



# Office of the Registrar Off Campus Programs Registration Form

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Programs Coordinator

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This Off Campus Programs Registration Form is ONLY to be used for the programs listed on page 2. The following off campus programs have off campus programs registration forms specific to their program and are made available upon request: Biola Baja, Biola Italy, Biola London, Biola Sundance, Japan Film Program, Spiritual Formation Study Program, Talbot Bible Lands, Torrey Berkeley, Torrey Europe, Torrey Rome, etc.

Off campus programs are for full-time continuing students only.

All students are required to submit a completed Off Campus Programs Registration Form to the Office of the Registrar. Registration to a Fall or Spring semester program is contingent upon the completion and approval of this form herein and the students' acceptance into the program. The off campus program department or agency will notify each student of their acceptance to, or disqualification from the program. The applicant is responsible to notify the Office of the Registrar of any registration adjustments after this form is submitted for evaluation.

## Student Information

Name: \_\_\_\_\_ Biola ID# \_\_\_\_\_  
*Last First Middle*

Biola e-mail\*: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Box # \_\_\_\_\_  
*\* Biola will use your Biola e-mail to stay in contact with you throughout the application process & while you are off-campus.*

Do you live on campus?  Yes\*  No \*If yes, what residence hall? \_\_\_\_\_

Home address: \_\_\_\_\_  
*Street City State Zip Code*

Academic Major: \_\_\_\_\_ Academic Level:  freshman  sophomore  junior  senior  
Anticipated Date of Graduation: (i.e. spring, 2015) \_\_\_\_\_

Please indicate your current status:  U.S. Citizen  International\*  
*\*If International, all F1 foreign students must **schedule** an appointment with Biola University's Immigration Advisor, Ranjini Gnaniah, Office of the Registrar.* \_\_\_\_\_  
*Immigration Advisor's Signature Date*

Are you the spouse or dependent of a Biola University employee?  Yes\*  No  
*\* If yes, what is the name & department of the Biola University employee? \_\_\_\_\_*

Are you employed by Biola University? *(Does not apply to student workers)*  Yes  No

Have you ever participated in a fall or spring semester off-campus program before?  Yes\*  No  
*\* If yes, what program/semester? \_\_\_\_\_*

I give permission to the Off Campus Programs Coordinator to share my email address with other prospective off campus program participants:  Yes  No

## Steps to complete

**Note from your Off Campus Programs Coordinator:** This form requires quite a bit of time and attention to detail. Try not to allow yourself to become too overwhelmed. Instead, enjoy the process! I'm here to help with any questions that may arise along the way. - Amy Agadoni, ext. 5249

- {1} **Choose** what semester you're applying to.
- {2} **Choose** what program you're applying to.
- {3} **Schedule** an appointment with the Health Center for the required immunization consult.
- {4} **Obtain** signatures from the following University offices: Housing, Student Development, Accounting & Financial Aid.
- {5} **Sign** for the \$50.00 Registration Fee.
- {6} **Sign** the Off Campus Programs Statement of Release and Financial Agreement.
- {7} **Complete** the course equivalency chart & graduation petition. (*Don't know who your Faculty Program Director is? Refer to step 2, "Choose your program of study"*)
- {8} **Submit** your paperwork!

### {1} Choose your semester of study

Please indicate the semester & year of study you are applying to:  fall 20\_\_  spring 20\_\_

