



## STUDY ABROAD REQUIREMENTS & APPLICATION PROCEDURES

### **Eligibility:**

All students who wish to participate in the the Stefannié Valéncia Kierlin Program in London, at St Mary's University Twickenham London must have a GPA of 2.7 or higher and minimum Sophomore status. Eligibility will also be based on recommendations & record of behavior at SMU. SMU application materials are due by April 5, 2024 to the Study Abroad Office. Questions should be emailed to [studyabroad@smumn.edu](mailto:studyabroad@smumn.edu).

### **Application Procedure:**

**1. Submit the entire program application booklet by April 5, 2024.**

- \_\_\_\_\_ Saint Mary's University Application (including essay and references)
- \_\_\_\_\_ Assumption of Risk and Release form
- \_\_\_\_\_ Insurance Verification
- \_\_\_\_\_ Health Information Form
- \_\_\_\_\_ Course Substitution Form (request module link from [studyabroad@smumn.edu](mailto:studyabroad@smumn.edu))
- \_\_\_\_\_ Student Conduct Agreement

**2. Ensure that your two reference forms are submitted by program deadline. Two are attached or you can share the Google form using the QR code.**

- \_\_\_\_\_ 1) Your Academic Advisor/Faculty Member
- \_\_\_\_\_ 2) Other Faculty Member or Hall Director



**3. Pay \$500 non-refundable program deposit payable to SMU. The deposit will be applied to students' tuition account after the program begins.**

### **Upon SMU acceptance a student will:**

1. receive an official SMU acceptance letter via email;
2. receive a link to St. Mary's University Twickenham's application. After completion, instructions for submitting the accommodation application and course (module) registration will be provided;
3. attend orientation sessions;
4. submit a copy of the first page of his/her passport to Study Abroad Office;
5. submit a copy of flight itinerary to the Study Abroad Office.

**It should be understood by all who are accepted into this program that they will comply with the local laws of the country and the rules and policies of Saint Mary's University of Minnesota.**



## STUDY ABROAD APPLICATION

***Student Information***

Study Abroad Program: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Campus Box # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid passport? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, passport # \_\_\_\_\_

Class standing: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

GPA \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

***In an emergency, parents/guardians may be reached as follows:***

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(Include area code) (Include area code)

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
(Include area code) (Include area code)

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

***In the case that parents/guardians are not available, please list the name of someone else to contact:***

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
(include area code) (include area code)

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any special needs which Saint Mary's needs to be aware of in order to determine appropriate academic accommodations? If yes, please explain:

***Please attach a brief essay stating the following:***

- 1) Describe why you selected the program you did and how it fits your academic and personal goals.
- 2) Describe any previous experiences you had living, traveling, or studying abroad.
- 3) Summarize how you have been involved on campus and any internships/jobs you have had.

***References***

Your advisor, a faculty member, and/or a hall director you indicate below need to complete a "reference form." Two are included in this application packet for you to distribute.

Academic Advisor/Faculty Member

Other Faculty Member or Hall Director

Name: \_\_\_\_\_

Name: \_\_\_\_\_

- I certify that the statements I have made on this application are true and correct and I will contact the Study Abroad Office with any changes or be subject to potential dismissal.
- I understand that the program deposit is not refundable under any circumstances if I am accepted into the program.
- Once the program begins, the amount of the deposit will then be credited to my tuition account.
- I agree to abide by the rules and policies of Saint Mary's University as well as host institution.
- I agree to abide by the laws of the country where the study abroad program is located.
- I hereby authorize my name, address, and telephone number to be distributed to other participants.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return all completed application materials to:

Saint Mary's University of Minnesota  
Study Abroad Office  
International Center, the Heights  
700 Terrace Heights #51  
Winona, MN 55987-1399  
Phone: (507) 457-6996  
studyabroad@smumn.edu



**STUDY ABROAD  
ASSUMPTION of RISK and RELEASE FORM**

*THIS IS A RELEASE OF LEGAL RIGHTS B READ AND UNDERSTAND BEFORE SIGNING.*

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(If Student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

Program: \_\_\_\_\_

In consideration of being allowed to participate in the Program specified above, I hereby agree as follows:

**1. Risks of Study Abroad.** I understand that participation in the Saint Mary's University of Minnesota Study Abroad Program specified above (the "Program") is voluntary and involves risk not found in study at Saint Mary's University of Minnesota (the "University"). These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters described on US Department of State's Travel.State.Gov. Website. I have read the country specific information, travel advisories and alerts for the country I plan to visit. Link here: <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html>. I understand that the University cannot guarantee my absolute safety during the program, cannot monitor my daily personal decisions, choices, and activities, cannot prevent me from engaging in illegal or risky activities if I ignore rules and advice from the University, cannot represent my interests if I am accused of illegal activities, and cannot ensure local adherence to United States norms of individual rights, political correctness and sensitivity, relationships between the sexes, and relations among racial, cultural, and ethnic groups. I have made my own investigation and am willing to accept these risks.

