MILLIGAN COLLEGE
GLOBAL EDUCATION OPPORTUNITIES (GEO)

Application to Study Abroad and Off-Campus

Requirements for external study:
- Be a full-time student.
- Cumulative GPA of 2.5 or above.
- Abide by good conduct expectations of the College.
- Have been a full-time student for one full semester at Milligan.
- Will return for one full semester as a full-time student to Milligan (last semester seniors exempt).

Submission deadlines (no exceptions):
- Fall/J-term 2019-2020 travel: February 1
- Scholarship deadline for Fall, Spring, Summer 2019-2020: February 1
- Spring/Summer 2020 travel: September 28
Milligan College GEO Application Checklist

BEFORE COMPLETING MILLIGAN’S REQUIRED FORMS (1 to 3 years before departure)

- Decide which program you are most interested in. See the Study Abroad website for approved and affiliated programs.

- Meet with your academic adviser to plan for which program to apply, which semester you will travel, and for which credits.

- Apply for a passport if you do not have one OR if yours expires prior to October of the year before you want to go. Application requirements and forms are available at select post offices or at: http://www.travel.state.gov/passport/.

  IMPORTANT: Some countries require a visa. Check with your selected program about visa and passport requirements.

MILLIGAN REQUIREMENTS (6 to 12 months before departure)

- Fill out the required Forms A, B, and C of the GEO Application.

  - Fill out Form A of the application using your own personal information. Follow the directions for the written essay.

  - Review the materials provided by your selected program. See which courses might interest you.

  - Meet with your adviser to complete Form B. Your adviser can help you determine whether any of the courses you selected can be used to fulfill requirements of your degree. You and your adviser will fill out the table in Section B, and your adviser will sign the form.

  - Complete Form C, Column A, based on your program information. Provide documentation based on the program you have chosen and attach the tentative cost sheets. For 5) Personal Expenses, only include costs for REQUIRED EXPENSES for the program not included under any other category. If you are traveling on your own, please fill in the cost of your flight and any other necessary travel to and from your program.

  - Meet with Tara Dugger in the Academic Dean’s office to review your forms.

- Fill out the GEO scholarship application if you wish to receive a Milligan scholarship for off-campus study. This step is optional. While internal Milligan scholarships do not apply, you may apply for a special Milligan GEO scholarship to study off-campus if you will receive six credit hours or more.
IMPORTANT: Due to limited number of GEO scholarships, all scholarship applications are due by February 1, even if the applicant is traveling in spring semester or following summer. No exceptions. Applicants will be informed of their GEO Scholarship status by March 1.

☐ Submit your application (Forms A, B, and C, and GEO scholarship application if applying) to Tara Dugger in Derthick 107 for initial processing.

☐ Upon approval to study off campus:

☐ Complete your program’s application. Please remember that the application process can be lengthy and time-consuming and that thoughtful completion of your application may affect your chances of acceptance. Therefore, be sure to start early and set aside plenty of time for completion of these materials.

☐ Take Form B and course descriptions to the Registrar, Stacy Dahlman, Derthick 103, for signature.

☐ After March 1, contact Diane Keasling at dlkeasling@milligan.edu to set up an appointment to discuss financial arrangements. Make sure to take Forms B and C with you to your appointment. Balance will be due three weeks prior to date of departure.

☐ If other people, such as parents or guardians, are involved in the payment of your student fees, please convey your balance information to them as soon as possible after Mrs. Keasling provides it. Do not wait for a formal statement! This will allow time to make the required financial arrangements for your off-campus experience.

☐ Fill out all forms in Section D.

☐ Bring all forms to Tara Dugger in Derthick 107 for final processing.

