

GEORGIA STATE UNIVERSITY
STUDY ABROAD PROGRAMS

ACCEPTANCE PACKET



Dear Student,

**Congratulations on being accepted to a Georgia State University study abroad program!
Please make sure you complete all the steps on the checklist below.**

Student Checklist

_____ Pay deposit by deadline _____

_____ Register for course(s) and pay tuition on GOSOLAR

_____ Apply for Passport. All US citizens must have a valid passport in order to travel outside the US.

These can be obtained through the United States Postal Service. Visit their website at www.usps.gov/passport for information. Currently, new passports cost \$97 and renewals cost \$67. Allow 10+ weeks for processing. If your passport's expiration date is any earlier than 6 months after your planned return date, you will need to renew your passport before departure. This can be done by mail. See the State Dept. Passport Web Site at <http://travel.state.gov/index.html> for a downloadable form to renew by mail.

_____ Check Study Abroad Programs website for scholarship opportunities, events, and other useful information (www.gsu.edu/studyabroad)

_____ Have Physician's Certificate completed (*included in this packet*)
(Don't wait until the last minute to do this! If you use the GSU Clinic, please have Health Travel History Form (*included in this packet*) completed upon arrival to Clinic.)

_____ Complete Student Data Sheet and submit to Program Director (*included in this packet*)

_____ If you are planning to use financial aid (including HOPE) to study abroad, go by the One Stop Shop to complete the Intent to Study Off Campus form and Summer Application for financial aid.

_____ Pay program balance by deadline _____

_____ International students who hold F-1 visas must contact the Office of International Students and Scholar Services at 404-413-2070 (252 Sparks Hall) to discuss the possible implications of study abroad for their immigration status.

_____ If you are a transient student, follow all the steps listed in the attached guide for transient students.

_____ Locate destination of travel on a map! Research country before arrival!

GEORGIA STATE UNIVERSITY STUDY ABROAD STUDENT DATA SHEET
PARTICIPANT DATA SHEET / CREDIT APPROVAL / TRANSIENT AUTHORIZATION

1) Student Information To be completed by student. Please print clearly and fill in all fields.

Name _____ Panther# _____
Last First Middle

Local Address _____ Local Phone _____
Street or P.O. Box complete phone number

_____ Perm. Phone _____
City State Zip complete phone number

Permanent Address _____ GSU email _____ @student.gsu.edu
Street or P.O. Box

_____ other email _____
City State Zip Country (if not U.S.)

Please circle one option for each of the following:

Ethnicity: American Indian Asian or Pacific Islander Black, African American Hispanic Multiracial White

Gender: Male Female **International Student?** Yes No **Residency:** GA Resident non-GA Resident

Academic level during study abroad: Freshman Sophomore Junior Senior Graduate

Degree-seeking student at: Georgia State University OR transient student from: _____

Degree _____ **Major** _____ **Minor** _____ **Concentration** _____

Please provide information for two local emergency contacts (family members, etc.):

Name _____ Name _____

Relationship _____ Relationship _____

Phone # _____ Phone # _____

Alt. phone # _____ Alt. phone # _____

Address _____ Address _____

2) Program/University Information To be completed by student. Check with program director for details.

Program Sponsor/Name of Study Abroad Program _____

Destination: City(ies) _____ Country(ies) _____

Date Program Begins: _____ Date Program Ends: _____

Check one of the following: I am....

___ receiving **Georgia State University credit** for courses designated as part of GSU-sponsored program or exchange

___ receiving **Georgia State University credit** for an Independent Study as approved by my academic advisor

Course Name/Number: _____ Department: _____

Advisor Signature: _____ Advisor email: _____

___ receiving **transfer credit** for courses designated as part of GSU-sponsored program or exchange

___ receiving **transfer credit** for courses taken through a school other than Georgia State University

___ NOT receiving credit for this program

Study Abroad Contact Person/Director _____

GEORGIA STATE UNIVERSITY STUDY ABROAD PROGRAMS PHYSICIAN'S CERTIFICATE

NOTE: Certificate Must be (1) Completed and Signed by a Physician Based on an Examination Conducted Within Six Months of the Program Start Date and (2) Submitted to your Program Director together with a completed Vaccine Administration Record **NO LATER THAN** the Date on which Final Payment for Program Participation is Due.

