



# MILLIGAN UNIVERSITY GLOBAL EDUCATION OPPORTUNITIES (GEO)

*Application to Study Abroad  
and Off-Campus*

## Requirements for external study:

- Be a full-time student.
- Cumulative GPA of 2.5 or above.
- Abide by good conduct expectations of the University.
- Have been a full-time student for one full semester at Milligan.
- Will return for one full semester as a full-time student to Milligan (last semester seniors exempt).

## Submission deadlines:

- **February 3, 2022** for all 2022-23 scholarships.
- **February 3, 2022** for fall 2022 travel.
- **October 15, 2022** for spring or summer 2023 travel.

## Milligan University GEO Application Checklist

### BEFORE COMPLETING MILLIGAN'S REQUIRED FORMS (1 to 3 years before departure)

- Decide which program you are most interested in.** See the [Study Abroad website](#) for approved and affiliated programs.
- Meet with your academic adviser to plan for which program to apply, which semester you will travel, and for which credits.
- Apply for a passport** if you do not have one OR if yours expires prior to October of the year before you want to go. Application requirements and forms are available at select post offices or at: <http://www.travel.state.gov/passport/>.

**IMPORTANT:** Some countries require a visa. Check with your selected program about visa and passport requirements.

### MILLIGAN REQUIREMENTS (6 to 12 months before departure)

- Fill out the required Forms A, B, and C of the GEO Application.**
- Fill out Form A of the application using your own personal information. Follow the directions for the written essay.**
- Fill out the GEO scholarship application if you wish to receive a Milligan scholarship for off-campus study.** This step is optional. While internal Milligan scholarships do not apply, you may apply for a special Milligan GEO scholarship to study off-campus if you will receive six credit hours or more.

**IMPORTANT:** Due to limited number of GEO scholarships, all scholarship applications are due by **February 3**, even if the applicant is traveling in the following spring or summer semester. No exceptions. Applicants will be informed of their GEO Scholarship status by March 3.

- Review the materials provided by your selected program.** See which courses might interest you.
- Meet with your adviser to complete Form B.** Your adviser can help you determine whether any of the courses you selected can be used to fulfill requirements of your degree. You and your adviser will fill out the table in Section B, and your adviser will sign the form. If a course will count as a general elective rather than as a specific degree requirement, write "General Elective" in the "Milligan Course Title" column."
- Complete Form C, Column A, based on your program information.** Provide documentation based on the program you have chosen and attach the tentative cost sheets. For 5) Personal

Expenses, only include costs for REQUIRED EXPENSES for the program not included under any other category. If you are traveling on your own, please fill in the cost of your flight and any other necessary travel to and from your program.

- **Meet with Shauna Crowe in the Academic Dean's office to review your forms.**
- **Submit your application (Forms A, B, and C, and GEO scholarship application if applying) to Shauna Crowe in Derthick 107 for initial processing.** At this point, the SA-F committee will review your application and notify you of approval or denial to study off campus within a month of the application date.

**Upon approval to study off campus:**

- **Complete your program's application.** Please remember that the application process can be lengthy and time-consuming and that thoughtful completion of your application may affect your chances of acceptance. Therefore, be sure to start early and set aside plenty of time for completion of these materials.
- **After completing form B with your advisor, schedule an appointment to meet with the Registrar, Stacy Dahlman, Derthick 103.** Mrs. Dahlman will talk with you about how the courses will apply to your degree and sign your form.
- **After March 3, contact Gus Morgan to set up an appointment to discuss financial arrangements.** Make sure to take Forms B and C with you to your appointment. Balance will be due three weeks prior to date of departure.
- **If other people, such as parents or guardians, are involved in the payment of your student fees, please convey your balance information to them as soon as possible after Mr. Morgan provides it. Do not wait for a formal statement!** This will allow time to make the required financial arrangements for your off-campus experience.
- **Fill out all forms in Section D.**
- **Bring all remaining forms with necessary signatures to Shauna Crowe in Derthick 107 for final processing.**
- **Attend the pre-departure orientation and complete the survey.**
  - Fall: October
  - Spring: March
- **Attend the re-entry orientation and complete the survey.**
  - Fall: August
  - Spring: January

