

# REQUEST FOR AN INTERNATIONAL INDEPENDENT STUDY COLUMBUS STATE UNIVERSITY

Students interested in conducting research abroad as part of an Independent Study CSU class must be approved in advance. **All requests are due at the Center for Global Engagement in accordance with the due dates of the study abroad term in which the proposed international independent study will take place, in order for the student** to be considered for a study abroad scholarship or grant. (Please see next page for deadlines.) Students not approved for an international independent study will not be eligible for CGE grants and scholarships.

A proposal for an International Independent Study **MUST** address the following:

1. The student's explanation of the independent study:
  - a. Description of the academic project and its role within the academic program;
  - b. Schedule for research, activities and excursions while conducting the international research;
  - c. Description of all affiliations or contacts in-country;
  - d. Plans for international and local travel/transportation and for in-country accommodation;
  - e. Projected costs including airfare(s), housing, local transportation, and class-based research or materials;
  - f. U.S. Department of State country information for all countries where course work will be conducted (<https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html>)
  - g. Travel Warning for all countries where course work will be conducted if applicable.
  - h. U.S. National Center for Disease Control advice for U.S. visitors to each country where course work will be conducted (<http://wwwnc.cdc.gov/travel/destinations/list>)
  - i. Completed and signed Independent Study Waiver of Liability
  - j. Signed Study Abroad Waiver of Liability
  - k. Copy of updated passport
  - l. Participant Information Form
  - m. CISI Insurance Acknowledgement Form
  
2. The faculty member's or instructor of record's explanation and documentation:
  - a. Letter of recommendation from the faculty member explaining how the student's project will further the student's academic and career plans;
  - b. Draft syllabus with schedule of meetings before, during and after the international work;
  - c. Totals of contact hours (in person, virtually, etc.);
  - d. Methods for student evaluation (if not included in the syllabus); and
  - e. Amount and source of faculty compensation.

# REQUEST FOR AN INTERNATIONAL INDEPENDENT STUDY COLUMBUS STATE UNIVERSITY

Those signing below indicate that they have reviewed the proposal with documentation and support offering the proposed Independent Study class with an international component.

---

Faculty Member (Instructor of Record) Date

---

Department Chair Date

---

Dean of College Date

---

Director, Center for Global Engagement Date

If the proposal is approved, the Independent Study CRN must be created by the Center for Global Engagement in consultation with the instructor of record and academic department.

Students approved for an independent study with an international component are required to complete the following after approval and at least two months before departure:

1. Purchase the study abroad comprehensive insurance carried by Columbus State University and available through the Center for Global Engagement.
2. Participate in a mandatory study abroad orientation for outgoing students. Check with the Center for Global Engagement on the appropriate orientation date(s).
3. Provide in-country emergency contact information (phone, email, address) for each location where the student will be housed while conducting course work.

**Failure to complete all of the steps above will lead to loss  
of study abroad grants and scholarships  
as well as removal from the relevant study abroad class.**

# REQUEST FOR AN INTERNATIONAL INDEPENDENT STUDY COLUMBUS STATE UNIVERSITY

Proposed International Independent Study Request form must be submitted to the Center for Global Engagement by the deadline for that academic term to be considered for a CSU Study Abroad Grant or a CSU Study Abroad Scholarship. Any requests submitted after the dates listed below will be reviewed and may be approved but will not be eligible for CSU Study Abroad Grants or Scholarships.

<b>Program Term</b>	<b>Application Deadline</b>
J-Term	Sept. 18
Spring	Oct. 1
Spring Break/ Spring Sem.	Oct. 27
Maymester	Feb. 2
Summer	Feb. 26
Fall Sem.	Mar. 1

**REQUEST FOR AN INTERNATIONAL INDEPENDENT STUDY  
COLUMBUS STATE UNIVERSITY**

**International Independent Study Agreement and Waiver Form  
Columbus State University**

I, \_\_\_\_\_, a participant in independent study and/or internship  
(full name)

in \_\_\_\_\_, hereby agree as follows: I have chosen to engage in  
(city, country)

in a project involving \_\_\_\_\_  
\_\_\_\_\_ (description of activities)

during \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(semester and year) (start date) (end date)

as an independent study and/or internship activity with Columbus State University, for academic  
credit in \_\_\_\_\_, assessed by  
(course number and title)

\_\_\_\_\_  
(name of CSU faculty member as instructor of record)

I acknowledge that I am traveling and working independently and will not be accompanied or supervised by any CSU faculty or staff.

