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## Warner Pacific University

## **Off-Campus Study Application Form**

Please complete and return to the Records Office.

#### PERSONAL INFORMATION

Anticipated Graduation Date

Last Name	First Nan	Middle Initial Gender	
WP ID Number	Date of Birth (mm/dd/yyyy)		
Current Address, including City, State	e, Zip		
Permanent Address, including City, S	tate, Zip		
Preferred Phone		Preferred Email	
Blog Site			
OCS Program: 1 <sup>st</sup> Choice		OCS Program: 2 <sup>nd</sup> Choice	Desired Semester
Passport? Yes No	Country of Issue	Date of Issue	Expiration Date
ACADEMIC INFORMATI	ON		
Declared Major(s)		Declared Minor(s)	
Current Class Standing at WPU		Expected Class Standing for Desir	ed Semester

Cumulative GPA

Academic Advisor

#### EMERGENCY CONTACT INFORMATION

The contacts below will be used as your emergency contacts in the order given unless otherwise specified.

#### **Primary Contact:**

Name		Relationship	
Address, including City, State, Zip			
Phone	Email		
Secondary Contact:			
Name		Relationship	
Address, including City, State, Zip			
Phone	Email		

In accordance with the Family Educational Rights and Privacy Act (FERPA), Warner Pacific University is committed to students' right to privacy regarding their academic records.

The nature of the Off-Campus Study Program may require the involvement of an emergency contact person (usually a parent or guardian). Completion of this application authorizes appropriate WPU personnel to communicate verbally and in writing with the emergency contact(s) listed above regarding matters directly relating to the off-campus experience. Requests for exceptions due to unusual circumstances must be submitted in writing with the application.

By signing below, I attest that the information provided in this application is accurate. I also acknowledge the FERPA policy information above.

Student Signature

Date

# wp

## Warner Pacific University Off-Campus Study Standards Form

Please initial each box indicating that you comply with the statements. Sign and return to the Records Office as a part of the application process for Off-Campus Study.

#### ELIGIBILITY CRITERIA AND EXPECTATIONS

I understand and have complied with the following criteria:

- Minimum of one semester full-time attendance at WPU before applying for OCS
- Proof of cumulative GPA of 2.75
- FAFSA/Waiver on file in Student Financial Services
- Earned second semester Sophomore, Junior or Senior status
- Submit WP OCS Application Form by the published deadline
- Submit WP OCS Faculty/Advisor Reference Form by the published deadline
- Submit WPOCS Standards Form by the published deadline

I understand and agree to comply with the following criteria:

• Interview with the WP OCS Committee

- Submit WP OCS Post Acceptance Checklist before departure
- Pre-pay OCS term balance, less scholarships/loans
- Send Monthly Memo Communication to Kyra Pappas during OCS semester
- Register and attend fulltime at WP a minimum of one semester after OCS and/or complete an Application for Graduation nine months prior to departure, understanding that failure to earn all credits in the OCS program may affect the timeline for graduating from WP.

#### AGREEMENT OF RESPONSIBILITY AND LIABILITY

- I understand that participation in the Warner Pacific University Off-Campus Study Program is a privilege. While participating in the OCS, I will assume responsibility for my personal conduct at all times and agree to comply with the WPU Community Covenant standards of behavior and lifestyle for all students.
- I understand that treatment for and any cost associated with any illness or personal injury during the OCS, regardless of the reason, shall be covered by me or my medical or personal liability insurance.

#### I understand that WPU will not be held responsible for:

- Accident, personal injury, damage, and loss or theft of personal property (including transportation and ٠ travel documents) at any time during the OCS.
- Personal injury or illness during the OCS, including by not limited to injury or illness resulting from • any public conveyance (e.g. bus, ship, or aircraft) or resulting from natural disasters, war or negligence not directly attributable to the OCS.
- Consequences of my personal negligence, carelessness, or failure to follow OCS policy. •

#### **APPLICANT TERMS**

My signature below indicates my understanding of the preceding statements and agreement to participate in the OCS according to these terms.

Student Name (Printed)

Student Signature

Preferred Email

Preferred Phone

Date

I understand the WPU approval is the first step of the application process and that final acceptance is made by each OCS Program.



### **Warner Pacific University**

## **Off-Campus Study Department Signatures**

Please complete the top section, then obtain the required signatures below in the listed sequence.

Last Name	First Name	WP ID Number
Desired Off-Campus Study Program		Desired Semester
Preferred Email		Preferred Phone
Major(s) / Fields of Inter	rest	
	<b>Dr</b> : Signature indicates the student has discussed OCS graduation requirements and timeline.	desires and understands the impact participation in the
Signature of Academic Advisor		Date
Registrar/Record	ds Office: Signature confirms the student's current	cumulative GPA.
Cum. GPA Sig	gnature of Records Office Representative	Date
		Date

Date

Signature of Student Financial Services Representative



## **Warner Pacific University**

## **Off-Campus Study Application Essay Questions**

Please type your responses on a separate page and attach to this application. Responses should be limited to 250 words per question.

1. How does a study abroad education experience fit into your academic/career goals?

2. Why are you interested in studying in this specific location and program? What do you want to learn?

3. How will studying in this location/program influence your involvement in service and ministry opportunities?

4. What cross-cultural or personal experiences have helped to prepare you for studying in a challenging, new environment? How?

5. What personal hesitations or difficulties do you anticipate with this study abroad experience?

6. Name two personal character traits you value in yourself and describe how you envision them being used or developed if chosen to be a part of this Off Campus Study Program.