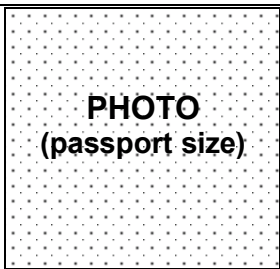




# SCU BURKINA FASO

## STUDENT INFORMATION



### BIOGRAPHICAL INFORMATION

Name \_\_\_\_\_ Preferred name: \_\_\_\_\_  
Last First M.I

SCU ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Female  Male

### CONTACT INFORMATION

Local Address: Street No: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Permanent Address: Street No: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: (most frequently checked): \_\_\_\_\_

### ACADEMIC BACKGROUND

Name of College / University: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_  
Major(s): \_\_\_\_\_ Primary Advisor: \_\_\_\_\_  
Minor(s): \_\_\_\_\_ Secondary Advisor: \_\_\_\_\_  
Class Status: (while studying abroad)  Sophomore  Junior  Senior  Graduate

### TERM / YEAR

FALL SEMESTER, YEAR \_\_\_\_\_  
Do have any previous international experience?  Yes  No If YES, please describe \_\_\_\_\_

### EMERGENCY CONTACT (In case of emergency...)

Name of Parent(s) / Guardian: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email: \_\_\_\_\_  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### MEDICAL CARE (Helpful for onsite Program Director)

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### MEDICAL HISTORY (optional)

- 1) Medications / Allergies/Dietary restrictions: \_\_\_\_\_
- 2) Significant medical conditions (physical/psychological): \_\_\_\_\_
- 3) Are you registered with the Disability Resource Center on campus?  Yes  No

DO NOT WRITE BELOW THIS LINE

### FOR STAFF USE ONLY

FERPA Release

### Comments:

- Date Rec'd: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials \_\_\_\_\_
- Transcript Requested Date: \_\_\_\_\_  Student- obtained
- Program Application Fee: \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_
- Program Application Packet Sent Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# SCU BURKINA FASO

## PROFICIENCY DISCLOSURE

Form  
B

### RELEVANT WORK EXPERIENCE

In order to assist us in field placement assignment if you are accepted, please list any relevant work or volunteer experience you have had:


### LANGUAGE PROFICIENCY

(1) Indicate how you have learned and use French. Specify number of courses studied, time spent living in another country, etc:


(2) Assess your language ability using a scale from 1-5 (1 being limited and 5 being excellent).

ABILITY TO	LEVEL	COMMENTS
<i>Understand</i>		
<i>Write</i>		
<i>Read</i>		
<i>Speak</i>		

### AREAS OF INTEREST

We are interested in knowing what the most important factors were in drawing you to apply for the SCU Burkina Faso. Please rank your top 3 choices out of this list, using a 1 for the most important, 2 for the second-most important and so on. Use the numbers 1-3.

	<i>Living in Community</i>		<i>Simple Living</i>
	<i>French Language Study &amp; Immersion</i>		<i>Economic Development</i>
	<i>Internship (Libraries in Local Communities)</i>		<i>Francophone</i>
	<i>Social Justice</i>		<i>West African Culture / History</i>
	<i>Academic Offerings</i>		<i>Other:</i>

### MOTIVATION ESSAY

We wish to hear about your life experience. Your candid answers to the following question will help both you and the admission committee examine your readiness to make the commitment to this experience. Please explain your answer in terms of specific experiences in your life. You are welcome to include additional information that you feel is pertinent. The essay should be typed, double-spaced, and no more than two pages. *Please respond to the following questions within the context of your essay:*

(1) *Why do you want to participate in Burkina Faso? Describe any specific experiences and relationships that have led you to apply for this program.*

(2) *What do you see as specific challenges to this type of experience?*



# SCU BURKINA FASO

## STUDY ABROAD ADVISOR APPROVAL

(FOR NON-SCU STUDENTS ONLY)

**APPLICANT INFORMATION:** Please fill out this section and give the form to the appropriate school official at your home school who approves study abroad programs. Remind them to give this form back to you SEALED so you can include it with your application packet.

Student's Name \_\_\_\_\_

- I waive my right of access to this reference form
- I do not waive my right of access to this reference form

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR STUDY ABROAD ADVISOR:** The student named above is applying for the SCU Burkina Faso study abroad program in Burkina Faso which is administered through Santa Clara University. If selected, the student is expected to enroll in a full academic program (a total of 15 semester credits). We would appreciate your evaluation of the student.

