



Office of International Programs
2700 Evergreen Pkwy NW, LIB 2153, Olympia, WA 98505
Tel: 360-867-6421 Fax: 360-867-5343

Application to Study Abroad – Consortium Programs

Purpose of this Form:

1. To indicate your current plan to study abroad through an Evergreen Consortium Partnership Program.
2. To confirm your understanding of important Evergreen policies about consortium study abroad.
3. To confirm your signed approval for a student conduct background check.

Name: _____ Phone: _____

Student ID number: _____ Email: _____

I intend to study abroad through the following Evergreen approved Consortium Partnership Program:

First Choice _____ Country _____

Second Choice _____ Country _____

Semester/Years: ___ FA Semester ___ SP Semester ___ SU Term Year(s) _____

Quarters/Years: ___ FA ___ WI ___ SP ___ SU Year(s) _____

How is this program a good choice for your educational goals? _____

What was your first quarter/year at Evergreen? _____

Attach a copy of your Academic History printed from your my.evergreen.edu account. ___ Printout attached.

I ___ will be ___ will NOT be on Evergreen Financial Aid (receiving grants and/or loans) while abroad.

Study Abroad Procedures and Forms:

All students who wish to study abroad via an Evergreen Consortium Partnership must complete the following:

1. Evergreen Application to Study Abroad/Authorization for Student Conduct Review & Release of Record
2. External consortium application process
3. Evergreen Consortium Enrollment Agreement
4. Evergreen Student Health Review Form
5. Emergency Information Summary Form for Staff, Faculty & Providers
6. Evergreen Travel Waiver Form
7. Participate in the required Evergreen Study Abroad Predeparture Orientation Workshop.
8. Provide Proof of Medical Insurance that meets minimum requirements while studying abroad.
9. Pay the Study Abroad Administrative Fee (\$100) and the Consortium Enrollment Fee (\$400 per semester)

Study Abroad Policies for Consortium Study

I understand that:

- I must be fully admitted to Evergreen to participate in consortium study. _____initials
- I must have completed at least one Evergreen interdisciplinary program prior to consortium study. _____initials
- Evergreen will complete a student conduct check as part of the study abroad approval process _____initials
- Evergreen will complete external consortium approval forms on the basis of the conduct check. _____initials
- I am limited to one 12-month period of consortium study combined. _____initials
- I am limited to one single enrollment in the Wildlands Studies consortium, per Academic Dean policy. _____initials
- Only non-U.S.-based programs are eligible for consortium agreement. Domestic programs are not eligible. _____initials
- I must be concurrently registered with an Evergreen CRN for each quarter of consortium study. _____initials
- I may not register for any other Evergreen programs, courses, or contracts while on consortium study. _____initials
- I must complete all required Evergreen forms and processes prior to final approval for registration. _____initials
- I must pay the non-refundable **\$100 Study Abroad Administration Fee** when submitting this application. _____initials
- I must pay the non-refundable **\$400 Consortium Enrollment Fee** for each semester of registration. _____initials
- I must seek Evergreen approval before withdrawing from any consortium courses before end of term. _____initials
- I must earn grades of C or higher for credit to transfer to Evergreen. Grades of C- or lower do not earn credit. _____initials
- I must ensure that final consortium transcripts are sent to the Evergreen Admissions Office to be evaluated. _____initials
- Semester and other non-quarter-based credits convert to quarter credits according to established formulas. _____initials
- Semester credits convert at a 1.5 ratio typically (16 semester credits = 24 quarter credits), but other systems exist, and these result in varying totals of quarter credits. Partial credits may be rounded up (22.5 becomes 23). _____initials
- I will request additional FAFSA loans through Evergreen, and not through the consortium program. _____initials
- Financial aid awards will be disbursed first to my Student Account, and then to me via bank transfer. _____initials
- I must pay the consortium directly through disbursed funds. Evergreen will not pay the consortium on my behalf. _____initials
- I am responsible for consortium program costs, including those incurred according to their cancellation policies. _____initials

Student Conduct Review for Study Abroad Eligibility

My signature below indicates approval for the Student Conduct Office to release my student conduct record for the purpose of assessing eligibility for study abroad. Conduct information may be shared with Evergreen staff or faculty, or with external partnership professionals if pertinent to the study abroad program or the safety of related staff, faculty, or participants. I understand that this information will be used as one component in considering my suitability for college-approved study abroad.

The information approved for release by my signature includes: the date of the incident(s), violation(s), sanction(s), and status of sanction(s) for which I was found responsible, if any. This release is in effect from the time of application through the completion of this study abroad program.

A minor violation should not negatively affect the outcome of my application. However, a major violation, repeated violations, escalating violations, violations that occur close to the planned leave date for the program, and/or an unresolved sanction(s) may have a negative impact.

Student conduct issues vary from one individual to another. I understand that if I have concerns about my student conduct record, I may discuss those with the Student Conduct Office, the Office of International Programs, or other advisors. I further understand that approval to participate in study abroad programming may include completion of a Behavioral Agreement for Study Abroad, depending on the nature of my student conduct history

Finally, I understand that if I am found responsible for conduct violation(s) after this initial review, I must inform the Office of International Programs immediately.

Student Signature _____ Date: _____

Parent/Guardian Signature, if for a minor. _____ Date: _____

Please turn this completed form in to the Office of International Programs (OIP) in one of the following ways:

- Scan and email to Ms. Seel Jang at jangs@evergreen.edu;
- Drop it off in person at the OIP offices, Library 2153, inner office Lib 2128 or 2137.
- Fax to 360-867-5343, Attention Ms. Seel Jang, OIP

You must also pay the \$100 Study Abroad Administrative Fee via your My.evergreen account at time of application.