### {2} Choose your program of study

**BestSemester (CCCU) Programs** *Where eligible, students may receive Federal, State & University Aid*

- American Studies Program {www.bestsemester.com} - Dr. Dave Peters, ext. 4831
- Australia Studies Centre {www.bestsemester.com} - Mr. Loren Baker, ext. 3607
- China Studies Program {www.bestsemester.com} - Dr. John Liang, ext. 5665
- Contemporary Music Center {www.bestsemester.com} - Dr. Mike Gonzales, ext. 5466
- Latin American Studies Program {www.bestsemester.com} - Dr. Hugo Garcia, ext. 3252
- Los Angeles Film Studies Center {www.bestsemester.com} - Peggy Medberry, ext. 3013
- Middle East Studies Program {www.bestsemester.com} - Dr. Judith Rood, ext. 5587
- Russian Studies Program {www.bestsemester.com} - Dr. Aaron Kleist, ext. 5581
- Scholars' Semester in Oxford {www.bestsemester.com} - Dr. David Horner, ext. 5449
- Uganda Studies Program {www.bestsemester.com} - Dr. Evanson Wamagatta, ext. 5545
- Washington Journalism Center {www.bestsemester.com} - Dr. Michael Longinow, ext. 5435

**Affiliated (non-Biola) Semester Programs** *Where eligible, students may receive Federal, State & University Aid*

- Creation Care Study Program {creationcsp.org} - Dr. Murray Decker, ext. 5685
- Focus on the Family Institute {www.focusinstitute.org} - Dr. Richard Leyda, ext. 5537
- International Student Exchange Program (ISE/ELSP Office) - Dr. Sung Lee, ext. 4781/ Lisa Diaz, ext. 4775

**Affiliated (non-Biola) University/College Semester Programs** *Where eligible, students may receive Federal & State Aid only*

- APU Heidelberg Music Program {apu.edu} - Dr. George Boespflug, ext. 5969
- Development Studies in Honduras Program {www.calvin.edu} - Dr. Brad Christerson, ext. 5699
- NYCAMS {nycams.bethel.edu} - Mr. Loren Baker, ext. 3607

# {3} Health Center

## {Part A}

**Student Information:** To be completed by the student prior to appointment with the Health Center (ext. 4841) to review your health status and obtain information regarding any required/recommended immunizations. Be sure to have immunizations records on file with the Health Center prior to your appointment.

Name: \_\_\_\_\_ Biola ID# \_\_\_\_\_  
*Last First Middle*

Gender:  Male  Female Date of Birth: \_\_\_\_\_

### Off-Campus Program Information

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

Dates of Program: \_\_\_\_\_ Country/Countries: \_\_\_\_\_

### Emergency Contact Information

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

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical History

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

List allergies you have to drugs, foods, etc: \_\_\_\_\_

List medications you are currently taking: \_\_\_\_\_

History of previous illness: *Please give year and/or status*

Appendicitis	_____	Epilepsy	_____	Pneumonia	_____
Asthma	_____	Kidney Disease	_____	Rheumatic Fever	_____
Cardiac Condition	_____	Malaria	_____	Seasonal Allergies	_____
Diabetes	_____	Mononucleosis	_____	Tuberculosis	_____

Have you had any severe illness or physical problems not mentioned above?  Yes  No

If so, please explain. \_\_\_\_\_

Have you suffered physical injuries requiring hospitalization?  Yes  No

If so, please explain. \_\_\_\_\_

Can you eat a normal, balanced diet?  Yes  No

If not, please explain. \_\_\_\_\_

Have you been diagnosed and/or treated for psychological and/or emotional conditions or disorders?  Yes  No

If so, please explain. \_\_\_\_\_

**Do you have any health/emotional conditions that may be a concern for participation in an off campus program?**

**Yes\*** If so, please list. \_\_\_\_\_

*\* If you checked the above box, you must obtain a letter from your MD/Psychiatrist/Psychologist giving you health clearance to participate.*

**No**

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

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

I acknowledge that I have health insurance now in effect and that I will have health insurance while participating in this off-campus program, including travel to and from the location of study along with urgent & emergency medical care. **\*You are responsible to determine whether your insurance covers treatment in neighboring states or outside of the U.S.**

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

## {Part B}

**Health Insurance:** To be completed by the Biola Health Center (ext. 4841)

<b>Student Name &amp; Biola ID#:</b>	
<b>Insurance Code:</b>	<input type="checkbox"/> 110/Biola Health Insurance <input type="checkbox"/> 660/Private Health Insurance
<b>Health Center Signature &amp; Date:</b>	

