline date _____

Name of Applicant _____

Reference requested from _____
(Name) (Title)

Please circle one:

I (agree, do not agree) to waive my right to this reference.

Applicant's signature

Part II to be completed by the Referee

To the Referee: The student named above is applying to the semester Abroad Program. NJIT is concerned that students selected for study abroad be only those who are likely to reflect credit upon their home institution. The study abroad program attaches great weight to the applicant's qualifications that may or may not be reflected in past academic records. Your opinion of the applicant will be of great assistance in the selection process. It is important that your comments be detailed and frank.

Under the 1974 Family Education Rights and Privacy Act, the applicant named above will have the right to view this recommendation unless he/she has waived that right.

Please return this form by the listed deadline to:

Associate Director
Office of International Students & Faculty
New Jersey Institute of Technology
University Heights, Newark, NJ 07102-1982

Please rate the applicant on the qualities listed below. Please compare the applicant to other members of his/her peer group.

		Low	Average	Average	High	Unable to Observe
Ability to work hard	1	2	3	4	5	0
Maturity	1	2	3	4	5	0
Self Confidence	1	2	3	4	5	0
Social Skills	1	2	3	4	5	0
Reliability	1	2	3	4	5	0
Integrity	1	2	3	4	5	0
Perseverance	1	2	3	4	5	0
Analytical skills	1	2	3	4	5	0

1. How long and in what capacity have you known the applicant?

2. What are the applicant's main talents or strengths?

3. Please comment specifically in terms of studying abroad: a) academic suitability b) personal suitability to adjust c) any other factors which you believe may have a bearing on the applicant's successful experience. Attach additional pages if necessary.

Evaluator's Signature

Date

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EMERGENCY TREATMENT PERMISSION AND CONTACT

On rare occasion, an emergency requiring hospitalization and/ or surgery may develop. This form is a safeguard to prevent dangerous delay in case of emergency.

THIS INFORMATION IS FOR _____(Name of Student)

1. Emergency Contacts:

Name _____ Relation _____
Address _____
City, State, Zip Code _____
Day Phone _____ Evening Phone _____
Email _____

2. Health Insurance:

Policy number _____ Company Name _____
Expiration date _____

3. Medicines I am allergic to: _____

4. Other allergies: _____

5. The following are medical conditions in which a physician in another country should be made aware of:

6. Current medications: _____

7. In the event of an emergency and we cannot be reached, we give our consent to authorize a representative of the host institution to authorize treatment or hospital care which in the best judgement of a licensed physician is deemed advisable.

Signature of Student _____ Date _____

NOTE: Make at least three (3) copies of this form:

1 for self, put inside passport

1 for host institution, 1 for NJIT Study Abroad

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APPLICATION CONDITIONS AND BEHAVIOUR CONTRACT

New Jersey Institute of Technology's (hereinafter "NJIT") Study Abroad programs (hereinafter "Program") are designed to promote excellence through blending experimental and classroom learning and allow students to experience the host country's culture. They are also designed to provide a safe learning environment. When students chose to deviate from the Program's rules, there are consequences for such actions.

I understand that the general guidelines of NJIT will be required and that any exceptions made to specific guidelines due to special off-campus circumstances must be approved by NJIT. I also agree to abide by the following the guidelines while spending a semester abroad as an NJIT student:

1. I agree to attend a Pre-departure and Re-entry meeting given by the Office of International Students & Faculty.
2. I will abide by the rules, regulations, and policies of the host institution.
3. I will become familiar with and abide by the laws of my host country or other countries I visit.
4. I will correspond with the Coordinator of the Study Abroad program regularly while overseas, and to remain in the city of residence whenever classes are in session except when given express permission by the same. I will also give the Coordinator of the Program written information in advance related to any travel plans or independent activities, including where I will be and when I will return.
5. I will respect the culture and ethnic differences of my host country and of the individuals I meet.
6. My personal conduct will be a credit to my country, NJIT, my family, and to myself.
7. I agree to stay for the full term of my host institution and not leave before classes are completed. If I choose to go early or stay later than the Program established dates, I will be responsible for all travel arrangements and additional expenses.
8. I will complete all papers, take all required examinations, read all texts, and attend classes as prescribed by my host institution.
9. If housing is provided by a host family or individual, I agree to abide by the policies and standards governing the household.
10. I understand it is my responsibility to prepare all papers to obtain passports, visas, and identification cards.

I understand participation in the NJIT Study Abroad Program carries with it the responsibility to comply with the academic standards, requirements, and policies of the institution, to respect the opinions and interests of all people involved in this endeavor and in general, to conduct myself in a manner bringing credit to me and to NJIT.

I certify that I have not, to the best of my knowledge, misrepresented any information supplied in this application.

Signature of Student: _____ Date: _____

Print Name: _____

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STATEMENT OF AUTHORIZATION, ACCEPTANCE AND CONSENT FOR STUDY ABROAD

Program: _____ Name: _____
Academic Year: _____ Date of Birth: _____
SS#: _____

The following agreement is designed to protect all participants in the Study Abroad Program, including but not limited to New Jersey Institute of Technology, The Foundation at NJIT, the Office of International Students & Faculty, agencies and educational organizations with which they contract for the provision of services for the Program, and their members, agents, servants, and employees, fellow participants in the Program, and host family members or institutions (hereinafter collectively referred to as "NJIT").

