Study Abroad Application Instructions
Colorado School of Mines

CSM Reciprocal Exchange
And Study Abroad Programs

Office of International Programs
Ben Parker Student Center
Tel. (303) 273-3210
https://oip.mines.edu/

Deadlines: Academic Year and Fall Term: March 1. Spring Term: October 15.
All deadlines are subject to change based on scholarship and institution deadlines. You should start the
application process 2 semesters before you want to leave.
Applications will be evaluated on the basis of a student’s academic transcript, quality and depth of the
personal essay, faculty recommendation, and language evaluation (if applicable). In addition, students must
be in good disciplinary standing with the university for consideration. A personal interview may be
required. Admission to study abroad is not guaranteed.

Application Requirements: (Check off as completed)

☐ Passport: Apply for this immediately. You must have your passport in hand to apply for a visa.
Attach a copy of your passport, even if a visa is not required.

☐ CSM Application Form, Waivers, and Releases: Please type or print clearly using black or blue
ink. Be certain to sign and date the application before submitting it to us.

☐ Prior Approval Form: Obtain approval from advisor, department heads, and the Registrar.

☐ Recommendation Letter: Have one faculty member who is familiar with your performance in the
classroom write a recommendation letter. It is your responsibility to ensure that recommendation is
submitted to the Office of International Programs by the deadline.

☐ Official Transcript from CSM: Transfer students must also provide a copy of transcripts from all
schools previously attended. OIP will obtain your CSM transcript.

☐ Personal Essay: A one-page (minimum) essay addressing why you want to study abroad in your
chosen program(s), why you are a good candidate, and how this experience will contribute to
meeting your overall academic and career goals.

☐ Host University Application: Be sure to spell check this before you turn it in. If you do not have
clear handwriting, please type.

☐ Language Evaluation Form: Students who are applying to non-English speaking programs ONLY

☐ Visa Application: If you are accepted and a Visa is required, OIP will assist you in preparing the
paperwork and mail the application.

☐ Non-refundable $75 application fee: Billed to your account the semester that you leave.

Return all materials by the deadline to:
Colorado School of Mines
Office of International Programs
1200 16th St, Suite E110, Golden, CO 80401
oipgradassist@mines.edu
# Application for Study Abroad

Colorado School of Mines Reciprocal Exchange and Study Abroad Programs

## Permanent Contact Information:
- **CWID:** _____________________________________
- **Last Name:** _________________________________
- **First Name:** _______________________ **MI.** _____
- **Preferred Name:**______________________________
- **Permanent Address:** ___________________________
  _____________________________________________
- **City:** ____________________________ **State:** _____
- **Zip Code:** ________________________________
- **Telephone:** ________________
- **CSM Email:** _______________ @mines.edu
- **Alternative Email:** ____________________________

## Personal Information:
- **Date of Birth:** _______/_______/_______
  
  **Month** \ **Day** \ **Year**
- **Gender:**    
  - □ Male  
  - □ Female
- **Marital Status:**    
  - □ Single  
  - □ Married
- **Tuition:**    
  - □ In state  
  - □ Out of state
- **Citizenship:**    
  - □ US Colorado Resident  
  - □ US Out of State Resident  
  - □ Non-US Citizen  
  - **Country:**________
- **Other fluent languages:** ________________________
- **Passport #** ________________ **Country:**________
- **Expiration Date:**____________

## Emergency Contact Information:
- **Name:** _________________________________
- **Relation to you:**_________________________
- **Does he/she have a valid passport?** □ Yes  □ No
- **Day Phone:** ______________________________
- **Home Phone:** ______________________________
- **Cell Phone:** ______________________________
- **Email:** _____________________________________

## Current Campus Information:
- **Local Address:** ___________________________
  _____________________________________________
- **City:** ____________________________ **State:** _____
- **Zip Code:** ________________________________
- **Local Address valid until:**____________ **Mo/Day/Year**
- **Major:** ______________________  
  - □ FR  
  - □ SO  
  - □ JR  
  - □ SR  
  - □ GR
- **Minor:**________________________
- **Anticipated Graduation:**  
  - □ Fall 20____  
  - □ Spring 20____  
  - □ Summer 20____
- **CSM Cumulative GPA:** ______