**Immunization Consult:** To be completed by the Biola Health Center (ext. 4841)

*Biola University requires all student travelers to receive all required immunizations in order to participate in this off-campus program. The immunization consult {Health Center part C} is not always able to accommodate immunizations received {part D}. Therefore a second appointment may be scheduled at a later date in order to complete the required/recommended immunizations.*

Immunizations	Recommended	Required
Influenza	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A Series	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Series	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	<input type="checkbox"/>	<input type="checkbox"/>
Menactra	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus/Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Tdap	<input type="checkbox"/>	<input type="checkbox"/>
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>
Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>
Measles/Mumps/Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>Malaria Risk:</b>	<input type="checkbox"/> Is present <input type="checkbox"/> Is Not present <input type="checkbox"/> Chloroquine resistant <input type="checkbox"/> Chloroquine sensitive
<b>Health History Reviewed:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
<b>Biola Health Center Signature</b>	<b>Date</b>

**Recommended/Required Immunization:** To be completed by the Student

I understand that, because of my participation in this off-campus program, there may be **recommended** immunizations for me to take. I will take full responsibility for my decision to receive, or not receive, any of the **recommended** immunizations. I understand that refusing **recommended** immunizations or medications could result in serious medical illness. I will not hold Biola University or the Biola University Student Health Center responsible for contracting diseases, which could have been prevented through **recommended** immunizations and/or prophylaxis for malaria.

I will take full responsibility for the implementation of **required** immunizations. I understand that these immunizations are available at the Biola University Student Health Center, but I may also access them through a private physician or clinic. I also understand that the **required** immunizations must be completed one month prior to travel and acknowledge that if I have not received the **required** immunizations within the required time, I may not participate in the activity.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## {Part C}

**Immunizations Received:** To be completed by the Biola Health Center or Health Care Provider

Immunizations	Received
Influenza	<input type="checkbox"/>
Hepatitis A Series	<input type="checkbox"/>
Hepatitis B Series	<input type="checkbox"/>
Varicella	<input type="checkbox"/>
Menactra	<input type="checkbox"/>
Polio	<input type="checkbox"/>
Tetanus/Diphtheria	<input type="checkbox"/>
Tdap	<input type="checkbox"/>
Typhoid	<input type="checkbox"/>
Yellow Fever	<input type="checkbox"/>
Measles/Mumps/Rubella	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

<b>Malaria Risk:</b> Prophylaxis _____	
<b>Immunizations up to date:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____
<b>Biola Health Center or Health Care Provider Signature</b>	<b>Date</b>

**{4} Obtain signatures from University offices listed below**

Department	Item	Comments	Department Signature & Date
<b>Housing</b> Student Development (ext. 4874)	Reservation		
<b>Student Development</b> Student Development (ext. 4874)	Behavior Code		
<b>Accounting</b> Lower Metzger (ext. 4760)	Clearance	Pending account cleared by: _____	
<b>Financial Aid</b> Metzger, Middle West (ext. 4742)	Aid Code		

**{5} Registration Fee**

\$50.00 Registration Fee, non-refundable, will be charged to your Biola University student account.

\_\_\_\_\_  
Student's signature

**{6} Off Campus Programs Statement of Release & Financial Agreement**

I understand that neither Biola University, nor the staff of the off campus programs, are in any way to be held responsible for travel related liabilities or expenses arising from accident and/or health problems during my participation in this off campus program. I also understand that loss and replacement of my passport (if required) or any other personal items, is my own financial responsibility.

I understand that 60% down payment is due prior to departure or my registration will be cancelled. I acknowledge and agree that Biola University, Inc., is extending credit to me on my student account balance, and that the University expects repayment of all charges plus any additional charges incurred, including finance charges, by October 15 for fall semester enrollment, or March 15 for spring semester enrollment. I further acknowledge and agree that credit on any unpaid amounts so extended to me by the University constitutes an educational loan for the provision of educational benefits as defined in Section 523 (1)(8) of the U.S. Bankruptcy Code.