- 1) Is the student in good academic standing?  
 Yes  No
- 2) Has the student been subject to disciplinary action?  
 Yes  No
- 3) Has the student shown satisfactory adjustment to college life in general?  
 Yes  No
- 4) Have you discussed your institution's policy for accepting credit with the above-named student?  
 Yes  No
- 5) Will credits earned in this program be applied toward completion of the student's degree awarded at your institution? *(select one)*
  - (A) Yes, provided that the student passes each course with a grade of \_\_\_\_\_ or better.
  - (B) Yes, on the following condition
  - (C) No

6) What is your institution's requirement grade for pass/fail? \_\_\_\_\_ *(Please note that a Pass grade at Santa Clara University represents a grade of C or higher)*

7) Will the student be permitted to transfer credits for courses taken on pass/fail basis?  
 Yes  No

8) Do you recommend the student?  
 Yes  Yes, with reservations  No *(If no, please provide explanations)*

*For additional comments, please use the reverse side of this form.*

Name of college official	Institution
Title	Address
Phone / Fax	City / State
Email	Zip

Signature of college official: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to the applicant in a sealed envelope with your name signed across the sealed flap. The applicant will send your reference to us as part of her/his completed application packet. Please feel free to contact us if you have any questions:



# SCU BURKINA FASO

## FRENCH LANGUAGE REFERENCE

**APPLICANT INFORMATION:** Please fill out this section and give the form to the French teacher / professor or someone who can assess your French language skills. Remind the person to give this form back to you SEALED in an envelope so you can include it with your application packet.

Student's Name \_\_\_\_\_ Social Security No: \_\_\_\_\_

- I waive my right of access to this reference form  
 I do not waive my right of access to this reference form

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the SCHOOL OFFICIAL:** The applicant named above has chosen you to let us know more about her/him as we consider her/his acceptability for the SCU Burkina Faso study abroad program in Burkina Faso. Participants are required to have a minimum of intermediate French proficiency – fluency is not required. Your comments will be extremely helpful in our efforts to provide optimal living and learning experiences for our students.

Please note the student's language ability in the following areas.

SKILLS	LIMITED	PROFICIENCY	FLUENT
Comprehension			
Writing			
Reading			
Speaking			

COMMENTS: Please feel free to comment here or on the back of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of college official	Institution
Email	Address
Phone	City / State / Zip
Fax	Phone

Signature of college official: \_\_\_\_\_ Date: \_\_\_\_\_

Please check here if you are interested in receiving information about SCU Burkina Faso.

Return this form to the applicant in a sealed envelope with your name signed across the sealed flap. The applicant will send your reference to us as part of her/his completed application packet. Please feel free to contact us if you have any questions:

International Programs / Kenna 110, Santa Clara University, 500 El Camino Real, Santa Clara, CA 95053-0639  
Telephone 408.554.6940 | Fax 408.554.2340 | Email [studyabroad@scu.edu](mailto:studyabroad@scu.edu) | Web site: [www.scu.edu/burkinafaso](http://www.scu.edu/burkinafaso)





# SCU BURKINA FASO

## **PARTICIPANT AGREEMENT**

COMPLETION OF THIS FORM IS REQUIRED FOR ALL PARTICIPANTS IN THE UNIVERSITY STUDY ABROAD PROGRAM. THE APPLICATION PROCESS WILL NOT BE COMPLETE UNTIL THIS FORM IS ON FILE WITH THE INTERNATIONAL PROGRAMS OFFICE.

This is an agreement between Santa Clara University and (write full name) \_\_\_\_\_ in respect to the *SCU Burkina Faso: Reading West Africa Study / Immersion Program*.

### **I. SANTA CLARA UNIVERSITY SHALL**

1. Process applications in accordance with Santa Clara University and *SCU Burkina Faso* operator policies and regulations.
2. Offer appropriate academic courses and related activities.
3. Provide room and board to participating student throughout duration of semester program.
4. As the School of Record, grant credit upon satisfactory completion of the study abroad courses in accordance with Santa Clara University and *SCU Burkina Faso* policies and regulations.
5. Support *SCU Burkina Faso's* right to cancel courses or to change the academic format of the courses at its discretion where student interest, availability of adequate facility or resources, or other relevant criteria indicate that such cancellation or change may be appropriate.