☐ Attend the pre-departure orientation and complete the survey.
  Fall: October
  Spring: March

☐ Attend the re-entry orientation and complete the survey.
  Fall: October
  Spring: March
Important Milligan College GEO Contacts

Dr. Garland Young, Global Education Opportunities (GEO) Director; Vice President of Academic Affairs and Academic Dean; Professor of Practice of Religion and Greek
423.461.8720
Office: Derthick Hall 107
Email: rgyoung@milligan.edu

Mrs. Tara Dugger, Administrative Assistant for Academic Affairs
423.461.8720
Office: Derthick Hall 107
Email: TLDugger@milligan.edu

Mrs. Stacy Dahlman, Associate Dean for Academic Administration and Registrar
423.461.8681
Office: Derthick Hall 103
Email: srdahlman@milligan.edu

Mrs. Diane Keasling, Coordinator of Financial Aid
423.461.8969
Office: McCown Business Cottage
Email: DLKeasling@milligan.edu

Mrs. Deidre Greeley, Coordinator of Student Accounts
423.461.8706
Office: McCown Business Cottage
Email: DRGreeley@milligan.edu

GEO and Fulbright Committee (saf@milligan.edu)
Dr. Allysha Martin, Co-Chair (GEO Chair)
Professor Jim Dahlman, Co-chair (Fulbright Chair)
Professor Kristal Dove
Dr. Amy Edmonds
Professor Rachel Jones
Dr. Gary Selby
Dr. Michael Whitney
Form A: Personal Information
(Required)

Name (exactly as it appears on your passport): ____________________________________________

Passport #: ________________________ Date issued ____/____/____ Date expires ____/____/____

Milligan ID #:_______________________________ Date of birth ____/____/____

Preferred Phone: (_____) ______ - ________   Email: _______________________________________

Classification:   SR JR SO FR Cumulative GPA at Milligan ______________

Major(s) ________________________________  Minor(s) ___________________________________

Permanent Mailing Address: ___________________________________________________________

Write and attach a short essay explaining why you want to study off-campus and discussing the importance of this off-campus study in relation to your personal, academic, and professional goals. This essay should be between 500 and 1,000 words.

Health and Medical Information

It is important to note that exhaustion, limited sleep, altered schedules, and cross-cultural factors tend to heighten and/or bring medical and emotional issues to the surface. Milligan College cannot guarantee that accommodations are provided in international locations (e.g., handicap accessibility, counseling services, etc.) during the course of you External Study experience.
Form B: Academic Information  
(Required)

Student Name: ________________________________ ID _____________________________

Directions: Set up appointment with academic adviser to fill out this form. Upon approval to study off campus, meet with registrar for final signature.

Trip information:

Official Name of Program: _______________________________________________________________

Host or Sponsoring Institution: ___________________________________________________________

Address of Off-Campus Study: ____________________________________________________________

__________________________________________
__________________________________________
__________________________________________

Dates of Off-Campus Study: From ___________ To _________________ Year: 20____

Contact Person Off-Campus program: ____________________________________________________

Email: ________________________ Phone: (___) _______ - _________

<table>
<thead>
<tr>
<th>Off Campus Course Title</th>
<th>Cr. Hrs.</th>
<th>Milligan College Course Title</th>
<th>Cr. Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adviser’s Signature ____________________________________ Registrar’s Signature ____________________________________

Please attach a copy of course descriptions, which can usually be found on your program’s website.
Form C: Financial Information
(Required)

Student Name: _____________________________  ID#:____________________________

Directions: Fill out information for Column A based on the costs provided by your program and attach that documentation. Meet with Tara Dugger to review and finalize Column A and receive her signature. A copy of documentation from the off-campus program indicating the costs associated with the program of study must be attached. Upon approval to study off campus (after March 1), meet with Diane Keasling for her signature.

