



MSU BILLINGS

STUDY ABROAD APPLICATION CHECKLIST

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

Your complete application must include the following:

Phase I: Application Materials – See Deadlines

Phase I Application Materials due:

October 1 for Spring Departure

December 1 for Summer Departure

March 1 for Fall Departure

- MSUB Application Form for Study Abroad.*** Please type this form or print in ink and submit to the Study Abroad Program Manager at the Office of International Studies (OIS).
- Personal Essay.*** Submit to the Office of International Studies (OIS) a one-page typed essay explaining what you hope to achieve in your study abroad program, both academically and personally.
- Unofficial Transcripts.*** Submit unofficial transcripts to OIS. You must have completed 30 credits and have a minimum cumulative GPA of 2.75. Some programs require a higher GPA.
- Two Academic References.*** Ask two faculty members (professors or advisors) to write a letter of recommendation, following the instructions on the Study Abroad Reference Form.
- Study Abroad Agreement to Participate.*** Initial each page where indicated; sign and date. Students who are legal / financial dependents should review the agreement with their parents or guardians. If you do not understand the agreement, or have any questions, the Study Abroad Program Manager will go over it with you.
- Health/Emergency Treatment Authorization.*** Include emergency contacts. Complete, sign, and date.
- International Health Insurance Form.*** Complete all spaces, sign and date. All study abroad students must agree to enroll in the MSU international health insurance for the duration of the study abroad experience. Prices are affordable.
- Physical Exam.*** All students must receive a basic physical exam stating that they are fit to travel. MSUB students may have the exam done for free at Student Health Services. Submit a signed doctor's form to OIS. Check the CDC website <http://www.cdc.gov/travel> for information on required or recommended vaccines for the country (or countries) you plan to visit.
- Budget Form.*** Use the budget form to assess the cost of studying abroad. If you want to use financial aid for your program, you must have the budget form signed by the Director or Associate Director of Financial Aid. Please make an appointment to meet with the Director or Associate Director of Financial Aid to discuss what financial aid may be applied to your study abroad program.
- Official Transcript Agreement.*** Sign this form indicating that you understand that the transcript from your host institution could be delayed for up to three months after the program completion. This could affect financial aid allocation for the subsequent semester.

11. **\$150 Application Fee (Non-refundable).** Please pay this fee at the Business Office (Basement of McMullen Hall). The fee must be posted to your student account as “Study Abroad Application Fee.” Submit the receipt to OIS.
12. **Study Abroad Candidate Official Interview.** In order to be officially admitted to the study abroad program, students must complete a one hour interview with OIS staff. After you have completed your application, the Study Abroad Program Manager will contact you to set up your official interview.

Phase 2: After Acceptance

13. **Study Abroad Learning Agreement.** The Study Abroad Program Manager will help you find information about available courses before you meet with your Advisor. The Learning Agreement must be signed by you, your Advisor, the Department Chair, the Director of International Studies, and the Registrar. Courses listed on this agreement will be transferred as elective credit unless a Course Approval Form is also completed.
14. **Study Abroad Course Approval Form.** Use this form if you want study abroad course work to be approved to count toward your major, minor, or MSUB requirement. Use one form per department.
15. **Passport.** Apply for a passport immediately if you do not have one. U.S. citizens, go to <http://travel.state.gov/passport/> for information. If you already have a passport, please check the expiration date. Be sure it will be valid for at least 6 months beyond your intended return to the US. Bring your **signed** passport to OIS as soon as possible so we can make a copy of the front page, including your picture, passport number, and passport expiration date.
16. **Foreign Institution Application(s).** Coordinate with Study Abroad Program Manager to apply to the foreign institution and complete any additional required paperwork. Deadlines may vary and sometimes require a quick turnaround. Submit copies to OIS.
17. **Accommodation Application (if applicable).** Work with Study Abroad Program Manager to complete your application for accommodation (homestay or student residence hall). Inform the Study Abroad Program Manager of your choice for accommodation and forward copies of any correspondence from the foreign institution to OIS.
18. **Foreign Country Visa Application.** Visas are country and program specific. Work with Study Abroad Program Manager to apply for a visa, if necessary.
19. **Pre-Departure Orientation.** All students **MUST** attend a Pre-Departure Study Abroad Orientation. If you fail to attend the orientation you may be dismissed from participation in the program.