### **II. THE STUDENT SHALL**

1. Apply to *SCU Burkina Faso* through the International Programs office at Santa Clara University and certify that they are a student in good standing at their home university.
2. Accept the full responsibility for reading and understanding *SCU Burkina Faso* documents concerning program content, policies, and procedures and agree to extend her/his best efforts to successfully complete academic requirements.
3. Abide by all conduct rules of *SCU Burkina Faso*, Santa Clara University, and student's home institution in the event of an alleged violation of such rules, be subject to the discipline of *SCU Burkina Faso* and Santa Clara University, including the termination of the STUDENT from the program.
4. Understand and agree that Santa Clara University, *SCU Burkina Faso*, Association of Jesuit Colleges and Universities, and Friends of African Village Libraries (FAVL) are not responsible and shall accept no liability for any activity other than those defined in Section I above, including but not limited to personal travel and activities.
5. Understand and agree that the STUDENT is responsible for the cost of any expense associated with actions that become necessary in the event of an emergency, including but not limited to the cost of returning to the U.S.
6. Complete all forms required by Santa Clara University and *SCU Burkina Faso*, including but not limited to 1) Application Form including completed essays, 2) Release of Transcript Form, 3) Academic Advisor Approval Form, 4) Letters of Recommendation, 5) Insurance Waiver Form, in addition to this Student Agreement.
7. Pay all fees (which include tuition, room and board, organized field trips, and other fees assessed by *SCU Burkina Faso*) including a \$500 non-refundable confirmation deposit due within 10 days (or at a later date) as directed on the official acceptance email.
8. Obtain a passport, official evidence of inoculations as required, and certification by physician attesting to the ability of the STUDENT to engage in the program without deleterious effects of her or his health.
9. Understand and agree that in the event that Santa Clara University or *SCU Burkina Faso* determines, after informing STUDENT of an alleged violation and discussing it with her or him, that the STUDENT has violated a student conduct regulation, Santa Clara University or *SCU Burkina Faso* may terminate the STUDENT from the program.

10. In consideration of the permission granted to the STUDENT, release and discharge Santa Clara University, *SCU Burkina Faso*, Association of Jesuit Colleges and Universities, and Friends of African Village Libraries (FAVL) including their officers and employees from all liability, as defined herein, arising out of, or in connection with the STUDENT'S participation in the above described activity. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that the STUDENT or STUDENT'S heirs, executors, administrators, or assignees may have against Santa Clara University, *SCU Burkina Faso*, Association of Jesuit Colleges and Universities, or the Friends of African Village Libraries (FAVL), or that any other person or entity may have against Santa Clara University, *SCU Burkina Faso*, Association of Jesuit Colleges and Universities, and Friends of African Village Libraries (FAVL), because of death, personal injury or illness, or because of any loss of or damage to property, that occurs during the above described activity and that results from any cause other than the negligence of Santa Clara University or *SCU Burkina Faso*.
11. Further agree to hold harmless, defend and indemnify Santa Clara University, *SCU Burkina Faso*, Association of Jesuit Colleges and Universities, and Friends of African Village Libraries (FAVL) from any and all liability, as defined above, resulting from, or in any manner arising out of or in connection with the STUDENT'S participation in the above described activity, but not to extent that such liability is due to the sole negligence or willful misconduct of Santa Clara University, *SCU Burkina Faso*, Association of Jesuit Colleges and Universities, and Friends of African Village Libraries (FAVL).
12. Certify that s/he understands that there are inherent risk in any travel and that travel to a foreign country entails the specific risks of travel accident, acts of war, criminal acts, foreign laws and practices, foreign language, and other risks associated with any international travel.
13. Acknowledge that there are specific health and safety risks in traveling to *SCU Burkina Faso*. The STUDENT will accept and uphold specific policies and procedures as deemed necessary by program directors with regards to health, safety, and travel.
14. Certify that s/he understands that *SCU Burkina Faso* may be cancelled for insufficient enrollment or any other cause deemed sufficient by the program operators.
15. Agree, at STUDENT'S expense, to procure and maintain during the course of the program, medical insurance to cover the risks assumed in this activity, including but not limited to worldwide coverage.
16. Be responsible for personally obtaining any travel advisory from the State Department.
17. Consult with their academic advisor, other appropriate faculty, and the International Programs staff at the STUDENT'S home institution to insure that they are pursuing an acceptable academic plan abroad.
18. Enroll in the minimum number of courses required by *SCU Burkina Faso*. The STUDENT recognizes that five 3-unit semester courses constitute a normal load. With the approval of the program operators, the STUDENT may take less or more than five courses. The STUDENT acknowledges that they are responsible for informing themselves about their home university's academic regulations and maintaining progress toward graduation.

