Tel: 218.755.4096



A Study Away Agreement must be completed before Bemidji State University can process an application for students to attend another institution outside of the United States. The student named below may wish to continue drawing federal and/or state financial aid through Bemidji State University while studying abroad**.** This form must be completed by students wishing to earn academic credit for work completed at another institution, regardless of whether financial aid is sought.

There are 3 components to this Agreement:

* Page 1: Signature page
* Pages 2-3: Transfer Credit Approval Form
* Page 4: Financial Aid Approval Form

Please complete and upload this agreement to Beavers Abroad Application form online. You will need to [book an appointment](https://outlook.office365.com/owa/calendar/InternationalProgramCenterBemidjiStateUniversity%40MinnState.edu/bookings/) with the International Program Center to discuss your program. (Scan QR code at the bottom of this page to book)

It is the student’s responsibility to forward this form to the Host Institution. The two institutions named below herein enter into a Consortium Agreement for:

Student’s Name: BSU ID#: Last First Middle

Host Institution: Host Country:

The student is participating in a

Third-party Provider Program

BSU Partner Semester Exchange



Scan to Book an

Education Abroad Appointment

|  |
| --- |
| 1.) To be completed by the student:    I will be taking credit hours during the fall semester, spring semester, summer semester, or academic year of the year 20\_\_\_\_\_.  My program begins on (enter date) \_\_\_\_\_\_\_\_\_\_\_\_\_ and ends on (enter date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  I understand that I will be enrolled at BSU, and that I am personally responsible for paying all required fees to the host institution and abiding by the host institution’s rules and regulations, including maintaining satisfactory academic progress and visa status. I understand that should I reduce the number of credits I take or withdraw completely from the program, I must immediately inform Bemidji State University, as I may be required to repay any financial aid received. I will request the host institution to send an official transcript to the BSU Records Office upon completion of the courses.  I also understand that this is not to be considered an endorsement by BSU of this program and that BSU is not responsible for any injury, loss, damage, delay, irregularity, or expense arising from my participation in this program as a result of accident, strikes, war, weather, sickness, quarantine, governmental restrictions, and other matters beyond the University’s power to control and in consideration of the commitment herein contained. I hereby release the University and its faculty and staff from any claim or liability arising as a result of my participation in this Program.  The student planning to study abroad is required to provide verification of their acceptance by the Host Institution, either through email or a mailed copy in order to provide Bemidji State University with official notification of the student’s plans to study abroad. By signing, I confirm that I have been accepted to the Host Institution. Official documentation of my acceptance is attached.  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Signature: Date: |
|  |
| **2.) To be completed by the Major Department Faculty Advisor:**  I certify that the above-named student has discussed plans to study through the above-named host institution, and that some or all the credits may be applied toward the student’s degree requirements, as indicated on this Transfer Credit Approval form.  Major Department: Faculty Advisor Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Faculty Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |
|  |
| **3.) To be completed by the Minor Department Chair (if applicable):**  I certify that the above-named student has discussed plans to study through the above-named host institution, and that some or all of the credits may be applied toward the student’s degree requirements, as indicated on this Transfer Credit Approval form.  Minor Department: Minor Dept. Chair Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Minor Dept. Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |
|  |
| **4.) To be completed by Core Curriculum (if applicable):**  I certify that the above-named student has discussed plans to study through the above-named host institution, and that some or all of the credits may be applied toward the Core Curriculum goal areas requirements, as indicated on the attached Transfer Credit Approval/Registration form.  Printed Name (Director of Core Curriculum)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: Date: |

**5.) To be completed by the International Program Center:**

The above-named student has discussed plans to participate in the program described above, and participation has been approved by the International Program Center.

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

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

|  |  |
| --- | --- |
| If you want to fulfill | Connect with: |
| Major Requirements | **Academic Faculty Advisor** |
| Minor Requirements | **Minor Department Chair** |
| Core Curriculum | **Director of Core Curriculum** |
| General Electives | **Academic Faculty Advisor** |

Student’s Name: BSU ID#:

Host Institution: Term and Year:

**STUDENT INSTRUCTIONS: FACULTY INSTRUCTIONS:**

This form is required for all study away students transferring credits earned oversea to Bemidji State University. It’s required to work out credit equivalencies prior to student participation.

# Step 1:

Complete the top of this form. Then, write the title of your study away course(s) and course number(s) that you will be taking in columns **1** and **2**. Attached any additional course information needed for faculty evaluation, such as course syllabi.

