

## NORTHWESTERN UNIVERSITY STUDY ABROAD PRE-DEPARTURE FORMS

### Fall, Winter, Spring, Academic Year, BU Padova Summer and IES Arles Summer Study Abroad Students:

Submit the forms listed below at your

#### **MANDATORY Pre-Departure Orientation.**

The date, time, and location are listed on the Calendar on our Web site at

<http://www.northwestern.edu/studyabroad/calendar/>

### **FORMS**

Once you have been accepted to and have decided on a study abroad program please complete the forms in this packet. If you still do not know which program you will attend by the time you need to submit these forms, complete them as if you are going on your first choice program. **If your plans change after you have submitted these forms, you must notify the SAO immediately so that we can work with you to make any necessary adjustments (including your financial aid).**

- 1) **Program Confirmation Form (attached)**
- 2) **Study Abroad Health Insurance Coverage Form (attached)**
- 3) **McCormick Students: You must complete McCormick Documents\*\***
- 4) **Students planning to do an internship abroad for credit:**  
**You must complete an internship petition and meet with a study abroad adviser before the end of the quarter.**  
The petition is available at the Study Abroad Office. To make an appointment with a Study Abroad Adviser, please call the Study Abroad Office at 847-467-6400.
- 5) **Students planning to do an independent study/research project abroad (ISP):**  
Make sure to read the "Conducting Independent Study and Research Projects Abroad" section of the Study Abroad Office website: [http://www.northwestern.edu/studyabroad/academic\\_issues/ISPs\\_Abroad.html](http://www.northwestern.edu/studyabroad/academic_issues/ISPs_Abroad.html)
- 6) **OPTIONAL: Write a letter to yourself abroad! (for Fall, Winter, Spring Students only – attached)**

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### **JR ABROAD STUDENTS**

You must attend the Pre-Departure Orientation, but should submit these forms to Medill, NOT at the orientation.

### **\*\*McCORMICK DOCUMENTS**

These documents are issued by McCormick and must be submitted to McCormick. When you submit them, your school representative will sign Section V. of your Program Confirmation/Course Approval Form. You should have received these documents when you picked up a Northwestern study abroad application. They also can be downloaded at <http://www.northwestern.edu/studyabroad/forms/index.html#outbound> ("Pre-Departure Forms for McCormick Students").

### **Northwestern Study Abroad Requirements for Fall, Winter, Spring Study Abroad**

Make sure you know our requirements! Find them on your specific program page on our website:

<http://www.northwestern.edu/studyabroad/>. It is your responsibility to read them over carefully, identify which ones apply to you, and make sure you adhere to them while you're abroad.

### **RECEIVING OFFICIAL NORTHWESTERN APPROVAL TO STUDY ABROAD**

You will be officially approved by Northwestern to study abroad after you: (1) complete the Blackboard Pre-departure Quiz (*please note: this quiz is different from the Study Abroad 101 quiz you took to get the application*) with a passing score of 90%; (2) attend the mandatory Pre-Departure Orientation (3) submit all required pre-departure forms and (4) fulfill any other individual pre-departure requirements explained in your preliminary approval email. If you study abroad without official approval from Northwestern, you will not be enrolled at Northwestern, will not receive any financial aid for which you qualify through Northwestern, and will not receive credit for courses taken abroad.

# Northwestern University Study Abroad PROGRAM CONFIRMATION FORM

## I. PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

## II. PROGRAM DESCRIPTION

Please list the program in which you know you will be participating. If you do not yet know, please list your first choice.

<b>Program</b>	<b>Term You Will Study Abroad</b>
Please list sponsoring institution plus school name, e.g., "Arcadia-Edinburgh"	(fill out & circle one)
(If you plan to attend two different programs in fall and winter/spring, list both.)	Fall 200 ____ Full Year 200____ - 200____ Winter/Spring 200____ Summer 200____ Other: _____

## III. STUDENT SIGNATURE RE: PROGRAM PARTICIPATION AND REQUIREMENTS

I certify that: *(please check one)*

- \_\_\_\_\_ a. I have been accepted to, and intend to enroll in, the study abroad program named above.
- \_\_\_\_\_ b. I have not yet been accepted to the study abroad program named above but intend to enroll in it if I am accepted.
- \_\_\_\_\_ c. Other circumstances *(please explain)*:

I agree to notify the Northwestern Study Abroad Office immediately either when I have committed to participating in a study abroad program (if you have not yet been accepted to one), or if I decide to enroll in a program other than the one listed above, or if I decide not to study abroad at all.