To be completed by Program Applicant:

General Information:

Applicant Name: _____

Program: _____ Program dates: _____

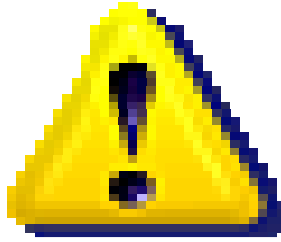
Country(ies) to be visited: _____

To be Completed by Student - Current Medical Information
<i>NOTE: Program Applicants are encouraged to provide the medical information requested below since it may be of significant assistance to the Program Director in the event of a medical emergency. However disclosure is not required.</i>
Current medications:
Allergies:
Special dietary requirements:
Chronic conditions or medical history:
Any other conditions or limitations:

To be Completed by Physician Based Upon Exam Conducted Within 6 Months of Program Start Date
• Date of Medical Examination:
• The program for which the student is applying may involve physical exertion including, but not limited to extensive walking in the summer heat. The program will also require adjustment to different time zones, food and water. In your professional medical judgment, will this applicant's physical condition in any way hinder his/her full participation in such a program? Circle one: NO / YES
• Based on my medical examination of this Program Applicant plus the information s/he has supplied above, I (circle one) Do / Do Not recommend this individual's participation in the above-identified study abroad program at Georgia State University.
• Please make any comments you deem pertinent to the applicant's ability to participate in the program.

Physician's signature Date

Address Phone



ATTENTION!!

Make an appointment to go to your physician or the GSU clinic as soon as possible to have your Physician's Certificate completed!

Appointments are necessary, and a completed Health Travel History Form is necessary to be seen at the GSU Clinic.

Georgia State Health Clinic

(404) 413-1930

Location: 141 Piedmont Ave Ste D
(University Commons)
Atlanta GA 30303

Hours of Operation:

Monday/Wednesday/Thursday: 9am-5pm

Tuesday: 9am-5pm *last patient visit at 5pm

Friday: 8am-4pm

*last patient is served 30 minutes before closing each day, except Tuesday.

Georgia State University Clinic
141 Piedmont Ave Ste D
(University Commons)
Atlanta GA 30303
404-413-1930

To be completed by the student **BEFORE**
the appointment for a Physical Exam.

The student completes this form **BEFORE**
the appointment for a physical examination;
then gives it to the clinician.

Travel History Form

Name: _____ Student I.D. No.: _____

Address: _____

Today's Date: ____/____/____ Date of Birth: ____/____/____ Male Female

Home Telephone No.: () _____ Cell Phone: () _____

E-Mail Address: _____ Do you have a current passport or visa? Yes No Don't Know

Travel Specifics

Purpose of Trip: School Related Study/Work What Program? _____

Pleasure Business Other: _____

What will you be doing on this trip: _____

Does your program require the completion of a medical form by a practitioner? Yes No

Are you currently enrolled in a health insurance plan that covers you while overseas? Yes No

What insurance coverage do you currently have? _____

Departure Date from United States: _____ Return Date to United States _____

Countries <u>AND</u> cities to be visited in order of visits	Arrival Date	Departure Date

A. Have you traveled outside the United States before? Yes No

If yes, where and when? _____

B. Will you be:

Yes No Visiting ONLY urban areas? If no, explain: _____

Yes No Staying ONLY in hotels? If no, explain: _____

Yes No Visiting friends and family?

- Yes No Ascending to high altitudes (> 7,000 ft. or 2,300 meters) in the mountains?
- Yes No Working in the medical or dental field with exposure to blood or other body fluids?
- Yes No Working with exposure to animals?
- Yes No Potentially have sexual contact with new partners?

Allergies

1. No known drug allergies No known food allergies
2. Have you had any allergic reaction to any of the following? (please check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Quinines (Chloroquine [Aralen], Mefloquine [Lariam]) |
| <input type="checkbox"/> Sulfa Drugs (e.g., Bactrim, Septra, Gantrisin) | Hydroxychloroquine [Plaquenil], Primaquine) |
| <input type="checkbox"/> Antibiotics (e.g., Neomycin, Streptomycin) | <input type="checkbox"/> Pyrimethamine |
| <input type="checkbox"/> Thimerosal (preservative in contact lens solution) | <input type="checkbox"/> Tetracyclines (Doxycycline, Minocin, Minocyclin, |
| <input type="checkbox"/> Chrysanthemums | Acromycin, Sumycin) |
| <input type="checkbox"/> Other: _____ | |

Immunizations

1. Were you born in the United States? Yes No If no, where? _____
2. Please submit your immunization records on the form provided as Page 3.

Medical History

1. Are you using steroids, receiving radiation therapy or other immunosuppressive chemotherapy? Yes No

2. List your current prescription medications and medical condition treated: (include birth control pills)

Current Prescription Medications	Condition or Reason for Use
1.	
2.	
3.	

3. List regularly used non-prescription medications (over-the-counter, herbal, homeopathic, vitamins, etc.) OR supplements (like those purchased at GNC stores):

Regularly used Non-Prescription Medications or Supplements	Condition or Reason for Use
1.	
2.	
3.	

