



Study Away/Off-Campus Clearance Form

INSTRUCTIONS:

In order to spend a semester studying off campus, you are responsible for taking this clearance form around to the following offices and getting a signature from an appropriate individual in that office. The purpose for doing this is to make sure that all of the necessary prerequisites for a successful off-campus study experience have been met, as well as to assist you in making a smooth transition back to your on-campus studies. Please contact the following areas to set an appointment with a representative to discuss your responsibilities with regard to that area. When finished, bring this form to MH300I for the final signature and so the form can be kept on file.

Be sure to complete the application form that is required by the specific program as well.

Set an appointment with the following areas:

_____ Your Faculty advisor

_____ Student Development (The Barn, panderson@malone.edu or (330-471-8282)

_____ Financial Aid Office (Brehme Centennial Center - anyone in the office at (330-471-8159)

_____ Business Office (Just stop by business office windows in Founders Hall and they will have you meet with an appropriate person)

_____ Registrar (Gary Phelps – Founders Hall, gphelps@malone.edu or (330-471-8127)

_____ The Center for Intercultural Studies (Dr. Elizabeth Patterson Roe, MH 300I, eproe@malone.edu (330-471-8626).

Name of Student

Phone Number

MU Box Number

Student email address

Student I.D. Number

Birth Date w/ year

Name of Program

Location

Semester & Year to be spent off-campus

Student GPA

I do _____ do not _____ give my permission to share my study abroad location information with other students attending at the same location during the same semester.

HOW DO I PAY FOR A PROGRAM, AND WHAT CREDIT WILL I EARN?

Malone University Sponsored undergraduate Global and Off-Campus Programs as indicated in the University catalog include programs such as:

Au Sable (for Natural Science majors), Global Ed CCCU, Living and Learning International (Baltimore, Costa Rica and Italy), STAGE (for education students doing student teaching, Trinity Christian College - Spain Semester, Veritas ISA/TEAN (many locations around the world for all majors), For a full list of our go to the Global and Off-Campus Programs area in the catalog or malone.edu/intercultural

Other programs exist that are currently not sponsored by Malone University. Students may participate in these programs as approved transient students if they are associated with an approved and accredited U.S. college or university. In such cases any financial aid will not be available for covering the cost of the program.

Student Accounts With sponsored programs Student Accounts will pay the organization for the cost of the student's program once invoiced (students are responsible to pay for the program deposit). We will then reverse the Malone general fee and full-time tuition charges for that semester, and charge the student's account for the specified cost of their selected program. We will also charge the student an "Undergraduate Off-Campus Study Fee." (\$350 for full-time students, \$175 for part-time students). Payments for the semester may be made by using the Malone payment plans. Student Accounts will process financial aid including loans to cover the student's account balance. Registration for the semester must be finalized at the start of the Malone semester by covering the estimated account balance (after anticipated financial aid) either with loans or payments.

Financial Aid Students participating in sponsored programs will have aid calculated based on Malone's block tuition rate for one semester only. The student is responsible for the balance. All state and federal funds transfer with the exception of federal work study. Institutional aid is limited to a total dollar value of not more than 50% of the current Malone block tuition rate. *Summer programs are not eligible for any institutional funds.* Any student participating in a **second** program must make other arrangements to cover the costs without the use of institutional funds. In order to be eligible for tuition remission, all recipients must meet the satisfactory progress requirements established for state and federal financial aid. *Students are not eligible to use institutional funds to help cover the cost of NON-SPONSORED PROGRAMS.*

Registrar All coursework completed in sponsored programs is accepted for equivalent credit at Malone. All students are required to have a meeting with their faculty advisor and with the Registrar to evaluate how the coursework will meet academic requirements.

PLEASE SIGN BELOW; ONLINE

Signature indicates that you have read the above information and agree with the terms.