Phase 3: Pre-Departure Travel & Payment – Due ASAP

20. **Travel Information.** Purchase your plane ticket and forward a copy of your travel information to the Study Abroad Program Manager: studyabroad@msubillings.edu. OIS **must** have your full travel itinerary before you depart.
21. **Go to the U.S. State Department Website** - <http://travel.state.gov> and register for the Smart Traveler Enrollment Program (STEP): <https://step.state.gov/step/> for free information and updates related to safety in your intended destination(s).
22. **MSU Travel Registration (REQUIRED).** No less than 30 days before departing, all students participating in a university designated program must register their travel plans in the University's International Travel Registry. Information entered into the Travel Registry will be available to University officials in the event of a crisis or emergency. **Students cannot register their travel until their course registration has been completed.** Once the course registration is listed on your MyInfo account, you may register your travel at: <https://montana.studioabroad.com/index.cfm?FuseAction=Security.LoginWizardStepOne>. You will need digital copies of your passport and insurance card to complete this registration and will also need to provide an estimated travel itinerary.
23. **Invoice from Foreign Institution.** If the foreign institution sends an invoice for tuition or housing directly to you, forward a copy to OIS immediately it so we can complete your study abroad registration.
24. **Payment of Tuition through MSUB and MSUB HOLDS.** You must log in to pay the tuition for your program as well as any HOLDS (library, parking, past due amounts, etc.) directly to MSUB, before the regular deadline for the semester. You must also pay your university insurance bill prior to your departure or risk being dropped from the program. You can check for HOLDS on your "My Info Login."

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MSU BILLINGS

APPLICATION FOR STUDY ABROAD

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

Name _____ MSUB ID# _____

Date of Birth _____ (Must be at least 18) Email _____
Month/Day/Year

Sex F M Citizenship _____ Passport Number _____
Check here if your passport application is in process

MSUB in-state student MSUB out-of-state student NON-MSUB student: Current University _____

Name of study abroad program: _____

Country/counties of program: _____

Dates and year of program: _____

MSUB exchange or study abroad program NON-MSUB study abroad program: specify: _____

NOTE TO STUDENT: If the following information is different than what the University has on its system, you must update your changes at the Registrar's Office.

Current mailing address*: _____ Apt #: _____ Phone: _____
Street address

_____ Work phone: _____
City State Zip

*Address expires: _____ Permanent address: _____ Apt #: _____
Month/Day/Year Street address

_____ Phone: _____
City State Zip

Major: _____ Expected graduation (Month/Year): _____

College: Allied Health Arts & Science Business City College Education Number of credits you will take abroad: _____

Status during program: FR SO JR SR GR Other (30 cr. required before semester study abroad)

Foreign language(s) studied: _____ Years studied: _____ (Two years of study prior to time abroad is recommended)

Current cumulative grade point average (GPA): _____
(Min. 2.75 GPA – may be higher for some programs. Submit unofficial transcripts)

Will you be using financial aid? yes no Have you filed a FAFSA for the study abroad period? yes no
(Including loans, MET, scholarships & grants) (If not, complete as soon as possible. Available at Financial Aid, McM 103.)

Are you considered as a dependent on the tax form of your parent/guardian? yes no

I give the Office of International Studies permission to share/discuss my study abroad plans with my parents/guardians. yes no

How did you learn about this study abroad program? (Check all that apply)

- Faculty Member
- Office of Int'l Studies
- Class
- Friends
- Study Abroad Event
- Former Participant
- Poster/Flyers
- MSUB website
- Other (specify): _____

By submitting this signed application, I understand that:

- I will forfeit my \$150 application fee if I withdraw from the program after I have been nominated for placement.
- The Office of International Studies will not accept verbal cancellations by phone or e-mail notification; withdrawal must be in writing.
- I will be withdrawn from the program and will forfeit my application fee if I do not attend the pre-departure orientation meeting or fail to complete any portion of the application and enrollment process.
- I give the Office of International Studies permission to order and release my student records and transcript to persons directly involved with the acceptance and processing of my application.
- All information on this application form is complete and accurate to the best of my ability.

