NON-CALVIN SEMESTER PROGRAMS

Complete this form only if you plan to participate in a program that is not led/operated by Calvin College. This application is designed to ensure that:
a.) you meet the academic and social requirements to study off-campus, and
b.) you have received proper approval of the courses you are planning to take.

1.) What non-Calvin semester program are you applying to? (Check one.)

Partner Programs:
☐ The Chicago Semester
☐ The Japan Center for Michigan Colleges and Universities
☐ Central College: Vienna
☐ ISDSI: Semester in Thailand (for IDS majors)

☐ Other Program

Name of program:

*You will automatically receive 100% of all your financial aid on these Partner Programs, with the exception of the Faculty/Staff tuition waiver.

*You will receive 100% of your “outside” (federal and state) aid, but none of your Calvin-issued aid will be automatically awarded. If you would like to apply to keep 50% of your Calvin-issued aid, please follow the steps below.

2.) If you are applying to a program that is NOT The Chicago Semester, JCMU, Central College in Vienna, or ISDSI, you have the option of applying to maintain 50% of your Calvin-issued financial aid. If you’d like to do so, please follow these steps:

On a separate sheet of paper, please address the following questions:
1.) Please describe the program to which you are applying. (Who runs the program? When was the program established? What is the focus of the program?, etc.)
2.) Why is this program appealing to you? What does this program offer that an existing Calvin semester program doesn’t?
3.) Is the program faith-based? How do you see the program impacting your faith journey?
4.) Are there any special considerations that we should be aware of?
5.) What is the total cost of your program? If it is not listed on their website, please call or e-mail them to get that information.

Also, please give the attached recommendation form to an advisor/recommender to complete on your behalf.

3.) Complete the preliminary application with your advisor. If you are requesting major/minor credits, you will need the department chairperson to sign the application as well. Please return the completed form to the Off-Campus Programs Office (Hiemenga Hall 322). It normally takes about a week to process the application after it is submitted to our office. We will contact you via e-mail once your preliminary application has been fully reviewed.

Grounds for Disapproval Based on Conduct Record
   Students placed on personal probation will be denied participation in semester off-campus programs for a period of 12 months from the date of their sanctioning. Students placed on disciplinary probation will be denied participation for a period of 18 months from the date of their sanctioning. You may choose to appeal these decisions.

Credit and Grades
   Courses taken on non-Calvin semester programs are treated as transfer credits and grades. Therefore, such grades are recorded on your transcript but not included in your GPA. No credit is given for a course in which the grade is lower than "C." Inquire at the Registrar’s Office for questions related to grading policies.
Submit this completed form to the OFF-CAMPUS PROGRAMS OFFICE (Hiemenga Hall 322).

PRELIMINARY APPLICATION FOR OFF-CAMPUS STUDY

Program: ________________________________ Class level at time of program (circle one): Soph. Jr. Sr.

Semester (please circle): Fall/Spring Year:_____________

Name_____________________________________________________________Student No. ___________________

Last                      First                     Zip __________________

Local Address _____________________________________________________________

Local Phone _____________________E-mail ____________________________________ GPA: ________ (Min. 2.5)

Courses: List the courses which you intend to take (minimum 12 sem. hrs.)

<table>
<thead>
<tr>
<th>Courses</th>
<th>Sem. Hrs.</th>
<th>Credit Type (Core, Major, Minor, or Elective)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Advisor Signature ___________________________ Dept.: _______________________

Advisor’s name printed: ____________________________ Date: __________

Departmental approval(s) of major and/or minor credits: If any of the courses listed above are in fulfillment of a requirement in your major or minor, obtain the appropriate department approval(s) below.

Major:___________________________________________ ________________________ Date: __________

Signature of Dept. Chair Department

Minor:___________________________________________ ________________________ Date: __________

Signature of Dept. Chair Department

Student Conduct Record: Circle the correct answer to each of the following questions.

Have you been disciplined by a member of the Student Life Division (a Dean or Resident Director) for an infraction of campus regulations? Yes  No  (If yes, explain below.)

____________________________________________________________________________________

Have you been disciplined by a member of the teaching faculty for academic dishonesty? Yes  No  (If yes, explain below.)

____________________________________________________________________________________

After completing the above, submit this application to the OFF-CAMPUS PROGRAMS OFFICE.

Registrar: CUM GPA: ________ Signature: __________________________ Date: _________

Student Life Review: Recommend___ Deny ___ Signature: ____________________ Date: _________

Off-Campus Programs: ___________________________ Approve: ___ Disapprove: ___ Date: _________
Calvin Off-Campus Programs Office
Advisor Reference Form

One of your advisees, ____________________________, has applied to participate in a non-Calvin Off-Campus Program. The student must apply to be awarded a “slot” that would allow them to maintain 50% of their Calvin-issued financial aid. These slots are competitive; this reference will be used by the selection committee to award specific slots, so we would appreciate your help in completing this form for your advisee.