**2. Institutional Arrangements.** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, apartment building, apartment manager, or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

**3. Independent Activity.** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities. I accept all risks associated with this independent travel and release the university from any and all liability associated with it.

#### **4. Health and Safety.**

A. I have consulted with a medical doctor about my personal medical needs. No health-related reasons or problems exist which preclude or restrict my participation in this Program.

B. I am aware of all applicable personal medical needs. I am and will be covered, during the Program, by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses I sustain or experience while studying abroad. Said insurance will specifically provide coverage for injuries or illnesses sustained or experienced in the countries in which I will be living and/or traveling during the Program.

I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I require medical treatment or hospital care, in a foreign country or in the United States, during the Program, the University is not responsible for the cost or quality of such treatment or care.

C. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions. I specifically grant the University permission to authorize emergency medical treatment for me, if necessary. I release the University from all responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

#### **5. Standards of Conduct.**

A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University=s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.

B. I will comply with the University=s rules, standards and instructions for student behavior in the Program. I will also comply with the University=s general rules, standards, policies and procedures for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

C. I agree that the University has the right to enforce, in its sole judgment, the standards of conduct described above. I agree that the University may impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, or other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. I understand that if I am expelled from the Program, the University may refer me to the appropriate University officials for further disciplinary or other action. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

D. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

**6. Program Changes.** The University reserves the right to make cancellations, substitutions or changes to the Program at any time for any reason, with or without notice. I understand that the University's fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays, delayed or changed departure or arrival times, fare changes, dishonors of hotels, airline or vehicle rental reservations, missed carrier connections, sickness, injuries, weather, strikes, acts of God, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, bankruptcies of airlines or other service providers, unforeseen causes, and circumstances beyond the University's control. If weather, flight schedules or other uncontrollable factors require me to incur additional hotel, meal, airline, or other expenses, I will be responsible for said expenses. My baggage and personal property are my sole responsibility.

If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

The University reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to departure and, in its sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States, if the University determines or believes that any participant is or will be in danger if the Program or any aspect thereof is continued.

**7. Assumption of Risk and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Saint Mary's University of Minnesota, its trustees, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

This agreement will become effective only upon receipt of my application for the Program by the

Saint Mary's University of Minnesota at its offices in Minnesota and will be governed by the laws of the state of Minnesota, which will be the forum for any lawsuits filed under or incident to this agreement or to the Program.

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Signature of Student

Date

I (A) am the parent or legal guardian of the above Student, (B) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility), (C) am and will be legally responsible for the obligations and acts of the Student as described in this Release Form, and (D) agree, for myself and for the Student, to be bound by its terms.

---

Signature of Parent/Guardian

Date

(If Student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

Return all completed application materials to:

Saint Mary's University of Minnesota  
Study Abroad Office  
International Center, the Heights  
700 Terrace Heights #51  
Winona, MN 55987-1399  
Phone: (507) 457-6996  
studyabroad@smumn.edu



**Saint Mary's  
University**  
*of MINNESOTA*

## **STUDY ABROAD INSURANCE VERIFICATION**

Student Name: \_\_\_\_\_

**NOTE:** All students are required to have adequate medical coverage while overseas. When traveling outside of the United States, it is recommended that you take health insurance claim forms with you in the event of an illness or accident. If medical attention is required, the claim form should be completed by the physician and/or hospital staff. A receipt for billing, written in American dollars, should also be obtained. Should you not have a claim form, a complete billing statement indicating the specific illness diagnosed, specific medical services performed, and a detailed cost breakdown is needed. You should check with your health insurance company for particulars:

- Emergency Medical Evacuation
- Emergency Family Bedside Visit
- Repatriation of Remains

If you don't have these insurance coverages, or cannot obtain a rider for the existing policy, please contact the Study Abroad Office.

Name and address of insurance company: \_\_\_\_\_

Holder of the policy: \_\_\_\_\_

Employer (if insured through employer): \_\_\_\_\_

Policy number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(If the student is under 18 years of age, a parent or legal guardian must also read and sign this form).

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**Saint Mary's  
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## STUDY ABROAD HEALTH INFORMATION FORM

NAME \_\_\_\_\_

The purpose of this form is to help the Study Abroad staff be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that staff be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The Study Abroad Program may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

### MEDICAL HISTORY

Yes \_\_\_ No \_\_\_ 1. Are you generally in good physical condition? (If no, please explain.)

Yes \_\_\_ No \_\_\_ 2. Have you ever been treated or are you currently being treated for any psychological, emotional or chemical abuse conditions?  
(If yes, please explain.)

Yes \_\_\_ No \_\_\_ 3. Do you have any allergies? (If yes, please explain.)

Yes \_\_\_ No \_\_\_ 4. Are you taking any medications? (If yes, please explain.) If you are, we encourage you to check with your physician to be certain that you can obtain this medication overseas.