## Program Information:
- □ Study Abroad  □ Exchange
- **Host Institution:** ______________________________
- **City and Country:** _____________________________
- **Length of Program:** □ Semester  □ Year  □ Summer
- **Term of Study:**  
  - □ Fall 20____  
  - □ Spring 20____  
  - □ Summer 20____
- **Standing while Abroad:**    
  - □ FR  
  - □ SO  
  - □ JR  
  - □ SR  
  - □ GR

## Financial Information:
- □ Do you receive financial aid?  
  - □ Yes  □ No
- □ Do you receive any scholarships?  
  - □ Yes  □ No
- **Please List:** ____________________________ 
  _____________________________________________

## Fees:
I agree to pay the following fees, as appropriate to my program of study
- □ $25.00 Application Fee  
  - □ $50.00 Postage/mailing
- □ $600.00 Non-exchange program fee
- □ $50.00 Late Fee (missed application deadlines of October 15 or March 1)

**Initials:**______
Please read and initial the following statements:

### Health Information
(This information will be kept confidential.)

The stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. Therefore, if you have a physical or psychological condition of which you are currently receiving treatment, or have received treatment in the past, it is important that you share this information with a education abroad advisor and that you meet with your physician or counselor to discuss how studying off campus could affect your medical condition. Addressing your health issues prior to studying abroad will help you to identify those resources that will and will not be available at your program site.

Initials:__________________

Are you currently under medical treatment for any reason?  
☐ Yes  ☐ No

Are you currently seeing a psychologist or a physician for an emotional, nervous, or mental condition?  
☐ Yes  ☐ No

Do you have allergies, dietary restrictions, or physical or learning disabilities about which we should be aware?  
☐ Yes  ☐ No

Are you currently taking any medication prescribed by a physician?  
☐ Yes  ☐ No

If you answer “yes” to any to the questions please attach a separate page describing the condition and the treatment you receive.

### Disciplinary Information

If you answer, “yes” to any of the following questions, please explain on a separate page.

Are you currently on Disciplinary Probation?  ☐ Yes  ☐ No

Have you ever been subject to disciplinary action at CSM or another college or university?  ☐ Yes  ☐ No

Have you ever been suspended or expelled from a college or university?  ☐ Yes  ☐ No

Have you ever been convicted of a felony?  ☐ Yes  ☐ No

Please be aware that you are expected to maintain good disciplinary standing at all times. If you are accepted to an education abroad program, failure to maintain good standing will result in the cancellation of your acceptance status.

### Transcript Release

I grant permission to the host institution(s) identified under “Program Information” on the front of this form to monitor and report my academic progress and to report my progress and any other relevant information regarding my programs, including my grades and official copies of my final transcript to the Office of International Programs, for the purpose of verifying my continued satisfactory academic progress and to facilitate the transfer credit process. I understand that if I so request, the Office of International Programs will provide me with a copy of the records disclosed herein.

I also understand that upon release of information to my host institution, the Office of International Programs will not be responsible for any act or breach of confidence by the above-mentioned institutions or their representatives. This consent is to be effective for the entire duration of my studies at Colorado School of Mines, and for three years thereafter, or until I provide the CSM Office of International Programs with written notice of revocation of this consent, whichever comes first. I understand that if I submit a written revocation, CSM/Office of International Programs will send a copy to the parties requesting information.

Initials:__________________

### FERPA Release
(Family Programs Rights and Privacy Act)

If you wish for the Office of International Programs to be able to discuss any of the topics listed below with your parents/guardians or other designated individual, you must provide permission for us to do so in writing.

I, ________________, give my permission to the Office of International Programs at Colorado School of Mines to release information to the persons listed below, regarding my:

☐ Health (in the event of an emergency and the OIP is contacted by my education abroad program)
☐ Registration for semester I return to CSM;

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<th>Name</th>
<th>Relationship/Phone Number</th>
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<td>3.</td>
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</table>

Please see an education abroad advisor if you need further explanation of this information.

Initials:__________________
Student Responsibility Statement

Please initial (or check) in the space provided before each statement to indicate your understanding and willingness to comply with the statement.

____ I understand that I will be allowed to participate in the CSM education abroad or international service-learning program as long as I maintain satisfactory academic and judicial records. Acceptance into an individual program, however, is subject to the specific program’s qualifications including minimum G.P.A. requirements.