## Important Milligan University GEO Contacts

**Dr. Matthew McDonald, Study Abroad Director; Assistant Professor of Chemistry**  
423.461.8727  
Office: 3<sup>rd</sup> floor Science  
Email: [mpmcdonald@milligan.edu](mailto:mpmcdonald@milligan.edu)

**Mrs. Shauna Crowe, Administrative Assistant for Academic Affairs**  
423.461.8720  
Office: Derthick Hall 107  
Email: [scrowe@milligan.edu](mailto:scrowe@milligan.edu)

**Mrs. Stacy Dahlman, Associate Dean for Academic Administration and Registrar**  
423.461.8681  
Office: Derthick Hall 103  
Email: [SRDahlman@milligan.edu](mailto:SRDahlman@milligan.edu)

**Mr. Gus Morgan, Director of Financial Aid**  
423-461-8329  
Office: McCowen Business Cottage  
Email: [GMorgan@milligan.edu](mailto:GMorgan@milligan.edu)

**Mrs. Deidre Greeley, Coordinator of Student Accounts**  
423.461.8706  
Office: McCowen Business Cottage  
Email: [DRGreeley@milligan.edu](mailto:DRGreeley@milligan.edu)

**GEO and Fulbright Committee ([saf@milligan.edu](mailto:saf@milligan.edu))**  
Dr. Matthew McDonald, Co-Chair (GEO Chair)  
Professor Jim Dahlman, Co-chair (Fulbright Chair)  
Professor Kristal Dove  
Dr. Amy Edmonds  
Dr. David Brickle  
Dr. Gary Selby  
Dr. Michael Whitney

## Form A: Personal Information

**(Required)**

Name (exactly as it appears on your passport): \_\_\_\_\_

Passport #: \_\_\_\_\_ Date issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Date expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Milligan ID #: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Classification:           SR     JR     SO     FR     Cumulative GPA at Milligan \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Write and attach a short essay explaining why you want to study off-campus and discussing the importance of this off-campus study in relation to your personal, academic, and professional goals. This essay should be between 500 and 1,000 words.

### Health and Medical Information

It is important to note that exhaustion, limited sleep, altered schedules, and cross-cultural factors tend to heighten and/or bring medical and emotional issues to the surface. Milligan University cannot guarantee that accommodations are provided in international locations (e.g., handicap accessibility, counseling services, etc.) during the course of your External Study experience.

## Form B: Academic Information (Required)

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

**Directions:** Set up appointment with academic adviser to fill out this form. Upon approval to study off campus, meet with registrar for final signature.

**Trip information:**

Official Name of Program: \_\_\_\_\_

Host or Sponsoring Institution: \_\_\_\_\_

Address of Off-Campus Study: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Off-Campus Study: From \_\_\_\_\_ To \_\_\_\_\_ Year: 20\_\_\_\_

Contact Person Off-Campus program: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Off Campus Course Title	Cr. Hrs.	Milligan Course Title	Cr. Hrs

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Registrar's Signature

**Please attach a copy of course descriptions, which can  
usually be found on your program's website.**

## Form C: Financial Information (Required)

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

ID#: \_\_\_\_\_

**Directions:** Fill out information for Column A based on the costs provided by your program and attach that documentation. Meet with Shauna Crowe to review and finalize Column A and receive her signature. A copy of documentation from the off-campus program indicating the costs associated with the program of study must be attached. Upon approval to study off campus (after March 3), meet with Gus Morgan for his signature.