Yes\_\_\_ No\_\_\_ 5. Have you had any major injuries, diseases, or illnesses in the past five years?  
(If yes, please explain.)

Yes\_\_\_ No\_\_\_ 6. Do you have any dietary restrictions or considerations (i.e., diabetic, vegetarian, ulcer)? (If yes, please explain.)

Yes\_\_\_ No\_\_\_ 7. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for staff to be aware of during your study abroad experience? (If yes, please explain.)

Please be advised that all students are required to have adequate medical coverage while overseas. Refer to the Insurance Verification Form enclosed for more information.

I certify that all responses made on this Health Information Form are true and accurate, and I will notify the Study Abroad Office of any relevant changes in my health that occur prior to the start of the program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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## STUDY ABROAD COURSE SUBSTITUTION FORM

Name: \_\_\_\_\_

Study Abroad Program: \_\_\_\_\_ Semester: **Fall**   **Spring**   **Both**   (Please check one)

**To the student:** Write down the course/module # and title of each study abroad course/module you wish to take. Then meet with the appropriate person(s) for pre-approval of course substitutions. If you are seeking substitutions for you major(s) or minor(s), meet with that department chair. Meet with the Associate Dean of General Education (Integratus) or the Director of the Lasallian Honors Program (Honors courses) to request approval for course substitutions.

**To the Department Chair, Director of Academic Advising, or Director of the Lasallian Honors Program:** If you approve the substitutions suggested, please indicate the approved course substitution and whether it would substitute for a Major, Minor or Integratus requirement. Please sign, date and return to the student.

Study Abroad Courses/Modules (# and title)	Approved SMU Course Substitutions	Indicate for Major/Minor/Gen. Ed	Signature and Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

**Return to:**  
International Center, the Heights, Campus Box 51  
Study Abroad Office - ([www.smumn.edu/studyabroad](http://www.smumn.edu/studyabroad))



**Saint Mary's  
University**  
of MINNESOTA

## STUDY ABROAD STUDENT CONDUCT AGREEMENT

I understand that the following conduct is unacceptable, and that engaging in any of this conduct constitutes grounds for dismissal from the program at the sole discretion of the Program Director. In the event of dismissal, I understand I will be returned to the United States at my own expense.

- Any use of and/or any involvement with illegal drugs or abuse of any illegal drugs.
- Behavior that disturbs other students in the program, people near the student's accommodations or people on campus. This behavior may include, but is not limited to, boisterousness, rowdiness, drunkenness, obscene or indecent conduct or appearance, or vulgar, profane, lewd, or unbecoming language.
- Abuse of alcohol.
- Sexual harassment or sexual assault
- Violations of local laws and/or Saint Mary's University of Minnesota Rules & Policies.

In the event I am dismissed from the Study Abroad Program, I will not be entitled to a refund of any monies paid for or in connection with the Program.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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## STUDY ABROAD REFERENCE FORM

Applicant's name \_\_\_\_\_ Date \_\_\_\_\_

The student named above is applying for the Saint Mary's University of Minnesota Study Abroad Program in \_\_\_\_\_. The Study Abroad Office appreciate a frank appraisal in regards to the applicant's ability to successfully study in a foreign environment. Thank you for your assistance. Please return to the SMU's Study Abroad Office.

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

2. Please rate the applicant on his/her academic attributes:

	Excellent	Good	Fair	Poor	Unknown			
Competence in major.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Academic interest & motivation.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Capacity for independent study.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Resourcefulness.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Reliability.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Communication.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)

Comments:

3. Please rate the applicant on his/her non-academic attributes:

	Excellent	Good	Fair	Poor	Unknown			
Level of maturity.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Coping skills.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Self-confidence.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Interpersonal skills.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Emotional stability.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Open-mindedness.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Integrity.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)

Comments:

4. Indicate below your evaluation of this applicant's chances for success (both academic and non-academic) in the Study Abroad Program. Include the applicant's strengths and weaknesses.

5. I recommend this applicant for participation in the Study Abroad Program:

- Without reservations
- With minor reservations
- With major reservations
- I do not recommend the applicant at this time

Comments:

Name of evaluator (please print): \_\_\_\_\_

Signature of evaluator: \_\_\_\_\_

Title and Department: \_\_\_\_\_

Date: \_\_\_\_\_

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Comments:

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	Excellent	Good	Fair	Poor	Unknown			
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Coping skills.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Self-confidence.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Interpersonal skills.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Emotional stability.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Open-mindedness.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
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Comments:

4. Indicate below your evaluation of this applicant's chances for success (both academic and non-academic) in the Study Abroad Program. Include the applicant's strengths and weaknesses.

5. I recommend this applicant for participation in the Study Abroad Program:

- Without reservations
- With minor reservations
- With major reservations
- I do not recommend the applicant at this time

Comments:

Name of evaluator (please print): \_\_\_\_\_

Signature of evaluator: \_\_\_\_\_

Title and Department: \_\_\_\_\_

Date: \_\_\_\_\_

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