### **III. GENERAL PROVISIONS**

1. This agreement is subject to all applicable laws and regulations. If performance of this agreement involves violation of applicable law or regulation thereby making it legally impossible to perform and such illegality is not the fault of STUDENT, Santa Clara University shall refund to STUDENT all fees paid pursuant to this Agreement and upon payment of said refund, all rights of Santa Clara University and STUDENT are expressly waived.
2. This Agreement contains the sole and entire agreement between Santa Clara University and STUDENT and shall supersede any and all other agreements between the parties. Santa Clara University and STUDENT acknowledge and agree that any statements or representations that may heretofore have been made by either of them to the other are void and of no effect and that neither of them has relied thereon in connection with her or his or its dealings with the other.

---

Signature of Student

---

Date



# SCU BURKINA FASO

## COURSE APPROVAL

(FOR NON-SCU STUDENTS ONLY)

Check with your Study Abroad Office before completing this form as your home university may have its own form to complete. The following courses taken in an approved study abroad program have been accepted by the relevant academic department for use in satisfying university, college, major, or minor requirements my home institution: *SCU students please check the pre-approved courses on the Study Abroad website: [www.scu.edu/studyabroad](http://www.scu.edu/studyabroad)*

### STUDENT DATA

<b>First Name:</b>	<b>Last Name:</b>
<b>I.D. / SS#:</b>	<b>Term / Year to Study Abroad:</b>
<b>Name of Program:</b> SCU BURKINA FASO	<b>City and Country:</b> SCU BURKINA FASO

### CLASS APPROVAL SECTION

SCU Burkina Faso Courses <small>(Course # / Title)</small>	Home Campus Equivalent <small>(Course # / Title)</small>	Applies Toward *** <small>(major, minor, core, elective)</small>	Approval Signature <small>(Department Chair )</small>

Note: Santa Clara University students do not need to fill out this form as you will be enrolling in SCU classes. Please check with the International Programs Office if you have questions about courses.

I understand that it is my **responsibility** to ensure that the courses offered at SCU Burkina Faso will meet graduation requirements at my own university and will plan my schedule accordingly:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**KEEP A COPY OF THIS FORM FOR YOUR OWN FILE**



# SCU BURKINA FASO

## HEALTH INSURANCE WAIVER

(FOR NON-SCU STUDENTS ONLY)

To ensure that all students have health insurance coverage including basic sickness, accidental, and major medical comprehensive coverage, Santa Clara University has instituted a mandatory health insurance requirement for ALL students participating in *Burkina Faso* in Burkina Faso, West Africa. Although the University International Programs office at Santa Clara University has purchased a supplemental travel insurance policy (for more details, please see the SCU Burkina Faso website at [www.scu.edu/burkinafaso](http://www.scu.edu/burkinafaso)), all undergraduate and graduate students enrolled in 6 units (credits) or more are required to be covered under a basic health insurance policy (this includes ALL participants in the *SCU Burkina Faso*). You may fulfill this requirement by either:

A. Completing a waiver form showing proof of your own comparable insurance coverage. You must **MAKE SURE** that your current insurance will cover you for basic sickness, accidental, and major medical comprehensive coverage in SCU Burkina Faso (many HMO's will not as you will be **OUT OF THE COUNTRY** and most HMO's are location specific). If your policy does not cover you while in Burkina Faso, you will need to enroll in the appropriate SCU sponsored plan (see attached brochure for details) or another suitable coverage offered at your home institution.

B. Enrolling in the appropriate Santa Clara University sponsored plan. SCU sponsors a health insurance program with Fairmont Premium Insurance that students may purchase for about \$1,500 per year. **To view or download a PDF file brochure**, please visit the SCU Cowell Student Health Center's website: [www.scu.edu/cshc](http://www.scu.edu/cshc)

This mandatory health insurance form must be completed in its entirety, including your signature for the appropriate option, and returned with the COMPLETED APPLICATION PROCESS. **If you are an eligible student and do not show proof of insurance by completing the waiver option of this form by the appropriate deadline, you will automatically be enrolled in Santa Clara University sponsored insurance plan and the insurance fee will be charged to your student account.**

**STUDENT INFORMATION** (required for ALL students)

Name (last, first):			SS #:		
Current Address			Permanent Address		
City:	State	Zip	City:	State:	Zip:
Phone:			Phone:		

**APPLICANT MUST SELECT ONE OF THE FOLLOWING TWO OPTIONS:**

**OPTION ONE:**     PETITION FOR WAIVER OF SCU-SPONSORED STUDENT HEALTH INSURANCE PLAN

[    ] I certify that I will be participating in the following comparable health insurance policy during my semester of studies with the *SCU Burkina Faso* in Burkina Faso. I accept responsibility for my insurance being comparable to the SCU sponsored plan. I further understand that by submitting this waiver request, I will be responsible for all of my medical expenses while in Burkina Faso and neither the University nor its health insurance program will be responsible for my medical expenses. I understand that it is my responsibility if there is any change in my health coverage to notify the office of International Programs at Santa Clara University and either: A) complete a new waiver form or B) enroll in the appropriate SCU sponsored plan.