Signature: _____ Date: _____



MSU BILLINGS
STUDY ABROAD ACADEMIC REFERENCE #2

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

To be completed by applicant:

Name: _____ MSUB ID #: _____

Last

First

Name of study abroad program: _____

Country/countries of program: _____

Semester(s) and years(s) of program: _____

To the applicant: Under the U.S. Federal Law, students are permitted access to certain educational records. Many applicants have found, however, that recommendation letters may have a greater effect when such letters are written in confidence. If you waive your right to inspect the information requested by this form, please sign below.

Last

First

Date

Instructions for the referee:

Your opinion of the applicant will be of great assistance in the study abroad candidate selection process. It is important that your comments be detailed and frank. It is particularly helpful to know the specific strengths of the candidate and any challenges or adjustments the student is likely to face, given your observation of her or his academic, personal and social skills. When evaluating this applicant, please keep in mind that study abroad programs require participants to be independent and self-motivated, as they may be immersed in the host environment with only minimal support and supervision. (*Note: if the candidate is selected for study abroad, the foreign university may also require a copy of your letter to be sent directly to them.*)

Please write a letter of reference (if possible on University letterhead), including your name, position or title, office address, telephone, and email address. Use the following questions as guidelines. Please be as specific as possible.

1. How long and in what capacity have you known the applicant?
2. Please indicate the applicant’s ability and professional competence in comparison with other individuals whom you have known at similar stages in his or her academic careers in the following areas:
 - i) General knowledge
 - j) Knowledge in the chosen field
 - k) Motivation and seriousness of purpose
 - l) Potential for future growth in chosen field
 - m) Ability to plan and carry out research
 - n) Ability to express thoughts in speech and writing
 - o) Emotional stability and maturity
 - p) Self-reliance and independence
3. Please comment on the applicant in terms of the following:
 - f) Academic suitability for study at a foreign institution
 - g) Personal suitability for living in a foreign country
 - h) How participation in the study abroad or exchange program will be of benefit, both academically and personally
 - i) Difficulties the student might experience in this immersion-type program, given her/his academic, personal and/or social skills
 - j) How the student is likely to respond to the challenges of language and /or cultural barriers

Please address your signed letter and send along with this form (scanned email submissions to studyabroad@msubillings.edu acceptable) to:
 Office of International Studies
 Montana State University Billings
 McDonald Hall #150
 1500 University Dr.
 Billings, MT 59101

Thank you for your support of Study Abroad programs at Montana State University Billings!



MSUBILLINGS

STUDY ABROAD AGREEMENT TO PARTICIPATE

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

In consideration of participation in Montana State University Billings study abroad program, I, _____, hereby agree to the following conditions:

1. I understand and will abide by the rules governing student responsibility and behavior as stated in the Montana State University Billings' Student Affairs Policies and Procedures, including the Code of Student Conduct, as published in the *Student Handbook*. I recognize that violations of the law and/or MSUB regulations or policies may result in (i) immediate dismissal from the program; (ii) academic withdrawal from the University for the semester in progress; and (iii) disciplinary action upon my return to campus.
2. I will become informed about and will comply with the laws, rules and regulations, and customs of my host country, community, institution and program as administered by the faculty or resident director(s), or other representative(s) of Montana State University Billings. To be acceptable, behavior should show a genuine concern for the mores and social patterns of the host culture, in order that actions not be offensive to the community.
3. The program director and the director of the MSUB Office of International Studies shall have the right to dismiss me from the program at any time if (i) my conduct violates Montana State University Billings' Code of Student Conduct; (ii) I violate laws, rules and regulations, or customs of my host country, community, institution and program; or (iii) the program director and the MSUB Office of International Studies have reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons or property or threatens the future viability of the program. The following behaviors are among those that may result in immediate dismissal from the program: alcohol abuse; physical or sexual assault; harassment; possession, use or distribution of illegal drugs; setting a fire or possession of explosives; possession of a weapon; theft. The program director, with the concurrence of MSUB's Office of International Studies, may temporarily suspend me pending final resolution of the matter.
4. In the event of an infraction which does not cause an immediate danger and where there is an allegation of a violation of the laws, regulations, and customs of the host country, community, institution or program or a violation of the MSUB Code of Student Conduct, the director of Office of International Studies has the right to enforce the standards of conduct described in the *Student Handbook*, in its sole judgment, and that the director will impose sanctions, up to and including expulsion from the Program. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at MSUB do not apply. I understand that a decision made to dismiss me from the program will be final and I consent to being sent home at my own expense with no refund of fees.
5. The University may make changes to the program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers based on operational and/or itinerary changes regardless of whether the participant or the University makes the flight arrangement. The University may substitute hotel accommodations or housing at any time. Specific room and housing assignments are within the sole discretion of the University.

