

Name: _____

Warrior ID: _____

Non WSU Program

Pre-Departure Packet for Study Abroad

Contains:

- Instructions for Consortium Programs**
- Study Abroad Approval Checklist**
- Consortium Agreement**
- Academic Evaluation Form**
- General Information Form**
- Foreign Language Credit Transfer**
- Intended Courses on Return**

Study Abroad: Instructions for Consortium Programs

These instructions are for students who have been accepted into a Consortium Study Abroad Program. If you have any questions, contact the Study Abroad Office, Lourdes Hall 156, 457-2517

Required Forms: You will need to fill out the following forms:

- Study Abroad: Academic Evaluation Form
- Study Abroad Approval Checklist (for Consortium programs)
- Course Substitution Forms (Optional)
- Consortium Form (for students requesting financial aid)
- Study Abroad – General Information Form

Steps to Follow:

1. Academic Advisor/Departmental Approval of Courses:

- Make an appointment and have your academic advisor review the course descriptions and the credit evaluation on the Study Abroad Academic Evaluation Form.
- Have your advisor and/or the department chair evaluate General Elective/foreign language courses for course substitutions: Fill out Course Substitution Forms
- Have your Academic Advisor sign the Study Abroad Checklist.
- Plan your course of study for the semester you return (you'll be abroad when you register)

2. Registrar: Credit Evaluation:

- Make an appointment with Registrar in Somsen 114 Tel: 457-5031
- Fill out the Study Abroad: Academic Evaluation Form with Registrar (be sure to attach a copy of the course descriptions).
- Fill out Intent To Return Form (if gone for semester or more)
- Have Registrar evaluate the transfer of credits for your program (he will evaluate the number of credits and type of credits [Gen. Ed.; Gen Elective, etc]).
- Have Registrar sign the Study Abroad: Academic Evaluation Form.
- File an "**intent to return**" form in registrar's office

3. Financial Aid:

- Make an appointment with Mr. Greg Peterson in the Financial Aid Office (Somsen 108; Tel: 457-5090)
- When you go the appointment, be sure to take a complete cost list with you and the Study Abroad: Academic Evaluation Form.
- Mr. Peterson will revise your financial aid request to account for the cost of your study abroad program.
- Fill out the Consortium Form with Mr. Peterson; when you have completed the financial aid process, have Mr. Peterson sign the Study Abroad Approval Checklist; also you should get Mary Gundmundson's signature (Business Office – Financial Aid Disbursement)

4. Business Office: Go the Accounts Receivable Office and discuss arrangements for your billing.

5. Tech Support:

- Set date to return laptop computer with technical support.
- Inquire about retaining your student webmail account with the University.

6. Complete Study Abroad – General Information Form

7. Study Abroad Office: Kryzsko 126

- Take Study Abroad Approval Checklist to be signed by Study Abroad Director
- Turn in all completed forms to Study Abroad Office (Minne 120)

Study Abroad Approval Checklist
Consortium Programs

Name of Student: _____

Name/Location of Program: (Country) _____

Sponsoring Institution: (U.S.) _____

Type of Program:

Common Market

Consortium

Academic Advisor (Please review the Study Abroad Academic Approval Form and verify)

_____ (print)	_____ (signature)	_____ (date)
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Financial Aid Director – Somsen 108 (if applicable)

_____ (print)	_____ (signature)	_____ (date)
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Financial Aid Disbursement: Mary Gundmundson -- Somsen 206A (if applicable)

_____ (print)	_____ (signature)	_____ (date)
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Business Office – Accounts Receivable: David Thorn – Somsen 206B

_____ (print)	_____ (signature)	_____ (date)
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Study Abroad Director – C K Kwai – Kryszko 126

_____ (print)	_____ (signature)	_____ (date)
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Consortium Agreement Study Abroad

For the purpose of delivering student aid, this Consortium Agreement allows the student listed below to take credits at the Visiting School in a program of Study Abroad and have those credits used to determine an enrollment level at WSU. The agreement applies only to the specified period of the program of Study Abroad. The student must meet the Federal definition of a regular student at WSU and the credits must be transferable back to WSU at the completion of the period. The student must be enrolled at least half time at the Visiting School throughout this period.

STUDENT NAME: _____ WSU Warrior ID: _____

I plan to be enrolled as listed below and will inform Winona State University of any change in my plan. I intend to transfer these credits to WSU after conclusion of the enrollment. I authorize the Visiting School to release the result of my enrollment to the WSU Financial Aid Office and will provide this information directly if asked. I understand that this will not constitute official transfer of credits.

