Dear Disney Study Away Applicant,

Congratulations on your decision to take part in a life-changing opportunity to participate on a study away program! You are about to embark on what promises to be one of the most significant experiences of your life, but also one that will challenge you in every way. Kennesaw State University would like all of our prospective students to consider the following as they weigh their options to study away:

1. Over the years we have witnessed a number of students who thought that time abroad would alleviate or provide respite from some of the difficulties they may be experiencing in their lives. Our experience suggests that many students’ find time abroad very stressful and can even exacerbate problems. Speak to Program Faculty if you have concerns about the impact of time during the study away on your physical and mental well-being. Your faculty will be able to direct you to the right campus support unit that can assist you.

2. Consider your physical and mental health before you apply, not after. Once you determine that you are physically and mentally fit to study away on the program of your choosing, work with campus services to ensure you have a good self-care plan while on the trip.

3. This trip typically involves significant amounts of time with individuals you may not know very well in situations and settings that you are not accustomed to. It will require flexibility, but also patience, understanding, and a willingness on your part to work with your travel mates to resolve conflicts as they arise.

4. Something, if not everything, will be different than you expected. Adapting to change is the one constant of studying away, and some manage change better than others. Therefore, carefully assess your own ability to navigate change in stressful and unfamiliar circumstances and work with campus services to build your distress tolerance and develop the skills you’ll need to manage your stress while on the trip.

5. Remember that we are here to help and want to ensure that your time abroad is enjoyable. Part of that is sufficient pre-preparation and ensuring you have considered all of your needs.

We wish you the best in this endeavor! Don’t hesitate to contact us at any point in your education experience if we can be of any assistance.

Sincerely,

Disney Study Away Program
Kennesaw State University
Study Away Program Medical Clearance Form

Student Instructions

- This is a **required** form.
- All known medical and health issues must be reported to the health care provider completing your health examination. The information you disclose on this form will be treated confidentially and in no way affects your admission into the program unless you are not cleared by your physician.
- The student must give the provider a program description as well as the Study Away Physical Requirement Assessment Form for a thorough review. Medical Clearance Forms submitted without acknowledgement of these two items will not be accepted. (This information can be found on the program webpage.
- Physician examinations must be completed and submitted prior to being accepted to the study away program. In the event that you are unable to secure an appointment with your primary care physician, the KSU Health Clinic (or home campus clinic) is an option. Please call to make an appointment at your earliest convenience to avoid processing delays which may impact your admission into the program as students are accepted on a first-come first-serve basis.
- Failure to submit the Medical Clearance Form timely may result in the student being ineligible to participate on the program.
- Medical Clearance Forms must be submitted to the Disney Study Away Program by your physician. Forms can be emailed **cese-disney@kennesaw.edu**

**NOTE:** The information on the form will be used in order to be of maximum assistance to you during your study away experience. Be aware that some study away sites may not be able to accommodate all reported individual needs or circumstances.

If you have any questions or concerns related to your needs, you should contact your physician immediately. You can also contact campus support services such as the KSU Health Clinic (470-578-6531), Disabled Student Support Services (470-578-6443), or Counseling and Psychological Services (470-578-6600) for additional support.
**Information to be Completed by the Student Applicant**

**Part I: Student Information**

Student Name ________________________  KSU ID Number ________________________

Program Director Name ________________________  Program Dates ________________________

Name of Study Away Program ________________________

Locations to be Visited ________________________

**Part II: Medical History**

Allergies: ____________________________________________________________

________________________________________________________

Special Dietary Needs: ______________________________________________________

________________________________________________________

Current Medications: ______________________________________________________

________________________________________________________

Medical History: ______________________________________________________

________________________________________________________

Other Conditions or Limitations: ______________________________________________________

________________________________________________________

**Part III: Applicant’s Statement**

I hereby certify to the best of my knowledge that the above medical information is correct. I understand that any illness not described on the form may result in my dismissal from the program.

I ________________________ , hereby consent to have this form completed and submitted to Disney Study Away Program by ________________________ (name of physician).

Student Signature ________________________  Date ________________________
**Information to be Completed by a Licensed Health Care Provider**

**Physician Instructions**

- The Medical Clearance Form must be completed by a licensed health care provider after a review of the program description and the Disney Study Away Physical Requirement Assessment Form.
- If the Program Description and Disney Study Away Physical Requirement Form are not attached, please ask the student to attach it before medically clearing the student.
- Medical Clearance Forms must be submitted to CCSE. Forms can be sent via email ccse-disney@kennesaw.edu

*Please initial all applicable statements below*

Student Name: __________________________________________

_______ I have read the attached Program Description

_______ I have read the attached Disney Study Away Physical Requirement Assessment Form

Based on my examination of the applicant’s medical history and program related information, it is my professional determination that the student is:

_______ Cleared to participate on the Disney Study Away Program

restrictions: __________________________________________

________________________________________

_______ Not Cleared to participate on the Disney Study Away Program

Licensed Provider Name ________________________________ Licensed Provider Telephone Number

Licensed Provider Signature

________________________________________

Date

Provider Rubber Stamp or Business Card Here