Study Abroad Participant Initials _____

6. The University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel or transportation reservations, missed carrier connections, sickness, injuries (including death), losses, damages, weather, strikes, acts of God, public health risks, criminal activity, terrorism, expense, accident or damage to property, inconveniences, failure or negligence of any nature in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or common carrier beyond the University's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other factors I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property is transported at my risk entirely.
7. The University, in its sole discretion, may cancel the program or any aspect of the program prior to departure and, in its discretion, the University may cancel the program or any aspect of the program after departure, requiring that all participants return to the United States, if the University believes that any person is or likely will be in danger if the program or any aspect of the program is continued. I understand that if I ignore or refuse to comply with the University's directive to return to the United States I do so at my own risk.
8. I understand that I am required to provide my full travel itinerary to/from my host country, along with the travel itinerary for any program related trips, to the Office of International Studies prior to departure for each trip.
9. I understand that I must demonstrate minimum levels of health and medical emergency insurance. As such, the State of Montana has ensured affordable access to international health insurance for students through a statewide contract with GeoBlue International Health Insurance for Higher Education. Enrollment in GeoBlue International Health Insurance is **mandatory** for all students traveling internationally on a University affiliated and/or sponsored program.
10. The University will not provide any administrative support (housing, childcare, etc) or assume any responsibility for accompanying non-participants. Accompanying non-participants are limited to spouses/partners and children. I understand that I am responsible for obtaining overseas health insurance for myself and any accompanying non-participants. I understand that such accompanying non-participants are not part of the program and therefore cannot attend classes, field trips, or any other activities formally associated with the program. I understand if such individuals become disruptive to the program, it may be grounds for my dismissal.
11. I shall be responsible for my own health care, conduct, financial integrity and travel plans while studying abroad on a University-sponsored study abroad program. In the event of serious illness, accident or emergency, my designated emergency contact, as indicated on the *Student Health/Emergency Treatment Authorization*, may be notified. I shall inform the faculty member-in-residence, on-site director(s), or program assistant(s) representing the Office of International Studies of problems that arise during my stay abroad so that assistance can be provided.
12. I shall comply with the Montana State University Billings course credit requirements, academic policies and procedures, and I will enroll in at least 15 credits for a semester program.

Study Abroad Participant Initials _____

13. I shall be solely responsible for any and all additional costs incurred on my behalf by the university while participating in the program. In addition, I shall be solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal or dismissal from the program prior to its completion, including but not limited to withdrawal or dismissal for reasons of health, family emergency, illegal drug use or alcohol abuse, legal detention, or disciplinary action by a representative(s) of the University. Costs incurred on my behalf include, but are not limited to, monies advanced on my behalf for non-refundable deposits at other institutions, airfare, accommodations, legal documents, and visa and application fees.
14. If I withdraw, depart or am dismissed from a program for any reason prior to its formal completion, I may not be eligible for any academic credits. Should I receive permission to return home early, I may be eligible to receive a grade of "W" on my University academic transcript. University tuition and fees may be refunded according to University policy, as stated in the Schedule of Courses publication for on-campus enrollment.
15. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all injuries, illnesses, damages, losses (including death) I sustain to my person or property or both, including but not limited to any claims, actions, damages, expenses, and costs, including attorney fees, which arise out of, result from, occur during or are connected in any manner with my participation in the program and/or any related travel.
16. I, individually, and on behalf of my heirs, successors assigns, and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, actions, damages, expenses, or costs, including attorney fees, which arise out of, occur during, or are in any way connected with my participation in the program or any related travel.
17. This agreement is to be construed under the laws of the State of Montana, USA; and if any portion of this Agreement is held invalid, the balance of this Agreement shall, notwithstanding, continue in full legal force and effect.

In signing this document I acknowledge that I have read this entire document, have had an opportunity to ask questions, understand its terms, agree to the terms stated, am giving up substantial legal rights I might otherwise have, and have signed it knowingly and voluntarily.