____ I understand that whenever possible I will obtain advance course approvals for courses taken abroad

____ I understand that I must attend the pre-departure orientations and academic classes.

____ I understand that it is my responsibility to work with the Office of International Programs and the Financial Aid Office to ensure that the financial obligations of the program are understood and that the proper paperwork has been completed prior to my departure for the program.

____ If I wish to claim a disability, I understand that it is my responsibility to submit a request for any accommodations for which I may be eligible while studying overseas through the CSM Office of Student Services.

____ Furthermore, I understand that I am responsible for working with the appropriate CSM staff and international program staff to develop an action plan on how I will accommodate my disability while studying overseas.

____ Furthermore, I understand that the legal mandates that protect a person with a disability in the United States do not extend beyond the borders of the United States. I understand that working with the appropriate offices at CSM, I should research the programs and services available at the host institution well in advance of my arrival.

____ I understand that it is my responsibility to determine if I am required to obtain a student visa to participate in the program and that if I do need a visa that I will apply for it in a timely manner.

____ I understand that CSM requires that I obtain an International Student ID card (ISIC).

____ I understand that I must carry health insurance as required by CSM and/or the participating institution and that it is my responsibility to understand how this insurance covers me while I am abroad. I also understand that if I do not provide the OIP with proper proof of insurance I will be considered absent from CSM since I am not on an approved trip.

____ I understand that I will obtain credit for previously approved courses taken abroad so long as I earn a grade that is equivalent to a CSM grade of “C” or better. Credit earned abroad at an approved exchange or education abroad program will not be calculated into my CSM cumulative G.P.A.

____ I understand that after completion of my education abroad program it will take at least 2 months to receive a transcript from my education abroad institution.

____ I understand that I will obtain a letter grade for an international service-learning program and if I am participating in a CSM program or an affiliated program, these grades will appear on my CSM transcript, and will be calculated into my CSM overall G.P.A. That is, courses that are part of the official CSM course catalogue will be figured into my G.P.A., i.e. CSM faculty course as part of the McBride Honors Program, EPICs, or other CSM initiatives.

____ I understand that academic credit is only awarded if the university and program are accredited and the transcript is an official document of the university.

__________________________________________________ ____________________________________
Signature                                                                                                             Student ID#

__________________________________________________ ____________________________________
Print Name                                                                                                           Date
This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age).

I fully recognize that there are dangers and risks to which I may be exposed by participating in the activity described on Exhibit A which is attached to and incorporated in this Release (the "Activity").

These risks may include, but are not limited to, personal injury or death, and property damage or loss as a result of traveling to and from and within the United States, 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, sanitation and weather conditions.

I understand that Colorado School of Mines ("CSM") does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and the requirement that I sign this Waiver and Release of Liability. I have read the United States Department of State (www.state.gov) consular information about the countries of travel and the Center for Disease Control Travelers' Health recommendations (http://www.cdc.gov/travel) for any applicable immunization or health risks and incorporated this information into my decision to participate in the Activity.

I affirm that I have consulted with a medical doctor with regard to my personal medical needs and that there are no health-related issues which preclude or restrict my participation in the Activity. I affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

With informed consent, and in consideration of permission to participate in the program and assistance provided by CSM, I agree to assume all of the risks and responsibilities in any way arising from or associated with the Activity, and I release CSM, the Colorado School of Mines Board of Trustees, the State of Colorado, the State of Colorado Risk Management, and all current and former employees, officials, representatives, agents and volunteers of each of those entities (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, occurring after the date of this Release, whether known or unknown, contingent or fixed, at law or in equity (collectively “Liabilities”), that I may suffer at any time arising from or in connection with the Activity, including but not limited to any injury or harm to me, my death, or damage to my property.

I further agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities incurred by any other person as a result of my actions or omissions in connection with the Activity, including but not limited to any injury or harm to another, another’s death or injury to another’s property.

I agree that this Release shall be governed for all purposes by Colorado law. Notwithstanding anything herein to the contrary, I understand that all terms and conditions of this Release shall be construed or interpreted as consistent with, and not a as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions of the "Colorado Governmental Immunity Act", Section 24-10-101, et seq., CRS, as now or hereafter amended and that any claims for injuries to persons or property arising out of negligence of the State of Colorado, its departments, institutions, agencies, boards, officials and employees is subject to the provisions of Section 24-10-101, et seq., CRS, as now or hereafter amended and the risk management statutes, Section 24-30-1501, et seq., CRS, as now or hereafter amended.