SIGNATURE OF STUDENT

DATE

As FACULTY ADVISOR, I give my approval for this student to study in the above named program, with the courses listed below, for the semester indicated:

SIGNATURE

DATE

Anticipated Off-Campus Courses

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Equivalent Malone Courses

- _____
- _____
- _____
- _____
- _____
- _____

With your faculty advisor, you need to discuss how your off-campus coursework will impact your schedule and what impact it will have on your progress in your upper division coursework for your major. You should explore how the coursework that you take off-campus meets the educational requirements at Malone. Finally, you need to establish a schedule for the semester you will return to Malone. Your advisor may need to pre-register you for that semester since pre-registration may occur while you are studying off-campus. You can explore registering on-line as a possibility.

As a BUSINESS OFFICE REPRESENTATIVE, I have reviewed the business office issues with this student and give my conditional approval for this student to study in the above named program for the semester indicated:

SIGNATURE

DATE

This individual will assist you in estimating the costs associated with the study program you are interested in attending, payable to Malone. You should understand how you will be billed and when registration payment is due. Non-payment will jeopardize your off-campus program enrollment. You will need to monitor your account activity while you are gone. It is vital that you understand the costs associated with the decision to spend a semester off-campus.

As the FINANCIAL AID COUNSELOR, I have reviewed the financial aid issues with this student and give my approval for this student to study in the above named program for the semester indicated:

SIGNATURE

DATE

This individual will assist you in developing a financial aid package that will fund your decision to study off-campus. Discuss what financial aid applies and what does not. Also, determine how your scholarships, grants and loans can be applied to this program.

As REPRESENTATIVE OF STUDENT DEVELOPMENT, I have reviewed the necessary issues with this student and give my approval for this student to study in the above named program for the semester indicated:

SIGNATURE

DATE

You will be paying room and board for the off campus study experience. Room and board does not apply to Malone. Discuss what level of accommodation Student Development makes in holding a room for you at Malone for the semester you return. Also, discuss how the lifestyle agreement you have with Malone, as outlined in the Student Handbook, applies as you represent Malone in an off-campus program. Finally, some programs (like the CCCU Best Semester) require a letter of reference from Student Development.

As REGISTRAR, I have reviewed the academic records of this student and give my approval for this student to study in the above named program for the semester indicated:

SIGNATURE

DATE

The Registrar will evaluate how the off-campus coursework will help you meet academic requirements, as well as check your progress toward graduation. The Registrar will also ascertain whether you have the required grade point average and will not be disadvantaged studying off campus. Finally, be certain to have an official transcript sent to the program for which you are applying.

*

STUDENT: After securing the above signatures, please make an appointment to meet with the Director of the Center for Intercultural Studies (Dr. Elizabeth Patterson Roe) in Mitchell Hall 300I, epro@malone.edu). She will sign this document and give final approval for your semester of study.

THE CENTER FOR INTERCULTURAL STUDIES I give my approval for this student to study in the above named program for the semester indicated:

SIGNATURE

DATE

The CIS will confirm that you have met with all of the offices listed above. Any further questions can be answered at this point. Your clearance form will be kept in this office and a copy will be given to you for your records. **All signatures must be obtained before you return to the Center for Intercultural Studies for your final signature.**

In addition to the above information you will need to complete the following checklist:

- _____ Complete Study Away/Off Campus Clearance Form
- _____ Complete application form required by specific program attending
- _____ Complete Off Campus Registration Form (below)
- _____ Be accepted by the off-campus study program attending
- _____ Get/Update Passport (within six months of travel dates). Expiration date? _____
- _____ Arrange for and purchase plane ticket
- _____ **Does your program provide international health and emergency insurance? Yes _____ No _____**
(If not, give your travel dates to Malone CIS as soon as possible).

Off Campus Registration Form

Please print.