Signature: _____ Date: _____



MSUBILLINGS

STUDY ABROAD HEALTH/EMERGENCY TREATMENT AUTHORIZATION

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

The purpose of this form is to help the Office of International Studies (OIS) provide appropriate assistance to you should the need arise during your study abroad experience. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in the MSUB study abroad program. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your well-being.

All Study Abroad applicants must have a physical exam and submit the Doctor’s evaluation to OIS. The physical exam may be done at Student Health Services: 406-657-2153 (no charge for students currently enrolled at MSUB).

Name: _____ MSUB ID#: _____
Last First

Sex: F M Date of birth: _____ / _____ / _____ Citizenship: _____
Month/Day/Year

Current address: _____ Apt #: _____ Local phone: _____
Street address

_____ Work phone: _____
City State Zip

Country/countries of study abroad program: _____

Date and year of program: _____

Emergency Contact: *Please list who should be notified in case of an emergency*

1. Name: _____ Relationship to you: _____
Last First

Address: _____ Apt #: _____ Home phone: _____
Street address

_____ Work phone: _____
City State Zip

Cell phone: _____ E-mail: _____

2. Name: _____ Relationship to you: _____
Last First

Address: _____ Apt #: _____ Home phone: _____
Street address

_____ Work phone: _____
City State Zip

Cell phone: _____ E-mail: _____

Health Information: *Please list the following or indicate “N/A” if not applicable*

Food allergies: _____

Dietary restrictions or requirements: _____

Allergies (plants, insects, etc.): _____

Immunizations received in the past 90 days: _____

Medical History: *This is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable.*

Medical allergies: _____

Medication taken on a daily or routine basis and ***purpose*** for use: _____

Note: Participants should bring an adequate supply of medications that are required on a daily or routine basis, in addition to a new, original prescription from your doctor in case you need to have your medication replaced/filled while abroad.

List any circumstances or health conditions (such as surgery; hospitalization; injuries; chronic condition; physical, psychological, emotional, or mental illness) that may need special consideration before or during your experience or may affect your ability to participate in this program:

The following **must** be completed. If you do not have a regular physician, indicate where your medical records are kept.

Physician name: _____

Office phone: () _____ Emergency phone: () _____

Address: _____

Health and Emergency Agreement

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization form for access and review by the director of Office of International Studies and the appropriate health professionals in the MSU-B Student Health Services. I give these individuals permission to communicate my health condition with each other and with any physician, psychologist, or counselor who treated me during the past four years. I understand that if this information is pertinent to my well-being abroad, it may be communicated to overseas medical professionals providing treatment, the MSUB International Oversight Committee, the MSUB program leader, and the host institution's resident director.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Montana State University Billings, through its representatives, to secure any necessary treatment. If coverage is not provided through medical insurance, I understand that such treatment shall be solely at my expense, and I shall reimburse Montana State University Billings or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, Montana State University Billings may notify my designated emergency contact.

I certify that all responses made on this form are complete, true and accurate, and I will notify the Office of International Studies immediately of changes in the state of my health. I understand that approval and participation in this study abroad program is contingent on receipt by the MSUB Office of International Studies of this completed and signed form.

Participant Signature: _____

Date: _____

If you have any questions regarding medical problems, immunization requirements, or other health issues, call Student Health Services, 657-2153, at least 45 days prior to departure.



MSU BILLINGS

STUDY ABROAD BUDGET FORM

Office of International Studies – McDonald Hall 1st Floor – 1500 University Drive - Billings, MT 59101

This form is for you to list all necessary direct educational expenses for your study abroad experience as well as expected funding for your trip. If you anticipate using federal financial aid to pay for part of your trip, please make an appointment with either the Director or Associate Director of Financial Aid, as you will need him/her to sign off on this form. Please fill out your “estimated expenses” and bring along a copy of the airline ticket and any other documentation indicating estimated costs (i.e. passport, visa, room and board, etc.) to the Financial Aid Office for your appointment. Once this form is completed, please keep a copy and return one copy to the Office of International Studies.