I agree that should any provision of this Release be found to be unenforceable, that all remaining provisions of the Release will remain in force and effect.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Releasor's Signature __________________________________________ Date ______________

Releasor's Name (Printed) __________________________________________
STUDENT INFORMATION RELEASE FORM

I, __________________________, hereby authorize the **Office of International Programs**
(Student Name – please print)    (Name of office or entity that is custodian of record)

to disclose, make accessible, and furnish the following information:
   Copy of passport, ISIC Card, Insurance information

TO: US Government officials in the event of an emergency
   _____ Local government officials in the event of an emergency
   _____ Insurance Company in the event of an emergency
   _____ Other as specified: __________________________________________
   __________________________________________

These records will be used for the sole purpose of addressing emergency concerns while I am
participating in a faculty sponsored, study abroad, or other authorized international activity.

This release shall be effective until _________________ _________ unless revoked by me in writing.
   (Date of return to the United States)

___________________________________________________ ______________________
   Student ID number   Student Signature   Date

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**THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE
STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF
THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT
PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATION.**
Health Insurance Form

Name:_______________________        CWID:____________________

Do you have Mines Health Insurance?

☐ Yes    ☐ No

If no, what is your service provider?

Service Provider:________________________________________________________
Policy Number:__________________________________________________________
Policy Holder:___________________________________________________________

If you do not have Mines Health Insurance, you need a letter from your insurance company stating that you will be insured during your study abroad period, and that you have medical evacuation and repatriation benefits.

COLORADO SCHOOL OF MINES
REQUEST FOR TRANSCRIPT         PLEASE PRINT         Date:_______

Last Name        First        Middle        Maiden
_________________________________________________________

Student ID Number or SSN        Contact Phone Number
_________________________________________________________

Mailing Label:
Print names and address clearly inside the box to assure delivery

NAME:
_________________________________________________________

STUDENT’S SIGNATURE:__________________________________________

NO. OF COPIES:_______        Circle One
☐ Pick-Up        SEND NOW
☐ Mail (One Request Form per Address)        SEND AFTER GRADES POSTED
☐ Mail (One Request Form per Address)        SEND AFTER DEGREE POSTED

For Office Use ONLY:
TOTAL FEE:__________        INITIALS:______
Colorado School of Mines
Undergraduate Prior Approval Form

Name ______________________________ CWID __________ __ Date ___________
Terms Abroad: Fall Spr. Summer of Year ________ MAJOR ______________
Host University ______________________
Class standing (FR, So, etc)_______________

(Attach course descriptions from Foreign University)

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<th>Course name/Number</th>
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<th>CSM Equivalent</th>
<th>CR Hrs</th>
<th>Instructor sig. (1)***</th>
<th>Registrar Credits</th>
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Transfer credit is based upon a review of the course syllabus, classwork and examinations, if necessary. Note: an official transcript from the institution with grades in the above courses to be transferred must accompany this form for final credit. Transfer credit is only awarded for grades of a “C” or better.

(1) If requested by Department Head or Academic Advisor

***Faculty may record additional requirements on the back

Approval Signatures

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Final Approval sent to Registrar on: ________________________ By ________________________
International Student Identity Card (ISIC)

Please indicate which card you are applying for:

☐ Student (ISIC)  ☐ Teacher (ITIC)  ☐ Youth(IYTC)

Personal Information:

Name (Last, First)

Colorado School of Mines

Institution/School

Expected Grad. Date (MM/YY)

Date of Birth: Month________ Day________ Year_______

________________________________________

CWID

Email Address

Local Address

Purpose of Travel/Destination

Payment of $25:

☐ Cash  ☐ Check payable to CSM-OIP

Terms and Conditions: I hereby certify that this information is true and understand that any false statements on my part may result in forfeiture of all card benefits.

____________________

Signature

Date

For Office Use Only:

Card Number:

☐ Paid

Check Number:______________  Receipt Number:____________________

Date Made:__________________

Date Entered into Excel:______________