In addition, I have read through the list of Northwestern's program-specific requirements (found on my specific program pages located at <http://www.northwestern.edu/studyabroad/>) and agree to abide by any requirements pertaining to the program in which I plan to participate.

<b>Are you a McCormick student? (if Yes, make sure to complete (V) below)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you planning to do an internship for credit while you're abroad?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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

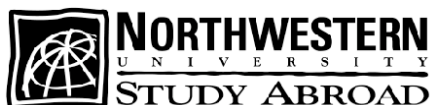
## IV. PLEASE NOTE:

If you plan to enroll in a study abroad program other than the one that you listed as your "First Choice Program" on your original Northwestern study abroad application, we **strongly suggest** that you review your new plans with your departmental advisor(s) and your school representative. This will help ensure that you do not encounter any unexpected problems with your overall plan of study at Northwestern when you return.

## V. MCCORMICK STUDENTS ONLY: SIGNATURE OF SCHOOL REPRESENTATIVE

Your signature below indicates that this student has completed and submitted to your office all necessary school documents and that you believe that her/his study abroad plans will be acceptable to your school in partial fulfillment of his/her academic program at Northwestern.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Study Abroad Health Insurance Coverage Form

*For information regarding health insurance requirements,  
please read the information immediately following this form.*

Student Name: \_\_\_\_\_

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As a participant in a study abroad program affiliated with Northwestern University, I acknowledge and accept the University's policy that requires me to be covered by HTH health insurance for the time that I am abroad. Therefore I elect one of the following options:

- I have purchased HTH Worldwide coverage and have attached verification of my enrollment with these pre-departure forms.\*
- My study abroad program provider requires HTH health insurance and I have purchased/will purchase coverage through the program.
- IES & Arcadia students only: You do not need to provide verification of enrollment since the programs will do so on your behalf.

*(Please note: If you have questions about your program provider's health insurance requirements or coverage, call the program office directly or visit the program's website.)*

\*A copy of your HTH identification card (available online after obtaining HTH insurance) serves as sufficient verification of enrollment.

I (we) release and discharge Northwestern University, its employees and agents from any obligations I (we) may incur as a result of illness or injury while I am (our student is) abroad.

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Student's Signature

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Parent's Signature (required even if you are over age 18)

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Date

*\*This completed form can be  
submitted to the Study Abroad Office  
or faxed to 847-467-6410.*

## **Information regarding Health Insurance for Study Abroad Students**

### **Study Abroad Health Insurance Requirement**

The safety and well being of students participating in Northwestern University Study Abroad programs is of paramount importance. To best meet the medical needs of those who study abroad, Northwestern University requires all students who plan to study abroad in fall 2009 or during the academic year, 2009-2010, to obtain HTH health insurance coverage for the period of time they are studying and traveling abroad and to submit evidence of that coverage to the Study Abroad Office at the mandatory Pre-Departure Orientation.

Some external study abroad programs require students to purchase special insurance coverage through their program:

- (1) Students enrolling in external programs that require insurance coverage other than HTH are required by Northwestern to purchase HTH through Northwestern, which has contracted with HTH to provide comprehensive (zero deductible) study abroad health insurance for the 2009-2010 academic year at a rate of \$6.36 per week (or partial week), effective May 1, 2009.
- (2) If the external program requires HTH health insurance, Northwestern students are not required to purchase an additional HTH policy through Northwestern but must submit evidence of their program's HTH coverage at the mandatory Pre-Departure Orientation.

**Questions? Contact Chris Johnson, Northwestern University Director of Risk Management, at (847) 491-8518 or via e-mail at [cljohnson@northwestern.edu](mailto:cljohnson@northwestern.edu).**

**Northwestern University  
STUDY ABROAD PROGRAMS**

**Information on**

**HTH WORLDWIDE  
International Assistance,  
Emergency Evacuation and Repatriation  
Accident and Sickness Insurance**

Group No. UWIT-2045-A-08

Administered By:

HTH Worldwide Insurance Services  
One Radnor Corporate Center  
Suite 100  
Radnor, PA 19087  
Phone: (888) 243-2358 Toll-free  
FAX: (610) 254-8797

In the event of an emergency, please consult your HTH Identification Card for the appropriate toll-free access number.