A: Expenses for Off-Campus Study Program
1. Tuition Only* ____________________
2. Room*  ____________________
3. Meals  ____________________
4. Books/Supplies ____________________
5. Personal Expenses ____________________
6. Transportation ____________________
7. Off-Campus Fee* _________    _ 500.00__
8. Other: _________     ____________________
9. Deposit*          (-) ____________________

Estimated Cost to Milligan*$_{\text{Milligan Scholarship Awarded: }}$______________

Financial Aid $___________
Total Financial Aid $___________
Total Due to Milligan: $___________

Tara Dugger Date

Diane Keasling Date

Student’s Statement: I understand that:
1. I am expected to return to Milligan College for at least one semester the following year (last semester seniors exempt).
2. If I do not complete a semester’s work in the program but received a Milligan College GEO scholarship for the semester, I will be required to refund the scholarship money to the college.
3. I understand that no scholarship funds will be available until after I am enrolled in the program. All early deposits, purchasing of tickets, and other preliminary items will be covered by me.
4. I have met with my academic adviser and, in conjunction with the registrar, have determined how credits earned off-campus will be applied to my academic program.

____________________________________         __________________________________
Student Signature     Date
Global Education Opportunities (GEO)
Scholarship Application
(Optional)

In conjunction with pertinent information from Sections A-C, complete the remaining information to be considered for scholarships. This section is optional, and should only be completed by students wishing to apply for Milligan GEO Scholarships. Depending on the number of applicants in a given year, awards given will average around $7,000 and will be based on a student’s merit and need.

*Scholarships may be given only to those students receiving a minimum of six credit hours while studying off-campus.

1. Attach a professional C.V. or résumé.
2. Attach an unofficial transcript.
3. Summarize your financial need describing any outside funding (Pell Grants, non-Milligan Scholarships, etc.) or other means (parent/guardian involvement, savings, loans, etc.) you will use to pay for your off-campus study experience. This should be between 250-500 words.
4. Please provide at least one letter of recommendation from a Milligan faculty member. Letters should be emailed to Tara Dugger.
Section D: Forms (Required)

Student Name: ______________________________  ID# ______________________________

Insurance Information

It is crucial that you confirm with your insurance company that it indeed provides adequate coverage for healthcare and other unexpected expenditures, including emergency medical care in country and medical evacuation, repatriation of remains, and non-health related emergency evacuation (political unrest, natural disaster, etc.) while you are traveling in the United States and overseas. **Attach proof of adequate coverage.**

Please provide information in EITHER Part A or Part B.

**Part A:** To be filled out by participant, if her/his insurance company or that of parent, covers ALL expenditures listed above.

Name of Insurance Carrier __________________________________________________________

Group name ______________________________________________________________________

Group # __________________________ Policy # ____________________________________

**Part B:** If your current insurance does not provide coverage for ALL expenditures listed above, please purchase insurance through an alternate provider. The providers below are some that offer travel insurance for students. You must submit proof of adequate coverage.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Website</th>
<th>Name of Plan</th>
</tr>
</thead>
</table>

Name of Temporary Carrier __________________________________________________________

Address ______________________________  Phone # ______________________________

Date of coverage ______________________________  Date of Policy Secured ______________________________

Policy # ______________________________  **Attach a copy of insurance card**
Emergency Contact Information

Stateside Program Contact:

Name of Program Provider: ______________________________________________________
Stateside Program Contact Person: ________________________________________________
Phone: ___________________________ Email: ________________________________

Personal Contact 1

Name: ____________________________________________
Relationship to you: ____ Family ____ Friend ____ Other
Address: ______________________________________________________________________
Cell phone: ____________________  Home phone: __________________________
Email: ________________________________________________________________________

Personal Contact 2

Name: _____________________________________________
Relationship to you: ____ Family ____ Friend ____ Other
Address: ______________________________________________________________________
Cell phone: _______________________  Home phone: ___________________________
Email: _________________________________________________________________________

On-site (Destination) Contact Information

Person meeting you at airport: __________________________________________________
Relationship to you: _____ Program Rep _____ Family/Friend _____ Other
Assigned on-site contact name: ________________________________________________
Address: _____________________________________________________________________
Phone (include international code): _____________________________________________
Email: ______________________________________________________________________