Thanks in advance for your help with this process!

1.) Have you met with this student to discuss this opportunity?  YES   NO

2.) Have you heard of the program that this student wants to attend?  YES   NO
   Additional comments:

   If so, is the program an established and well-run program?  YES   NO

3.) From your discussion with the student, does this program appear to fit well with the student’s goals and interests?  Extremely Well   Moderately Well   Not Very Well
   Additional comments:

4.) In your opinion, is this student mature enough and ready for this experience?
   Definitely   Probably   Some Reservations
   Additional Comments:

5.) In your opinion, will this student benefit from this particular program?
   Definitely   Probably   Some Reservations
   Additional Comments:

6.) From an academic perspective, what do you think this student will gain from this program that they couldn’t get from an already established Calvin semester off-campus program?

If there are any additional/special considerations the selection committee should know about this student, please indicate those on the back of this form.

Signature of Advisor ____________________________ Date ______________

Printed Name of Advisor ____________________________ Department ____________________________
WAIVER AND RELEASE AGREEMENT FOR NON-CALVIN COLLEGE OFF-CAMPUS STUDY PROGRAMS

In consideration of Calvin College (the ‘College’) agreeing to accept academic credit for my participation in and successful completion of an off-campus program, which the College does not sponsor, operate or supervise (‘the Program’), located in ______________ and sponsored by ______________ (‘the Sponsor’), I hereby acknowledge, agree to and represent the following:

1. I acknowledge that the College is not in any way involved with the Program as a sponsor, operator, supervisor or otherwise and that the College has not endorsed or otherwise approved of the Program. I acknowledge that, unlike other off-campus programs that the College does sponsor, operate or supervise, the College has no control over and is not responsible for any matter related to the Program or my participation in the Program. I, and not the College, am responsible for arranging for all matters related to my participation in the Program, including, without limitation, visas and travel plans; living arrangements; financial support; travel, health and other insurance protection; and political evacuation and other emergency plans.

2. I understand that the College will accept billing from the Sponsor for my participation in the Program and will pass those costs on by billing me, and I agree to pay the additional administrative fee for this billing arrangement. I acknowledge that the costs of participating in the Program may be more or less than the costs of attending the College and I agree to pay to the College the greater of the cost of tuition for attending the College and the costs of participating the Program as billed by the Sponsor.

3. I acknowledge that the Program is subject to the control and supervision of the Sponsor and that I am responsible for understanding and meeting all of the terms and conditions required by the Sponsor (which the Sponsor may have authority to change at any time for any reason, with or without notice).

4. I am responsible for all matters regarding my health and safety, including, without limitation, arranging for medical treatment or quarantine, if needed. I am responsible for securing health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. I am responsible for being or becoming familiar with my insurer’s conditions and procedures for making a claim. I hereby release the College, and its employees and agents, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

5. I understand that although the College does not sponsor or supervise the Program I am still subject to and I agree to uphold individual and group standards set forth by the College. I understand that the College has the right to discipline me at any time should my actions, overt or covert, in the sole discretion of the College, be determined to violate the individual and group standards set forth by the College.

6. I acknowledge that there are unavoidable risks in travel abroad or in other parts of the United States and I understand that I am responsible for my safety while
participating in the Program. I, on behalf of myself and my estate, hereby release and promise not to sue the College, or its employees and agents, for any damage or injury (including death) caused by, derived from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the College. I further agree that in the event anyone else files a claim against the College, its employees or agents, arising from damages or injuries (including death) to me, I and/or my estate agree to indemnify and hold harmless the College, its employees and/or agents.

7. I agree that, should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.

8. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the advisor, counselor, or attorney of my choice.

9. I agree that, should there be any dispute concerning the liability or responsibility of the College for my participation in the Program and that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of Michigan, excluding the application of its choice of law principles. Any such claims will be filed in the Kent County Circuit Court. I agree that if I bring a claim against the College in a court of law, and the College is successful in defending against the claim, I will indemnify the College for costs to the College arising out of such a claim, including the College's reasonable attorneys' fees in defending such a claim.

10. This agreement represents my complete understanding with the College concerning the College's responsibility and liability for my participation in the Program. It supersedes any previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without written concurrence by me and by an authorized agent of the College.

11. I represent that I am at least eighteen years of age.

_______________________________________________ Date: _________________
Signature

________________________________________________
Printed Name