I understand that should I at any time rescind authorization to apply any and all Title IV funds to my account, the amount rescinded shall become due and payable to the University. Failure to make such payment may result in the termination of this agreement and administrative withdrawal from the University. If the amount of financial aid changes, I understand I am responsible for the balance due.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required if student is under 18 years old)*

## {7} Course equivalencies & Graduation petition

### {Part A} Course Equivalencies

In the chart below, list the courses you plan to take while participating in the off campus program you are applying for. Obtain signatures from Biola's Faculty Program Director AND your Academic Advisor (in your major department). If you list courses that do not have pre-approved course equivalencies you must obtain signatures from the appropriate Department Chair(s).

Your financial aid will be affected if less than 12 units apply towards your degree requirements. Under Financial Aid regulations, a minimum of 12 units must apply towards the units required for your degree. Units taken toward a minor, unless counted within the major degree requirements (i.e. as open electives) may not be used to qualify towards the minimum 12 unit requirement. Biola University's residency requirements are the following: A minimum of 30 units must be taken at Biola University, at least 15 units (upper division) in the major field. Of the 30 units of Bible required of all students, 15 units must be taken at Biola. Further information regarding residency requirements may be obtained from the University's 2007-2009 Catalog

Biola Course #	Biola Course Title	Units	Off Campus Course Title	Units	Department Signature

\_\_\_\_\_  
**Faculty Program Director, Signature\***

*\*Refer to step 2, "Choose your program of study"*

\_\_\_\_\_  
**Academic Advisor, Signature**

### {Part B} Graduation Petition

Schedule an appointment with your academic advisor to complete your Graduation Petition.

As a participant in one of Biola University's off campus programs it is important you plan the courses, with your academic advisor's approval, for which you intend to complete during the term you return to Biola.

Graduation Petitions are required of **all** students applying to a fall or spring off campus program regardless of your student level (FR, SO, JR, SR). The purpose of the Graduation Petition is to map out the courses you have completed, determine the courses you have yet to complete in order for the Office of the Registrar to verify your financial aid eligibility. The Graduation Petition requires the signature of your major advisor.

Office Use Only	
_____ Signature, Graduation Counselor	_____ Date
Total units applicable towards degree requirements? _____	
Planned date of graduation _____	

## **{8} Submit Paperwork**

Before you submit the following forms to Amy Agadoni, Off Campus Programs Coordinator, **DOUBLE CHECK THAT ALL STEPS ARE COMPLETE, BOXES CHECKED, QUESTIONS ANSWERED AND REQUIRED SIGNATURES SIGNED & DATED!** Submission of incomplete paperwork will delay evaluation and jeopardize your meeting application deadlines.

**If you are applying to a BestSemester program submit:**

1. Off Campus Programs Registration Form {this form}
2. Graduation Petition
3. BestSemester Certification Form

**Now what?**

Evaluation of your Off Campus Programs Registration Form & Graduation Petition takes a minimum of 48 hours (2 full business days). Following evaluation, your BestSemester Certification Form will be completed & mailed to BestSemester.

{OR}

**If you are applying to an affiliated non-Biola semester program submit:**

1. Off Campus Programs Registration Form {this form}
2. Graduation Petition
3. Application materials for program that require the Registrar signature. See Off Campus Programs Coordinator if you have questions about what these forms are.

**Now what?**

Evaluation of your Off Campus Programs Registration Form & Graduation Petition takes a minimum of 48 hours (2 full business days). Following evaluation, your application materials for your program will be completed & mailed.

<i>Office Use Only</i>	
Off Campus Programs Coordinator, Signature	Date
Undergraduate Vice-Provost, Signature	Date