Alternate On-site Contact

Name: ___________________________Address: ______________________________________
Phone: __________________________ Email: ________________________________________
Code of Conduct

All students who participate in external programs while enrolled at Milligan College are required to read and agree to the code of conduct:

Milligan College students participate in off-campus study programs at the pleasure of Milligan College and are expected to be ambassadors for both Christ and the college. Therefore, students participating in an off-campus study program are expected to behave in accordance with, and not contrary to, the behaviors outlined in the Milligan College Student Handbook. In addition, Milligan students are expected to comply with all behavioral expectations set forth by the individual off-campus study program that they are attending. Because of the public nature of behavioral misconduct in an off-campus study program setting, because of the students’ reflection on Milligan College, and because of the potential implications for Milligan’s relationship with that program, Milligan will treat all behavioral violations with the greatest sense of seriousness. Behavioral violations will be met with firm discipline, both by the off-campus study program leadership and by Milligan College administration.

I have read the code of conduct and agree to abide by it while participating in an external study program approved by Milligan College.

_____________________________________
Student signature

_____________________________________
Print name

_____________________________________
Date
Release for External Study Program Faculty, Staff, and Student Over 18

In consideration of my participation in the __________________________ Program of Milligan College, I hereby release, discharge, and agree to hold harmless Milligan College, its officers, trustees, employees, agents, administrators, successors, and assigns (collectively referred to herein as “Milligan”) from any and all claims, demands, damages, costs, expenses, actions and causes of actions, present or future, on account of injuries to my person or property, including injuries, accidents or illness which could result in my death, arising out of or in connection with my participation in the __________________________ Program. I agree to indemnify Milligan for all costs and expense incurred by Milligan, including attorneys’ fees, as a result of any claims made which are released in this document.

I understand that travel outside the United States of America could pose unusual risks to my person and property, which could include but not be limited to forces of nature, civil unrest, terrorism, means of transportation not operating according to standards common inside the United States, legal requirements or actions of foreign government, contagious or unusual illness, inadequate availability to medicine or medical care, or negligent or willful conduct on part of others. I therefore agree to undertake such risks in order to participate in this program, and assume the risk of the consequences of any and all such actions.

I agree that I have no physical, mental, or medical condition which would prohibit or unreasonably restrict my participation in this program or activity.

This Release shall be binding upon myself and all my representatives, heirs, successors, or assigns.

I agree that while I am traveling or participating in this program, I will at all times abide by the rules and policies of Milligan College as set out in the Milligan College Student Handbook or otherwise adopted by Milligan. I also agree to follow the directives of Milligan personnel in charge of this program while traveling.

I give my consent for Milligan College, its employees, agents, representatives, and contractors to arrange for emergency medical, surgical, and/or dental care, and treatment necessary to preserve my health while I am a participant in this program. I acknowledge that I am responsible for all charges that may be incurred in connection with any care of treatment given.

Witnessed:

____________________________   ____________________________
Signature

____________________________   ____________________________
Date       (Print name)
Registration Permission

While I am participating in an External Study Program in ____________________________, I give Dr. Garland Young, Milligan College Vice President of Academic Affairs, or his designee, permission to register, drop, or make any other changes in the courses I may be taking in my external program or will need to take when I return to Milligan. I understand that it will be my responsibility to submit all information to the College in writing by email.

Permission to Release Information

While I am participating in the ____________________________ Program, I give Dr. Garland Young, Milligan College Vice President of Academic Affairs, or his designee, permission to share information about my trip with the following people:

Name: ____________________________ Relationship: ____________________________

Phone number and/or email address: ____________________________________________

Name: ____________________________ Relationship: ____________________________

Phone number and/or email address: ____________________________________________

Name: ____________________________ Relationship: ____________________________

Phone number and/or email address: ____________________________________________