I have thoroughly researched this international activity and chosen it freely, independently, and with careful consideration. I acknowledge that the Board of Regents of the University System of Georgia and its agents and employees assume no responsibilities for my safety or any liability for costs or difficulties that I may incur related to the activities I pursue while abroad and that I participate in these activities at my own risk.

In exchange for the opportunity to earn Columbus State University credit for this activity I hereby release and forever discharge Columbus State University, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with this activity.

**REQUEST FOR AN INTERNATIONAL INDEPENDENT STUDY  
COLUMBUS STATE UNIVERSITY**

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against Columbus State University, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation whether caused by negligence or otherwise.

I certify that I am at least 18 years of age, or, if not, that I have secured below the signature of my parent or legal guardian as well as my own. This consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that if I do not sign, I will not be able to participate in the above-named international activity, but will not be subject to any other adverse action.

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

\_\_\_\_\_  
Date

**Please submit agreement/waiver form to the  
Center for Global Engagement  
Schuster Student Success Center 117  
4225 University Avenue  
Columbus, Georgia 31907  
706-507-8545**

**REQUEST FOR AN INTERNATIONAL INDEPENDENT STUDY  
COLUMBUS STATE UNIVERSITY**

**HOST COUNTRY EMERGENCY CONTACTS FOR AN  
INTERNATIONAL INDEPENDENT STUDY**

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

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

\_\_\_\_\_  
Student's CSU ID Number

\_\_\_\_\_  
Dates of Travel

\_\_\_\_\_  
CSU Course Number and Title (e.g. ARTH 3555: Selected Topics in Art History or THEA 4899:  
Independent Study in Theatre)

\_\_\_\_\_  
Research Project Title

\_\_\_\_\_  
Name of CSU Faculty Member as Instructor of Record

**Emergency contacts in the host country**

For each city where you will be working, provide the information for at least one person with whom you will either be lodging or working closely. This should be someone to whom you can turn for help and also someone who can assist us if we cannot get in touch with you.

City and Country Location #1 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

City and Country Location #2 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

City and Country Location #2 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**Please submit agreement/waiver form to the  
Center for Global Engagement  
4225 University Avenue  
Columbus, Georgia 30907  
706-507-8545**

**REQUEST FOR AN INTERNATIONAL INDEPENDENT STUDY  
COLUMBUS STATE UNIVERSITY**

**CISI Insurance Acknowledgement Form**

Center for Global Engagement

Columbus State University mandates that every CSU student studying abroad must have international health insurance coverage. This includes the following study abroad programs: faculty led, exchange, direct enrollment, international internships, international research and international independent study programs.

As a CSU student, I \_\_\_\_\_ understand that my enrollment and participation in a study abroad program requires that I be enrolled in international health insurance coverage.

Columbus State University, through the University System of Georgia, provides international health insurance coverage through Cultural Insurance Services International (CISI) at a cost of \$1.25 per day. Every student must have insurance coverage for the entire length of their program. Students will be enrolled in the coverage by the Center for Global Engagement.

The cost of CISI Insurance is included in all program fees for faculty led programs. Students participating in exchange and direct enrollment programs must purchase CISI Insurance through the Center for Global Engagement for the length of their program. CISI Insurance must be purchased no later than one month before the start date of the study abroad program.

\_\_\_\_\_  
Student Print Full Name

909 \_\_\_\_\_  
CSU ID #

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Study Abroad Coordinator

\_\_\_\_\_  
Date