Estimated Expenses

Expense	Amount
Tuition or Program Fee	\$
Room and Board	\$
Airline Ticket	\$
Application Fee/Placement Fee/Processing Fee	\$ 150.00
MSU International Medical Insurance / Travel Insurance	\$
Passport, Visa, other documents	\$
Miscellaneous Living Expense (local transportation, food, etc.)	\$
Total	\$

Estimated Revenue

Funding Source	Amount
Federal Financial Aid (FAFSA)	\$
Personal Funds	\$
Miscellaneous Support	\$
Total	\$

***** If you want to utilize Financial Aid toward your study abroad program, then the back page must be filled out in its entirety and a meeting with the Director of the Financial Aid Office must be arranged prior to submission of completed application to the Office of International Studies *****

- OVER -

Frequently Asked Questions about Financial Aid

& Study Abroad Programs

- **Can FINAID be used toward my exchange program?**
 - YES! If you are paying tuition to MSUB and going abroad, fill out your FAFSA as usual. FinAid can be applied toward your tuition, room and board, when abroad.
- **What do I do differently if I am paying tuition to Bozeman or another approved university instead of Billings when I go abroad?**
 - Fill out your FAFSA as usual and fill out the Consortium Agreement form that can be found at the OIS or Financial Aid offices. This agreement applies your Federal Aid to Bozeman as a Billings student, and adjusts for the higher cost of education.
- **Should I meet with the FINAID Director/Associate Director before turning in my application to the OIS?**
 - YES! He/She will help you walk through monetary options available (e.g. loans & grants) for your time abroad. Circumstances arise that may require backup funding to pay for surprise costs. One must be realistic about potential risks and financial solutions.
- **What if the semester abroad overlaps two semesters at MSUB?**
 - Only accept financial aid for one semester at a time.
- **What if I want to take summer classes at MSUB after I return back home? Can I have FINAID for my summer session(s) at MSUB?**
 - YES! The Financial Aid Office will need a class list to award you FINAID for the summer session(s). You will be awarded funds based on how many classes you take and the amount of funding available during the summer. The sooner your class list is submitted to the Financial Office, the better your chances of increased funding.
- **Can I just stop by the Financial Aid Office and chat with the Director or Associate Director?**
 - NO! All students must make an appointment. Realize that you might have to wait a week or two to get in with him/her (especially during their “busy” months of processing FAFSA applications). BUT, sometimes the Director is available for a quick chat, so stop by & make the necessary arrangements.
- **What happens if I have more FINAID questions?**
 - Contact a member of the Financial Aid Office.
 - McMullen Hall, 1st Floor East Wing
406-657-2188| FAX (406) 657-1789
finaid@msubillings.edu

Name: _____ MSUB ID #: _____

Email: _____ Phone: _____

Permanent Address: _____
Address City State Zip

Study Abroad Program: _____
University Country

Study Abroad Program Dates: _____
Start Date (Month/Year) End Date (Month/Year)

If receiving Financial Aid, to be signed by the Director or Associate Director:

Financial Aid Office: _____

Director's or Associate Director's Signature: _____ Date: _____



MSUBILLINGS
OFFICIAL TRANSCRIPT AGREEMENT

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

To be completed and signed by the applicant.

You must have an **OFFICIAL TRANSCRIPT** from each school attended sent **DIRECTLY** to the MSUB Office of International Studies address listed below. Transcripts will **NOT** be accepted from the student. When ordering your transcripts, make sure the most recent term attended is included, complete with grades for all semesters.

HAVE TRANSCRIPTS MAILED TO: Montana State University Billings
Office of International Studies
1500 University Drive, McDonald Hall, 150
Billings, MT 59101 USA

Receiving and processing time of transcripts varies from program to program. **Transcripts usually arrive within 2-3 months after the official end date of the program.** At the latest, transcripts should be received by the end of the term following your Study Abroad experience. For example, if you were to study abroad during the Summer Semester, your transcript would be due by the end of the following Fall Semester. To help expedite the process, please work with your host program to have your official host transcript sent directly to MSUB as soon as possible.

How will the transcript delay impact your student status in the subsequent term?:

- *You will be allowed to register for the term following your return. You should be in contact with your advisor via email to register for your courses in a timely manner.
- *You will receive an “Incomplete” for the term during which you studied abroad until your transcript has been received and the grade evaluation has been processed. **Allow 2-3 months.**
- ***Expect a delay in the release of your financial aid**, which cannot be awarded and/or dispersed until your transcript has been received, evaluated and processed by the Registrar’s Office. There are no exceptions to this rule. If you need immediate and emergency financial assistance upon your return, please consult with the Office of the Vice Chancellor for Student Affairs.
- * All students should keep copies of their coursework and syllabi while abroad in case advisors needs this information to determine course approval compatibility.