# Step 2:

Once you’ve completed the first two columns, bring to the appropriate faculty (faculty advisor, department chair/core curriculum director) for them to fill columns 3-6.

# Step 3:

Upload this form to your Beaver Abroad Application.

This student is requesting your approval for the course(s) listed below. The student should provide you with a copy of the intended course that they will be completing while abroad. You may request additional course information to conduct the evaluation. Please return this form to the student within 5 business days of submission.

# Step 1:

Determine the most suitable BSU equivalent for the course taken abroad and write the department code and number in the column **3** and the appropriate amount of credit in column **5**. If course equivalency cannot be found, but the course may be used to meet core curriculum goal areas, please leave column **3-6** blank.

# Step 2:

Sign in column **6,** sign and date**.**

**Step 3:** Return the form to the student.

\*\*Student Note: The following transfer course equivalencies will be granted to program participants *upon successful completion* of the course at the Host University. Only courses numbered above a 1000 level, in which student earns a “D” or better will be transferred. An official transcript from host institution must be received and given to the International Program Center once returned home.

**\*\*\*Note: Columns 1 and 2 are for the student to complete and columns 3-6 are for the faculty to complete.**

**It is recommended that you get approval for 2-3 extra classes in case the courses you plan to take are full or canceled.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** |  |  |  |  | **4** | **5** | **6** |
| **Intended Houst Courses.**  **Include Title and Department** | **# of credits abroad** | **BSU Course Equivalent**  **Title and # (ex. MASC 2960)** | **Major** | **Minor** | **Elective** | **Core Curriculum** | **Core Curriculum**  **Goal Area** | **# of Credits US** | **Faculty Approval**  **(Sign and Date)** |
|  |  |  |  |  |  |  |  |  |  |
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| **List Extra Courses Below** | | | | | | | | | |
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|  |  |  |  |  |  |  |  |  |  |

After you have secured all signatures for your courses, this form should be attached to your Beavers Abroad Application. IPC will send it to the Registrar.

Student: BSU ID:

Last First Middle

Program: Term/Yr:

If you meet one or both of the following, you may be eligible for financial aid and will meet with the Financial Aid Office to complete this form:

1. I will be earning credit towards my major while abroad
2. I will be earning credit towards core curriculum while abroad
3. I will be earning general elective credits that will count towards minimum credits needed to graduate.

If only earning credits towards your minor, general electives not needed to reach minimum credits to graduate, or if you have already finished your degree requirements, you are not eligible for financial aid for your study abroad program.

**If participating in a provider or exchange program, you should have your estimated costs gathered before you meet with the Financial Aid Office.**

**STUDENT’S ESTIMATED BUDGET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Costs Payable to BSU** | | | | |
| **Student Expenses** | **Comments** | **Payment Due** | **Financial Aid Adjusted Amount** | **Amount (USD)** |
| BSU Study Abroad Application Fee |  |  |  | $150 |
| BSU Study Abroad Insurance |  |  |  |  |
| BSU Tuition & Fees |  |  |  |  |
| BSU Program Fee (Faculty Led Programs) |  |  |  |  |
| Subtotal |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Costs Payable to Host Program** | | | | |
| **Student Expenses** | **Comments** | **Payment Due** | **Financial Aid Adjusted Amount** | **Amount (USD)** |
| Program Application Fee |  |  |  |  |
| Program Tuition & Fees |  |  |  |  |
| Room & Board |  |  |  |  |
| Other |  |  |  |  |
| Subtotal |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Independent Expenses** | | | | |
| **Student Expenses** | **Comments** | **Payment Due** | **Financial Aid Adjusted Amount** | **Amount (USD)** |
| Airfare |  |  |  |  |
| Student Visa/Residence Permit |  |  |  |  |
| Local Transportation |  |  |  |  |
| Meals |  |  |  |  |
| Books & Supplies |  |  |  |  |
| Medical Exam & Vaccines |  |  |  |  |
| Passport |  |  |  |  |
| Other |  |  |  |  |
| Subtotal |  |  |  |  |
|  |  |  |  |  |
| TOTAL OF ALL FIELDS |  |  |  |  |

The student expenses for this program have been reviewed and approved as indicated on the budget sheet by the Financial Aid Office.

Name of Financial Aid Director

Signature of Financial Aid Director Date