*If you sign this waiver, you must confirm with your insurance provider that you will be covered while in Burkina Faso (for basic sickness, accidents, and jamor medical coverage). **You MUST attach a copy of your Health Insurance Card** with this application.*

Name of Insurance Company (Provider): \_\_\_\_\_ Define Policy Type: \_\_\_\_\_  
 Name of Subscriber: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Maximum Coverage Per Illness/Accident: \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature of Student (Parent of Guardian, if Minor)

\_\_\_\_\_  
 Date

**OPTION TWO:**     AUTHORIZATION FOR ENROLLMENT IN SCU-SPONSORED HEALTH INSURANCE PLAN

[    ] I do not have my own comprehensive health insurance coverage during the duration of my studies *Burkina Faso* in Burkina Faso. I will need to enroll in the SCU sponsored Student Health Insurance Plan at additional cost to me (premium fee about \$1,300 year). My signature here authorizes Santa Clara University to bill me for the appropriate amount.

\_\_\_\_\_  
 Signature of Student (Parent of Guardian if Minor)

\_\_\_\_\_  
 Date



# SCU BURKINA FASO

## TRANSCRIPT REQUEST

(FOR NON-SCU STUDENTS ONLY)

Check with the Study Abroad Office at your home campus before completing this form as your school may have its own form to complete. At the end of the program, Santa Clara University will send one official copy of your transcript to your school and a complimentary transcript to you. Please provide the necessary information here.

### STUDENT INFORMATION

Name (Last, First)	SS#:
Address:	City/ State/ Zip

### SCHOOL ADDRESS

Please provide the correct address of the registrar's office at your home university to which the transcript should be sent. *This information must be accurate.*

Name of Official:	Title:
Office:	College:
Address:	City/State/Zip
Phone:	Fax:

## OFFICIAL TRANSCRIPT

**All applicants are required to send the most current transcript from their university with the application packet. Check with the Study Abroad Office at your home campus who may be able to request an official transcript on your behalf to attach with your application packet.**



# SCU BURKINA FASO

## APPLICATION RELEASE

I attest that all information contained in this application is true to the best of my knowledge, and I understand that upon becoming a student in this program, I shall be subject to all rules, regulations, and requirements of conduct, scholarship, and continuance through Santa Clara University as well as my home institution. I understand that Santa Clara University reserves the right to require the withdrawal of any student on account of unsatisfactory academic work or inappropriate behavior.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

CHECKLIST: Use the following official checklist to ensure that your application is complete. Make copies of the completed application packet including this checklist before sending it to Santa Clara University (see address below)

- \_\_\_\_\_ Form A: Student Information  
*(Include a photo and a typed essay)*
- \_\_\_\_\_ Form B: Proficiency Disclosure
- \_\_\_\_\_ Form C: Advisor Recommendation  
*(Must be signed by the study abroad advisor or appropriate person at your home school who approves study abroad participation)*
- \_\_\_\_\_ Form D: French Language Reference
- \_\_\_\_\_ Form E: Character Reference
- \_\_\_\_\_ Form F: Participant Agreement (F1 & F2)
- \_\_\_\_\_ Form G: Course Approval  
*(Your school may not require this – check with your Study Abroad Office)*
- \_\_\_\_\_ Form H: Health Insurance Waiver  
*(Attach a copy of your own health insurance card if you waive the mandatory SCU Student Health Insurance Coverage)*
- \_\_\_\_\_ Form I: Transcript Request  
*(Include an official transcript from your university with your application packet)*
- \_\_\_\_\_ Form J: Application Release  
*(Make sure you make a copy of your completed application packet)*

DEADLINES: *Please visit our website for actual deadlines ([www.scu.edu/burkinafaso](http://www.scu.edu/burkinafaso))*

MAILING ADDRESS: *Send completed application to:*

Vidalino Raator, International Programs, Kenna Hall 110 Santa Clara University; 500 El Camino Real; Santa Clara, CA 95053

CONTACT: *Please send an email to [mkewane@scu.edu](mailto:mkewane@scu.edu) informing him that your application is in the mail or if you have any questions. Feel free to call our office if you have any other questions or concerns: Phone: 408-554-6940 Fax: 408-554-2340*

***“When we are dreaming alone, it is only a dream.  
When we are dreaming with others, it is the beginning of reality.”  
-Dom Helder Camara***