I understand I must provide a transcript from my Study Abroad Institution by the deadline described above:

Student Signature: _____ **Date:** _____



MSUBILLINGS

STUDY ABROAD LEARNING AGREEMENT

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

To be completed by the student and assigned faculty or department advisor, with the assistance of the Office of International Studies. Must be signed by Student, Faculty Advisor, Director of International Studies, and the MSUB Registrar on page 2.

Name: _____ MSUB ID #: _____

Email: _____ Phone: _____

Permanent Address: _____

Address
City
State
Zip

Study Abroad Program: _____

Name of Institution
Country

Study Abroad Program Dates: _____

Start Date (Month/Year)
End Date (Month/Year)

Major(s) /Minor _____ Faculty Advisor _____

Plan of Study

Select courses equivalent to 12 -15 MSUB credits. You may receive an additional 3 credits for the Study Abroad experience.

All courses count as elective credit unless a corresponding Course Approval Form is completed and signed.

Course Title	Course Description	Foreign Credits	MSUB Credits	Advisor Initials

Alternate Selections

Select several alternate courses in the event of time conflicts or course cancellations.

Course Title	Course Description	Foreign Credits	MSUB Credits	Advisor Initials

Grading Option and Student Acceptance

To be completed by the Student and Faculty Advisor

Grading Option – *select option*

Please select one.

- Ordinary Letter Grades
- Pass/No Pass Option

Pass/No Pass Grading Option is explained in a school catalog under Academic Affairs. Please read the guidelines and consult with your advisor if you wish to take the pass/no pass grading option for your coursework. ***Note: if you are going to count your classes abroad towards your major or minor, then you cannot do the pass/no pass option. Once you have chosen a grading option you cannot change it.***

Student Acceptance – *read and sign*

I acknowledge that the courses on this Learning Agreement will be transferred from my Study Abroad experience to my MSU Billings transcript. I understand that I am required to bring back the equivalent of **12-15 MSUB** credits per semester (Fall/Spring).

Courses taken abroad will count as elective credit unless they are pre-approved via a Study Abroad Course Approval form. The Grading Option that I have chosen will be applied to all the courses that I take abroad and cannot be changed. I understand that if I want to count classes towards a major or minor, then I must take courses for a letter grade. **If using Financial Aid to study abroad, I am also responsible for meeting FinAid guidelines and for submitting all required paperwork to the Director of Financial Aid.**

If I need to make a course change while abroad, I must contact my advisor and the Office of International Studies. **I am responsible for bringing back official transcripts and all syllabi and course work for courses I take while studying at the host institution.**

Student	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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Faculty Advisor	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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Director of International Studies	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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MSUB Registrar	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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MSU BILLINGS

STUDY ABROAD COURSE APPROVAL FORM

Office of International Studies – McDonald Hall #150 – 1500 University Drive - Billings, MT 59101

Use this form for pre-approval of study abroad credits that will apply to a requirement for graduation, such as credits for a Major, Minor, or Foreign Language requirement. Use one form per content area. Courses on the Learning Agreement that are not pre-approved may receive elective credit. Department Chair submits form to: Office of Admissions and Records, McMullen 1st Floor.

Name: _____ MSUB ID #: _____

Email: _____ Phone: _____

Permanent Address: _____
Address City State Zip

Study Abroad Program: _____
University Country

Study Abroad Program Dates: _____
Start Date (Month/Year) End Date (Month/Year)

Major(s) /Minor _____ Faculty Advisor _____

Courses Requiring Approval

Course Title	Academic Units Abroad	MSUB credits	MSUB Equivalent/ MSUB Requirement satisfied***	Content Advisor Initials

*****ADDITIONAL REQUIREMENTS***** If there are additional requirements for course approval, such as a portfolio, exam, syllabi, etc. , use the back of this form or attach the information and indicate on this line either “SEE REVERSE” or “SEE ATTACHED.”

Courses approved by:

 Faculty Advisor *Print Name* *Signature* *Date*

 Content Advisor *Print Name* *Signature* *Date*

 Department Chair (Content Area) *Print Name* *Signature* *Date*

 MSUB Registrar *Print Name* *Signature* *Date*