The undersigned, in consideration of the professional and educational enrichment and academic credit that he/she will derive from this educational experience, even though the said activity is not a requirement of my course of study, does hereby for themselves, heirs, executors, administrators and assigns (hereinafter collectively referred to as "I") agrees as follows:

1. **General Waiver, Release And Covenant Not To Sue:** I agree to waive, release, covenant not to sue and forever discharge NJIT from any and all manner of actions, causes or causes of action, including, but not limited to negligence, suits, debts, accounts, damages, claims and demands of whatsoever in law, admiralty, or in equity or otherwise, which I have or may acquire by reason of injury, damage or harm to person or property while participating in, arising out of, or connected with the Program.
2. **Medical Release And Emergency Treatment Consent:** I understand that any travel, highway travel, and travel within the United States and foreign countries involves some risk and that participation in the Program is entirely voluntary. I am aware that NJIT cannot assure participants in the Program that they will not be injured or exposed to dangers and risks that may result in serious injury, loss, harm, disease or illness, I have advised NJIT of any health and physical or psychological problems that I may. In the event of injury or illness to me, I authorize any official or representative of New Jersey Institute of Technology to secure medical treatment on my behalf in the event of a medical emergency, including surgery and the administration of an anesthetic, and I accept full financial responsibility for the same and agree to release NJIT, from any and all responsibility from any such medical claim, lawsuits, damages, expenses or liabilities.
3. **Indemnification:** I agree to defend, indemnify and hold harmless NJIT from any and all claims, demands, and/or causes of action, including reasonable attorney fees and court costs, arising out of my actions while participating in the Program or in connection with any accident or injury that may occur may occur during the activities associated with the Program.
4. **Insurance:** I understand that it is my responsibility to have adequate medical, accident, dismemberment, evacuation and repatriation insurance coverage. I have obtained this coverage and. I have obtained this coverage and have verified with my agent that it is valid overseas. I am able to provide documentation, which will be left with the Office of International Students & Faculty. I have also been advised that I should consider obtaining supplemental insurance such as: theft insurance, baggage insurance, trip cancellation and trip interruption insurance and trip delay insurance. I understand that it is strongly

recommended that I obtain the International Student Identity Card, which also carries limited coverage (cards and details available at the Office of International Students & Faculty).

5. **Operation of Motor Vehicles:** I agree that if I drive any motorized vehicle while abroad, I take full responsibility for all claims, damages, liability, lawsuits or injuries which may occur as a result of driving any motorized vehicle and agree to defend, indemnify and hold NJIT harmless against the same.
6. **Expulsion Policy:** I agree that upon the decision of New Jersey Institute of Technology, my participation in the Program may be terminated if I engage in action endangering me or others or jeopardizing the success of the Program, or do not abide by the rules set forth by the exchange institution. I acknowledge that the organizations involved in this Project have forbidden the use of drugs by the participants except for those prescribed by an examining physician and noted on the Medical Authorization form. I agree that if expelled from the Program, I will be responsible for all expenses incurred in returning to my point of origin. In the event of such termination, I agree that no refund of Program fees will be given.
7. **Host Institution Regulations:** I understand that while travelling or residing in any foreign country that I will be subject to the laws, rules, and law enforcement procedures of that country. Any violation of such laws is beyond the control of the Program or NJIT. I agree to abide by all rules and regulations regarding campus life, including absences from campus, as set out by the host institution, and by the laws pertaining to my student status.
8. **Refund Policy:** I understand that if I leave the Program once the Program has begun or tuition has been paid, there will be no refund (unless there is a medical condition certified by a medical doctor that warrants withdraw). If I am receiving financial aid, it is understood that full payment for tuition and program fees has been committed by me. Transcripts will be held until such payment has been made in full. I understand that my date of withdrawal will be determined by the postmark on my written notification of withdraw to the Program. Should I fail to make payment by the Program deadline or provide documentation of my financial aid, I understand that forfeit my privilege to participate in the Program.
9. **Permission To Share Information:** I give NJIT and my host institution abroad permission to communicate with each other and my parents or other emergency contact person (specified below) regarding all issues surrounding my study abroad experience. This may include but not be limited to my account information, student conduct issues, health and safety, or academics; such contact may occur before, during or after the Program
10. **Payment Deadlines:** I understand that my entire Program fee must be remitted no later than the due date on the Program bill, which I will receive upon acceptance, unless as a Financial Aid recipient, I submit one month before the due date documentation of my financial aid award for that year/semester. Further, if my financial aid funds do not cover the full amount of the Program fee, I will remit the difference to the Program by the deadline date. If I am a financial aid recipient, I agree to pay Programs fees promptly upon receipt of financial aid funds.

Signature of Student: _____

Signature of Parent or Legal Guardian of Minor: _____

Witness: _____

REQUEST FOR STUDY ABROAD COURSE ENROLLMENT

Student's Name

 Last Name First Name Middle Initial

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ EMail _____

ID Number _____ **Major** _____ **Current Status (circle one)**
 FR SO JR SR MS PHD

I hereby apply for permission to take study abroad for a minimum of 12 credits during the following semester:

Spring (200_) _____ Summer (200_) _____ Fall (200_) _____. **Please check one.**

_____ 200 _____ 200 _____
 Begin Date End Date Study- Abroad College/University name

_____ Address _____
Student's Signature _____ Date _____

The above student is in good standing at NJIT, has an overall GPA of _____

Signature: _____ Office of International Students & Faculty (OIS&F) Print Name _____ OIS&F Advisor Date: _____

Courses to be taken abroad
Dept. Course No. Title

Dept. Course No. Title	Credits Hours	NJIT Equivalent Course	Faculty Advisor Signature	Advisor Printed Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Academic Advisor Approval _____
 Signature _____ Printed Name _____ Date _____

Costs specific to the program

Residence Hall \$ _____
 Books \$ _____
 Transportation \$ _____
 Personal/Miscellaneous \$ _____
 Total \$ _____

This student has been advised of financial aid availability.

_____ Student Financial Aid Counselor's Signature _____ Printed Name _____ Date _____