*This is brief summary of the features for insured participants. For complete details, please refer to the Certificate of Insurance. Enrollment instructions are included at the end of the summary.*

**MEDICAL EXPENSE BENEFIT**

If while insured a Covered Person incurs expenses due to an injury or sickness as defined in this policy, the company will pay the Reasonable Charges for the Covered Expenses listed below. All Covered Expenses incurred as a result of the same or related cause (including any complications) shall be considered as resulting from one Sickness or Injury. The amount payable for any one Sickness or Injury will not exceed a maximum benefit limit of \$250,000 subject to the co-payment levels. The expenses must be incurred within 52 weeks of the date of Injury or commencement of Sickness, and the Covered person must remain continuously insured.

**COVERED MEDICAL EXPENSES**

1. Fees for diagnosis and treatment by a legally qualified physician, surgeon, registered nurse, professional anesthetist, or radiologist.
2. Infirmary and Hospital room and board charges which includes all general nursing charges. Payment will be limited to the Hospital's normal charge for semi-private accommodation. Intensive Care Unit charges will be covered.
3. Laboratory, diagnostic and X-ray examinations.
4. Drugs and medicines which require a physician's written prescription, and which can only be dispensed by a licensed pharmacist, are reimbursed at 50% of actual charges.
5. Expenses incurred for treatment of nervous or mental disorders. Benefits are payable **a)** up to \$500 for outpatient treatment or **b)** up to \$5,000 for an inpatient basis. The company shall not be liable for more than one such inpatient or outpatient occurrence with respect to any insured.
6. Rental charge for Durable Medical Equipment, or the purchase of this equipment, whichever is less.
7. Professional ambulance service to the nearest hospital up to \$350.
8. Expenses incurred for treatment of specified therapies, including acupuncture and physiotherapy up to \$2,500 on an inpatient basis. Physiotherapy means a physical or mechanical therapy, diathermy, ultrasonic, heat treatment in any form, manipulation or massage.
9. Expenses incurred for treatment of sports related accidents resulting from interscholastic, intercollegiate, intramural, club or professional sports are payable up to \$5,000.
10. Covered medical expenses incurred for treatment of injuries sustained as the result of a covered motor vehicle accident.

### **REPATRIATION - Unlimited**

If a covered person dies, the Company will pay the necessary expenses for repatriation of the Covered Person's remains to the person's home country or country of regular domicile. This benefit covers the legal minimum requirements for the transportation of the remains, but does not include the transportation of anyone accompanying the body or visitation or funeral expenses. Any expenses with respect to repatriation requires prior approval of the Company.

### **MEDICAL EVACUATION – Unlimited**

If a Covered Person sustains an injury or suffers a sudden sickness, the Company will pay the necessary expenses for a medical evacuation to the nearest hospital, appropriate medical facility or back to the Covered Person's home country or country of regular domicile. However, before the Company makes the payment, the Company will require written certification by the attending physician that the evacuation is medically necessary. Any expenses with respect to medical evacuation require the Company's prior approval.

#### ***Additional Benefits:***

##### ***Return of Dependent Children***

*If a Covered Member is traveling with dependent children(s), and such dependent children(s) would be left unattended because of the hospitalization of the Covered Member, HTH Worldwide shall arrange and pay for the return of such dependent children(s) to the Covered Member's primary place of residence, via the most direct route on economy class airfare. If necessary, HTH Worldwide shall also arrange for the transportation and costs for a qualified attendant to accompany the dependent children.*

##### ***Return of Traveling Companion***

*If a Covered Member's traveling companion has lost previously made travel arrangements due to a delay caused by the Covered Member's hospitalization, HTH Worldwide shall arrange and pay for, the return of such traveling companion to his/her primary place of residence via the most direct route on economy class airfare. A traveling companion is defined as a person with whom the Covered Member is booked to share the same itinerary.*

### **NOTICE OF CLAIM**

Written notice of any event that may lead to a claim under the Policy must be given to the Company within 30 days after the event, or as soon thereafter as is reasonably possible.

### **GENERAL POLICY EXCLUSIONS**

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
4. Plastic or cosmetic surgery, unless they result directly from an injury which necessitated medical treatment within 24 hours of the Accident.
5. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
6. Expenses occurred in excess of Reasonable Expenses.
7. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the accident occurs.
8. Voluntary using of any drug, narcotic or controlled substance, unless prescribed by a Physician.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. For treatment, services, supplies, or Confinement in a hospital owned or operated by a national government or its agencies (This does not apply to charges the law requires the Covered Person to pay).
12. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
13. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
14. Expenses incurred within the Covered Person's home country.
15. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ, dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
16. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
17. Diagnosis and treatment of acne and sebaceous cyst.
18. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and Acupuncture.

19. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
20. Self-inflicted injuries while sane or insane; suicide, or any attempt thereof while sane or insane.
21. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion; or acts of terrorism.
22. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
23. Elective termination of pregnancy.
24. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping.
25. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
26. Expenses incurred as a result of pregnancy that is not covered.

***NB: Students should request a Current Certificate of Coverage from HTH Customer Service to receive the most up-to-date information regarding the Policy and its exclusions. Students enrolled with HTH may print a Certificate of Coverage online at [www.hthstudents.com](http://www.hthstudents.com) under My Benefits.***

## **ENROLLMENT PROCEDURE FOR HTH WORLDWIDE INSURANCE**

Enrollment is online at the HTH website:

**<https://www.hthstudents.com/ge.cfm?ac=ACF-154>**

As of the 2009-10 academic year, the cost of the HTH plan is \$6.36 per week (or partial week) effective May 1, 2009 for the student participant. Please note that HTH coverage is not designed to substitute for any domestic health plan in which a student is enrolled. Rather, it is meant to be supplemental to a domestic health plan, and it only provides coverage for a student when s/he is outside the United States. Because HTH does not provide coverage for students who return to the United States, it is essential that domestic health plans that do provide such coverage in the U.S. remain in effect.

Upon completion of the online enrollment process, students will be able to print out a receipt that shows proof of the transaction. (Enrollment) with HTH will be processed within 48 hours. At that time, you will receive email confirmation from HTH, including your ID number and instructions to register at the [www.hthstudents.com](http://www.hthstudents.com) website, that will allow you to access to print your ID card.

Don't forget to register for the HTH Students site once you receive your confirmation letter and Certificate Number from HTH (it will be on your ID card). You'll receive free access to valuable web tools to help you keep track of your insurance plan and stay healthy and safe during your international study program. By registering, you can use the HTH Students site to:

- Review your insurance benefits
- Find a doctor outside the U.S.
- Schedule doctor appointments online.
- Print a claim reimbursement form.
- Get HTH's Global Health & Safety Databases online and from your mobile device.
- Access discount programs and services through *Rewards Worldwide*
- Research vaccination and health risk information
- Review health and security news from around the globe
- Sign up to receive personalized news alerts by email
- Choose from dozens of articles on student health topics--and more!
- Free access to the above web tools and service via your cell phone or hand-held device by registering to mPassport online at [www.hthstudents.com](http://www.hthstudents.com).

Questions can be directed to Chris Johnson, Director of Risk Management, at (847) 491-8518 or via e-mail at **[cljohnson@northwestern.edu](mailto:cljohnson@northwestern.edu)**.

Name: \_\_\_\_\_ Program: \_\_\_\_\_ Term: \_\_\_\_\_

**\*\*Optional\*\***

## **Write a letter to yourself abroad, and we'll mail it to you!**

(for Fall, Winter, Spring students only)

This is a fun exercise, and students abroad have told us that they loved receiving this letter in the mail! Just fill this out, and about one month after you go abroad, the Northwestern Study Abroad Office will send it to you. It's great to get "real" mail, as opposed to just e-mail, and it's neat to compare what you thought your experience abroad would be like to what it's really like once you're there. And, if this letter arrives when you're in the midst of experiencing "culture shock," it can help to remind you why you're abroad and how you might make yourself feel better. This is completely confidential. **Please put the form in an envelope, write your name and program on the front, and submit it to us with the rest of your pre-departure forms.** Or, we'll give you an envelope when you drop your forms off. What do you have to lose? We even supply the stamp!

**Date:**

**Where are you when you're filling this out?:**

**My main OBJECTIVES in studying abroad are . . .**

1.

2.

3.

4.

**I am particularly excited about . . .**

1.

2.

3.

**I am particularly nervous about . . .**

1.

2.

3.

## DEALING WITH STRESS

If I'm feeling stressed, I should remember that . . .

Things that typically stress me out are . . .

- 1.
- 2.
- 3.
- 4.
- 5.

I know that I'm stressed when I . . .

- 1.
- 2.
- 3.

When I feel stressed or sad, I usually feel better if I . . .\*

- 1.
- 2.
- 3.
- 4.
- 5.

*\*Think about strategies for doing these three things:*

- 1) Controlling the *situations* that you're in
- 2) Drawing on *your own* intellectual, psychological, & physical resources for support
- 3) Seeking support from *others*

While I'm abroad, if I feel stressed or sad, I expect that I'll be able to help myself by doing the following:

- 1.
- 2.
- 3.