**A: Expenses for Off-Campus Study Program**

**B: Financial Aid for Off-Campus Study Program**

- 1. Tuition Only\* \_\_\_\_\_
  - 2. Room\* \_\_\_\_\_
  - 3. Meals \_\_\_\_\_
  - 4. Books/Supplies \_\_\_\_\_
  - 5. Personal Expenses \_\_\_\_\_
  - 6. Transportation \_\_\_\_\_
  - 7. Off-Campus Fee\* \_\_\_\_\_ 500.00
  - 8. Other: \_\_\_\_\_
  - 9. Deposit\* (-) \_\_\_\_\_
- Estimated Cost to Milligan\** \$ \_\_\_\_\_
- \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- (\*internal Milligan scholarships will not be eligible)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Financial Aid \$ \_\_\_\_\_
- Milligan Scholarship Awarded: \$ \_\_\_\_\_
- Total Financial Aid \$ \_\_\_\_\_
- Total Due to Milligan:** \$ \_\_\_\_\_
- \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Shauna Crowe \_\_\_\_\_ Date

Gus Morgan \_\_\_\_\_ Date

Date Paid: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Student's Statement: I understand that:**

1. I am expected to return to Milligan University for at least one semester the following year (last semester seniors exempt).
2. If I do not complete a semester's work in the program but received a Milligan University GEO scholarship for the semester, I will be required to refund the scholarship money to the university.
3. I understand that no scholarship funds will be available until after I am enrolled in the program. All early deposits, purchasing of tickets, and other preliminary items will be covered by me.
4. I have met with my academic adviser and, in conjunction with the registrar, have determined how credits earned off-campus will be applied to my academic program.

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

\_\_\_\_\_  
Date

## **Global Education Opportunities (GEO) Scholarship Application (Optional)**

In conjunction with pertinent information from Sections A-C, complete the remaining information to be considered for scholarships. This section is optional, and should only be completed by students wishing to apply for Milligan GEO Scholarships. Depending on the number of applicants in a given year, awards given will average around \$7,000 and will be based on a student's merit and need.

*\*Scholarships may be given only to those students receiving a minimum of six credit hours while studying off-campus.*

1. Attach a professional C.V. or résumé.
2. Attach an unofficial transcript.
3. Summarize your financial need describing any outside funding (Pell Grants, non-Milligan Scholarships, etc.) or other means (parent/guardian involvement, savings, loans, etc.) you will use to pay for your off-campus study experience. This should be between 250-500 words.
4. Please provide at least one letter of recommendation from a Milligan faculty member. Letters should be emailed to Shauna Crowe.



## Section D: Forms (Required)

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

### Insurance Information

It is crucial that you confirm with your insurance company that it indeed provides adequate coverage for healthcare and other unexpected expenditures, including emergency medical care in country and medical evacuation, repatriation of remains, and non-health related emergency evacuation (political unrest, natural disaster, etc.) while you are traveling in the United States and overseas. **Attach proof of adequate coverage.**

Please provide information in EITHER Part A or Part B.

**Part A:** To be filled out by participant, if her/his insurance company or that of parent, covers ALL expenditures listed above.

Name of Insurance Carrier \_\_\_\_\_

Group name \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

**Part B:** If your current insurance does not provide coverage for ALL expenditures listed above, please purchase insurance through an alternate provider. The providers below are some that offer travel insurance for students. You must submit proof of adequate coverage.

Provider Name	Provider Website	Name of Plan
Gallagher Charitable	<a href="http://www.imglobal.com/applications/plp/">www.imglobal.com/applications/plp/</a>	Partner Link Plan
HCC Medical	<a href="http://www.hccmis.com/atlas-travel-insurance-quote/">www.hccmis.com/atlas-travel-insurance-quote/</a>	Student Secure
International Student Protection	<a href="http://intlstudentprotection.com/get-a-quote/for-us-students-traveling-abroad/">http://intlstudentprotection.com/get-a-quote/for-us-students-traveling-abroad/</a>	Traveler Basic or Enhanced

Name of Temporary Carrier \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Date of coverage \_\_\_\_\_ Date of Policy Secured \_\_\_\_\_

Policy # \_\_\_\_\_

**Attach a copy of insurance card**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

**Emergency Contact Information**

Stateside Program Contact:

