

Post-Nomination Checklist

Congratulations on your nomination to the SFSU Bilateral programs! The forms below are due to the SFSU Office of International before your departure from the US. Please remember that you will receive your final acceptance from the partner university directly.

These forms should be type-written. A PDF is available on our website www.sfsu.edu/~studyabr/formshandouts.htm

- Academic Advisement Form (highly recommended to be completed before departure)
- Segment III Form – **If applicable**. Download at: <http://www.sfsu.edu/~studyabr/formshandouts.htm>
- Health Statement Forms (required)
 - Personal Health Statement – 2 pages
 - Physician's Statement – 1 page
- Proof of Health CSU Health Insurance Plan, or program-required plan (details at orientation)
- Permission for Emergency Treatment Form (required)
- Photocopy of the inside page (the photo page) of your passport (required)
- Purchase the International Student Identification Card (ISIC), provide a photocopy for file. (required)
- Copy of your flight itinerary (required)
- A signed copy of the back page of the Bilateral Participants Guide (to be handed out at the orientation) (required)
- ORIENTATION** – All students must **ATTEND THE STUDY ABROAD ORIENTATION** at SFSU during the semester before departure. (required)

Notes

These documents must be turned in to our office by your departure date. If necessary, you may mail these items to us at: Office of International Programs, Attn: Study Abroad & International Exchange Programs, Office of International Programs, San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132.

GET A PASSPORT! Because of the time involved in obtaining a passport, applicants are **STRONGLY** advised to apply for one even before selection results are known. Information on how to get a passport can be found at <http://travel.state.gov/passport/index.html>

Remember, you are responsible for obtaining your student visa for entry into the host country. Check with the consulate web site of your host country for further instructions.

Forms are located at www.sfsu.edu/~studyabr/formshandouts.htm

Study Abroad Student Health Statement

Name: _____ ID Number: _____

Study Abroad Location: _____

I have purchased the CSU Study Abroad insurance or one required by my program or host country.

Insurance Company: _____ Policy Number: _____

Student's Signature: _____ Parent's Signature: _____

(Parent must sign if student is under 21)

One of the requirements of the San Francisco State University Bilateral Exchange Programs, as well as other State-supported programs, is evidence that you are in good health. If you are disabled or have a health problem you are NOT excluded from the programs provided that your condition is not contagious and that the necessary accommodations and medical support are available at the study abroad site. However, it is essential that we know what kind of special arrangements should be made in order to protect your health and well being while studying abroad.

Personal History

Have you ever had or do you now have (check yes or no):

<u>Medical Disease/Condition</u>	<u>Yes</u>	<u>No</u>	<u>Medical Disease/Condition</u>	<u>Yes</u>	<u>No</u>
Chicken Pox	_____	_____	Chronic Skin Problems	_____	_____
Hepatitis	_____	_____	Epilepsy	_____	_____
Infectious Mononucleosis	_____	_____	Fainting Spells	_____	_____
Tuberculosis or contact w/TB	_____	_____	Migraine Spells	_____	_____
Malaria	_____	_____	Endocrine Disorder (s)	_____	_____
Heart Problems	_____	_____	Diabetes Mellitus	_____	_____
High Blood Pressure	_____	_____	Anemia	_____	_____
Irregular or Rapid Heart Beat	_____	_____	Anxiety to Medications	_____	_____
Pain or Pressure in the Chest	_____	_____	Physical Handicap (s)	_____	_____
Chronic Gastrointestinal Problems	_____	_____	Serious Accident (s)	_____	_____
Kidney Problems	_____	_____	Operation (s)	_____	_____
Hernia	_____	_____	Do you take medication (s)?	_____	_____

(Continued on back)

Permission for Emergency Treatment

Name: _____ ID Number: _____

Date: _____

To Whom It May Concern:

The Director of the International Bilateral Exchange Programs for *(Name of Overseas University)*

_____ in *(Country)* _____ has my

authorization to act on my behalf in the event that I, *(Name of Program Participant)*

_____, require emergency medical care while

participating in the SFSU Bilateral Exchange Program from *(program dates)*:

_____ to _____.

In Case of Emergency

Family Contact Person: _____ Relationship to Participant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Message Number: _____

SFSU Contact:

My Yarabinec, Associate Director, Study Abroad and Exchanges

Office of International Programs, Admin 458A

San Francisco State University

1600 Holloway Avenue

San Francisco, CA 94132

Telephone: 001- 415- 338-1293

Fax: 001- 415- 338-6234

Email: studyabr@sfsu.edu