4. Have you been told you have any of the following medical conditions (check all that apply)?

- | | | |
|--|--|--|
| Family
Yes No History | Family
Yes No History | Family
Yes No History |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anemia | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> G6PD Deficiency | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Liver Disease/Hepatitis |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asthma | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gout | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blood Clotting Problems | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prostate Problems |

Cancer
 Depression

Heart Disease
 High Blood Pressure

Psoriasis/Other Skin Problem
 Psychiatric Problems

Family
Yes No History
 Diabetes
 Ear Infections
(Chronic or frequent)
 Epilepsy/Seizure Disorder
 Eye Problems

Family
Yes No History
 High Cholesterol
 Hormone Problems
 Immune System Deficiency
 Kidney Disease

Family
Yes No History
 Sickle Cell Disease
 Stroke
 Thyroid Problems
 Other: _____

5. (For Women Only) a. Last normal menstrual period: _____
b. Are you, or could you possibly be pregnant? Yes No; c. Are you breast feeding an infant? Yes No

Questions/Concerns

Please list additional questions or concerns that you might have regarding your travel (i.e., international voltage requirements, currency exchange, dealing with seasickness, etc.)

J:legjeb/policy/travel form

Name _____

Student ID # _____

Vaccine Administration Record – Georgia State Study Abroad Program

Patient Name: _____

Medical Office Stamp (Required):

Birth Date: _____

Student Number: _____

Instructions: **Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient’s personal record card or provide a new one whenever you administer vaccine.**

Retain copy in medical record, attach a copy to the Physician’s Certificate Form; student submits to Study Abroad Program Office.

Vaccine	Type of Vaccine* (generic abbreviation)	Route	Site given (RA / LA)	Vaccine		Vaccine Information Statement		Signature Stamp
				Lot #	Mfr.	VIS § Date	Date given §	
Tetanus and Diphtheria (Td) Must be within the Last 10 years								
Hepatitis A† (HepA, HepA-HepB)	1							
	2							
	3							
Hepatitis B† (HepB, HepA-HepB)	1							
	2							
	3							
Measles, Mumps, Rubella (MMR)	1							
	2							
Measles (if no MMR)	1							
	2							
Mumps (if no MMR)								
Rubella (if no MMR)								
Varicella (Var)	1							
	2							

Pneumococcal ** (PPV)									
Influenza (Flu) If within the last 12 months									
Meningitis									
OTHER									
OTHER									

*Record the generic abbreviation for the type of vaccine given (e.g., PPV, HepA-HepB), *not* the trade name.

†For combination vaccines, fill in the row for each individual antigen composing the combination.

§Record the publication date of each VIS as well as the date it is given to the patient. According to federal law, VISs must be given to patients before administering each dose of Td, MMR, varicella, or hepatitis B vaccine.

**Some high-risk patients need a one-time revaccination with pneumococcal polysaccharide vaccine (PPV).

J:leg/vaccine record

Transient Students

Students who would be considered transient/visiting students at Georgia State University (GSU) and wish to receive credit for a study abroad course will be required to complete the following steps:

1. Apply to the GSU study abroad program of your choice by contacting the appropriate Program Director and follow steps required for that particular program.
2. Submit an application for admission to GSU and a non-refundable \$50 application fee. The application form for undergraduate students is available at the following website: <http://www.gsu.edu/~wwwadm/app.html>. Non-GSU graduate students should contact the appropriate college's Graduate Assistance Office to request an application packet.
3. Submit a letter of good standing and permission to attend GSU from the Registrar's Office at your current/home institution. Undergraduate transient applicants should submit their transient permission letter to Georgia State University Admissions at PO Box 4009, Atlanta, GA 30302-4009.
4. Once you have been accepted to GSU, if you are an undergraduate, you will receive an acceptance letter along with a special newsletter that provides you with information about registering, the immunization requirement, etc. **IMPORTANT:** Undergraduates will also receive a bookmark that tells you how to access your GSU email account and your GoSolar account. Make sure to check these accounts regularly as you will receive crucial information there about payment and registration procedures. Also, check out the Next Steps for Accepted Students webpage at http://www.gsu.edu/next_steps.html. Graduate students should contact their appropriate Graduate Assistance Office for information about registering and payment procedures.
5. Register for your class. All in/out-of-state students will be responsible for their own registration in the appropriate GSU courses after consultation with the program director. Program size is limited, so early application is strongly advised.
6. Pay your tuition to Georgia State University online through GoSolar (<http://www.gosolar.gsu.edu/webforstudent.html>) and your program fee directly to your Program Director. Out-of-state students will pay only an additional \$250 beyond in-state tuition. Please note that all students will be dropped from their classes for non-payment after the university deadline.
7. Contact the Study Abroad Programs office at 404-413-2529 to make sure you have completed all the necessary steps.