Name of Program Provider: \_\_\_\_\_

Stateside Program Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Personal Contact 1

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

Relationship to you: \_\_\_ Family \_\_\_ Friend \_\_\_ Other

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Contact 2

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

Relationship to you: \_\_\_ Family \_\_\_ Friend \_\_\_ Other

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

On-site (Destination) Contact information

Person meeting you at airport: \_\_\_\_\_

Relationship to you: \_\_\_ Program Rep \_\_\_ Family/Friend \_\_\_ Other

Assigned on-site contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (include international code): \_\_\_\_\_

Email: \_\_\_\_\_

Alternate On-site Contact

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Code of Conduct**

All students who participate in external programs while enrolled at Milligan University are required to read and agree to the code of conduct:

Milligan University students participate in off-campus study programs at the pleasure of Milligan and are expected to be ambassadors for both Christ and the university. Therefore, students participating in an off-campus study program are expected to behave in accordance with, and not contrary to, the behaviors outlined in the Milligan University Student Handbook. In addition, Milligan students are expected to comply with all behavioral expectations set forth by the individual off-campus study program that they are attending. Because of the public nature of behavioral misconduct in an off-campus study program setting, because of the students' reflection on Milligan, and because of the potential implications for Milligan's relationship with that program, Milligan will treat all behavioral violations with the greatest sense of seriousness. Behavioral violations will be met with firm discipline, both by the off-campus study program leadership and by Milligan University administration.

I have read the code of conduct and agree to abide by it while participating in an external study program approved by Milligan University.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

**Release for External Study Program Faculty, Staff, and Student Over 18**

In consideration of my participation in the \_\_\_\_\_ Program of Milligan University, I hereby release, discharge, and agree to hold harmless Milligan University, its officers, trustees, employees, agents, administrators, successors, and assigns (collectively referred to herein as "Milligan") from any and all claims, demands, damages, costs, expenses, actions and causes of actions, present or future, on account of injuries to my person or property, including injuries, accidents or illness which could result in my death, arising out of or in connection with my participation in the \_\_\_\_\_ Program. I agree to indemnify Milligan for all costs and expense incurred by Milligan, including attorneys' fees, as a result of any claims made which are released in this document.

I understand that travel outside the United States of America could pose unusual risks to my person and property, which could include but not be limited to forces of nature, civil unrest, terrorism, means of transportation not operating according to standards common inside the United States, legal requirements or actions of foreign government, contagious or unusual illness, inadequate availability to medicine or medical care, or negligent or willful conduct on part of others. I therefore agree to undertake such risks in order to participate in this program, and assume the risk of the consequences of any and all such actions.

I agree that I have no physical, mental, or medical condition which would prohibit or unreasonably restrict my participation in this program or activity.

This Release shall be binding upon myself and all my representatives, heirs, successors, or assigns.

I agree that while I am traveling or participating in this program, I will at all times abide by the rules and policies of Milligan as set out in the Milligan Student Handbook or otherwise adopted by Milligan. I also agree to follow the directives of Milligan personnel in charge of this program while traveling.

I give my consent for Milligan, its employees, agents, representatives, and contractors to arrange for emergency medical, surgical, and/or dental care, and treatment necessary to preserve my health while I am a participant in this program. I acknowledge that I am responsible for all charges that may be incurred in connection with any care of treatment given.

Witnessed:

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

(Print name)

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

**Registration Permission**

While I am participating in an External Study Program in \_\_\_\_\_, I give Dr. Garland Young, Milligan Vice President of Academic Affairs, or his designee, permission to register, drop, or make any other changes in the courses I may be taking in my external program or will need to take when I return to Milligan. I understand that it will be my responsibility to submit all information to the University in writing by email.

**Permission to Release Information**

While I am participating in the \_\_\_\_\_ Program, I give Dr. Garland Young, Milligan Vice President of Academic Affairs, or his designee, permission to share information about my trip with the following people:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number and/or email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number and/or email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number and/or email address: \_\_\_\_\_