Student Name: _____

Director Signature: _____

I understand that I am financially responsible for tuition and fees, room and board if living on campus, and any other charges associated with my enrollment (collectively, the "debt"). If my student account becomes delinquent upon notification from the University and attempts to collect are unsuccessful, I understand that my account may be referred to the University's collection agency or attorney for collection. I agree to reimburse Malone University the fees of any collection agency, which may be based on a percentage at a maximum of 33^{1/3}% of the debt, and, in addition to said fees, all costs and expenses, including reasonable attorney's fees and court costs, the University incurs in such collection efforts. I authorize Malone University and its agents, representatives, attorneys and contractors (including collection agencies) to contact me at the current or any future number that I provide, through my cellular phone or other wireless device, home phone and email, including by way of text and automated telephone dialing equipment or artificial or pre-recorded voice or text message, for the purposes of collecting any portion of my financial obligation which is past due.

➡ **Signature** (no electronic signatures accepted): _____

Mark one: ☐ Fall ☐ Spring ☐ Summer: _____ Year

| Course Code | Course Title | Credit Hrs |
|---|--------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ID Number → (for office use only) | | Total Hours → |

Revised 7/22

Malone University Waiver, Release of Liability, Indemnification and Consent to Medical Attention

In exchange for my being allowed to participate in the educational program (the "Program") of Malone University (the "University") and, more specifically the special course activity identified as the _____ that is scheduled to occur during the period from _____ through _____ (the "Activity"), I and, if I am not yet 21 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. **Assumption of Risk.** I expressly acknowledge that I am not required to participate in the Program or Activity. Accordingly, I voluntarily accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Program and/or Activity.
2. **Identification of Risks.** I understand that there are certain dangers, hazards, and risks inherent in travel and the activities included in the Program and Activity. I understand that such dangers, hazards, and risks may involve risk of injury and loss, both to person and property. I further understand that the risk of injury may include the possibility of permanent disability and death. I understand that the premises, facilities, and equipment used in conducting the activities of the Program and Activity are owned, maintained, or controlled by _____ (the "Premises Owner") and that the University does not own, maintain, or control the premises, facilities, or equipment. There may be other risks not known to the University or Premises Owner or not reasonably foreseeable at this time. I understand that these risks of injury and loss might result from the actions, inactions, negligence, or conduct of the University or Premises Owner, or others, the rules of Program and/or Activity, or the condition of the premises, the facilities, or any equipment used in the Program and/or Activity. I further understand that the University cannot and does not assume responsibility for any such injury or loss.
3. **Waiver and Release.** I waive and release the University, the Premises Owner, and their directors, officers sponsors, employees, agents, volunteers, successors, if any, from from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Program and/or Activity, whether or not caused in whole or part by the negligence or other misconduct of any of the organizations or individuals mentioned above.
4. **Indemnification.** I agree to indemnify and hold harmless (in other words reimburse and be responsible for) the University, the Premises Owner, and their directors, officers, sponsors, employees, agents, volunteers, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with or arising out of my participation in the Program and/or Activity, whether or not caused in whole or in part by the negligence or other misconduct of any of the organizations or individuals mentioned above.
5. **Consent to Medical Treatment.** I agree that the University or Premises Owner may provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services. I understand and agree that the University assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized medical treatment. I further agree that any expense resulting from the provision of such medical services is my responsibility. This consent does not impose a duty upon the University or Premise Owner to provide such assistance, transportation, or services.
6. **Binding Effect.** This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of the University, the Premises Owner, and their respective successors and assigns.
7. **Invalidity/Unenforceability.** If any provision of this instrument is held to be invalid or unenforceable, this instrument shall be construed as if such valid or unenforceable provision was not contained herein.
8. **Applicable Law.** Because the University is located in Canton, Ohio, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed and enforced in accordance with the laws of the State of Ohio.

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT VOLUNTARILY,

PRINTED NAME

SIGNATURE

DATE

If the person participating in the Program and/or Activity is not yet 21 years old:

As parent or legal guardian of the above-mentioned individual, I verify that I fully understand, agree to, and accept all provisions of this Waiver, Release of Liability, indemnification, and Consent.

PRINTED NAME

SIGNATURE

DATE