SIGNED BY STUDENT: _____ DATE: _____

--THIS SECTION TO BE COMPLETED BY THE VISITING SCHOOL--

HOME SCHOOL WINONA STATE UNIVERSITY 108 SOMSEN HALL PO BOX 5838 WINONA MN 55987 PHONE: (507) 457-5090 (507) 457-5628 CONTACT: GREG PETERSON	VISITING SCHOOL _____ _____ _____ _____ _____	FOREIGN SCHOOL OFFERING THE PROGRAM _____ _____ _____
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VISITING SCHOOL PERIOD OF ATTENDANCE: _____
PLEASE SPECIFY THE TYPE OF TERM (SEM, QTR, ETC): _____
NAME OF PROGRAM OF STUDY ABROAD: _____

START DATE: _____ END DATE: _____
STUDENT LEVEL OF ENROLLMENT DURING PROGRAM: _____

VISITING SCHOOL CERTIFICATION:
The above named student is registered or preregistered for the program of Study Abroad as listed. The Visiting School agrees to inform the Home School if a change in this enrollment occurs. Student aid is not being offered by the Visiting School to this student for this program of Study Abroad. The Visiting School is an eligible institution for participation in federal student aid as defined by federal regulation.

SIGNATURE FINANCIAL AID OFFICE VISITING SCHOOL: _____
PRINTED NAME: _____ DATE: _____ revised 5/04

Date:

Study Abroad: Academic Evaluation Form

Note: Attach a copy of course descriptions

Name _____	email _____
Current Address _____	Telephone# _____
Permanent Address _____	City _____ State _____
Permanent Telephone# _(____)____-_____	SS# _____

Program Information:

Name/Location of Program (country) _____

Sponsoring Institutions (U.S.) _____

Dates of Program: From _____ through _____

Type of Program:

WSU Credits/Transfer

Common Market

Consortium

Academic Information (conversion):

Semester I (Dates: _____)

Study Abroad Course	Credits	WSU Equivalent Course	WSU Credits

Semester II (Dates: _____)

Study Abroad Course	Credits	WSU Equivalent Course	WSU Credits

Confirmation of Transferability of Credit:

I have reviewed the course work contained in this program and am satisfied that if completed successfully, this course work would transfer to Winona State University.

Signature of WSU Registrar

Date

Study Abroad – General Information Form

Student Information:

Name _____ Campus E-mail Address _____
Current Address _____ Tel: _____
Permanent Address _____ City: _____ State: _____
Permanent Tel: _____ SS# _____
GPA: _____ Gender: _____ male _____ female WSU Credits Completed _____
Academic Status: _____ 1st year _____ sophomore _____ junior _____ senior
Major(s) _____ Minor(s) _____
Financial Aid: _____ yes _____ No

Program Information:

Name Location of Program: _____
Sponsoring Institution: _____
Type of Program: _____ WSU _____ Common Market _____ Consortium
Dates of Program: from _____ to _____
Total Number of Credits _____ Language Credits _____ Area Studies Credits _____

Emergency Information:

In case of emergency, notify the following: (provide information for 2 contact people)

Name: _____ Relationship: _____
Tel: _____ (work) _____ (home)
Name: _____ Relationship: _____
Tel: _____ (work) _____ (home)

Health Insurance Information:

I have health insurance coverage in the following form:

_____ International Student ID International Student ID# _____
_____ Other (Please specify company and contact information):

Duration of Program:

Summer: _____ Spring: _____ Fall: _____

Student Signature

Date

Foreign Language Department Credit Transfer for Studies Abroad

Before registering for a Studies Abroad Program students who wish to transfer credits should complete this form and consult with a Foreign Language faculty, (bring a copy of the program you wish to enroll in). In order to obtain a credit transfer the student must bring proof of a successful completion of courses (and bring back a syllabi, assignments, and, if possible, the textbook.

Student's Name: _____ Phone Number: _____
Status (Circle one): Freshman / Sophomore / Junior / Senior
Major: _____ Minor: _____

COURSES TAKEN ABROAD:

Name of the institution offering the program: _____

Course 1: Number and Title: _____
 Credits: _____
 Number of contact hours weekly: _____
 Number of weeks: _____
 Short description of the course content:

WSU Equivalent: _____

Course 2: Number and Title: _____
 Credits: _____
 Number of contact hours weekly: _____
 Number of weeks: _____
 Short description of the course content:

WSU Equivalent: _____

Course 3: Number and Title: _____
 Credits: _____
 Number of contact hours weekly: _____
 Number of weeks: _____
 Short description of the course content:

WSU Equivalent: _____

Student's signature: _____ Date: _____

Advisory Faculty's signature: _____ Date: _____

Department Chair's signature: _____ Date: _____

**Outline of Courses you will take
the semester of your return to WSU**

Term: _____ Year: _____

Dept/Course Number:	Course Name:

Student's Signature: _____

Advisor's Signature: _____