

SiPN Semester Application Package

Enclosed in this packet you will find all the documentation that you need to complete your SiPN Application. These forms are editable, try to complete as much as possible electronically before you print out the entire packet for appropriate signatures.

We have **9 required documents** that we need to have on our end to complete your Semester application.

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Once you have gathered and completed ALL the steps please send the entire packet at once applications@studyinportugalnwork.com.

It is important that you submit these materials as soon as possible so we can guarantee you a spot in SiPN's Program.

1. Student Transcript

A copy of your student transcript of records is a required document.

Submit a PDF copy of your transcript (an unofficial version works just as fine) to applications@studyinportugalnetwork.com

2. Student Passport

In order to process your application, we need to see a copy of your passport with a validity date that is at least 6 months beyond the end date of your expected departure from Portugal.

The copy should be legible and show the inside with your photo and other vital details.

Submit this document by scanning to your computer or phone and send it to us as a pdf at: applications@studyinportugalnetwork.com

3. Passport Style Photo

One of the amenities that we want to give you as soon as you arrive and settle in is your personal transportation card. This card will provide you with full integrated access to the entire Lisbon public transportation network (metro, buses, trolley, and train until a certain radius) you will just need to “tap and go”!

In order to make this happen you need to send us via email a photo of you with “passport style” standards.

The photo must be: in color; 2x2 inches; taken in front of a plain white or off-white background; taken in full-face view directly facing the camera.

Submit a JPEG copy of your passport style photo to applications@studyinportugalnetwork.com

4. Letter of Financial Responsibility

This document is **REQUIRED** in order to participate in the SiPN Program (Fill out and submit this document by printing, signing, and scanning to your computer. Then upload it to your SiPN protected account in the designated area of your application. If you have any trouble with scanning and/or uploading, please email your signed and completed documents to **applications@studyinportugalnwork.com** or **fax to (+351) 21 392 8772**)

This Letter of Financial Responsibility is designed to be completed by whomever is handling your financial matters. Although your home institution may be forwarding payment on your behalf; the student and/or his/her family are ultimately responsible for any payment not received.

This Letter of Financial Responsibility also extends to debt incurred abroad, when payment is due to SiPN.

A Student or Parent or Guardian can be named as the individual responsible for finances. A Social Security number is required and is necessary for collecting any past-due debts.

International students enrolled at a U.S. institution are issued a Social Security number. International students should identify themselves as the person responsible for finances.

International students not enrolled in a U.S. institution and without a Social Security number should complete the attached form, and mark N/A (not applicable) in the field for Social Security number.

4. Letter of Financial Responsibility

Student's Name: _____

Social Security Number: _____

Name of College or University: _____

Name of Parent or Guardian: _____

Address: _____

City | State / Province | Zip | Country: _____

Name of person responsible for nances (may be student named above): _____

SSN: _____

Address: _____

City | State / Province | Zip | Country: _____

The person signing below as the financially responsible party agrees to assume joint liability with the student for any debt incurred during his/her session of attendance at Study in Portugal Network.

The terms of payment, adjustment and withdrawal set forth in the SiPN website are incorporated herein and hereby accepted.

In the event of a delinquency, I promise to pay all attorney fees and other reasonable collection costs necessary for the collection of any amount not paid when due.

This document needs to be sent back as soon as possible.

Signature of Person Responsible for nances
(may be student)

Date

5. Statement of Responsibility

(Fill out and submit this document by printing, signing, and scanning to your computer.
Once completed, please send this package to applications@studyinportugalnwork.com)

Release and Indemnification Agreement

I, the undersigned, have agreed to participate in the Study in Portugal Network (SiPN) Program identified below (the “Program”). In consideration of SiPN Study Abroad’s agreement to permit me to participate in the program, the receipt and sufficiency of which is hereby acknowledged, I hereby agree as follows:

1. I understand that my participation is wholly voluntary. I certify that I am 18 years of age or older.
2. I have read and understood the general requirements for the Program, found at www.studyinportugalnwork.com, (b) the U.S. State Department Consular Information concerning travel to, in and around my Program country – Portugal (the “Travel Advisory”), found at [http:// travel.state.gov/content/passports/english/country/Portugal.html](http://travel.state.gov/content/passports/english/country/Portugal.html)
3. Though SiPN makes every reasonable effort to assure students’ health and safety while participating in the Program, there are unavoidable risks in travel overseas, including (a) those identified in the general health guidelines, and the Travel Advisory, and (b) those associated with strikes, civil unrest, terrorism, war, criminal activity, force majeure, weather conditions, public health risks, acts of God, and other possibly dangerous conditions beyond the control of SiPN. I am aware of and understand the risks and dangers of travel to, in and around my Program country/countries, including the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence. I hereby assume, knowingly and voluntarily, each of the risks described above and all of the other risks which could arise out of or occur during my travel to, from, in or around my Program country.
4. I, individually and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge SiPN, their employees, agents, officers, trustees and representatives (in their official and individual capacities) (the “SiPN Representatives”) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both (“Losses”), including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney’s fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program, including any program sponsored travel to or from any country where the Program is being conducted, any related or independent travel, any activities or excursions, irrespective of whether they

are sponsored, supervised or controlled by SiPN, except for such Losses as may be caused by the gross negligence or willful misconduct of the SiPN Representatives. I also agree to indemnify and hold harmless the SiPN Representatives from and against any Losses.

5. This Agreement and the Conditions of Participation represent the complete understanding with Study in Portugal Network’s responsibility and liability for my participation in the Program.

This Agreement and the Conditions of Participation supersede any previous or contemporaneous understandings with SiPN, whether written or oral, and cannot be changed or amended except in writing and signed by an authorized officer or agent of SiPN. Should any provision or aspect of this Agreement or the Conditions of Participation be found unenforceable, all remaining provisions of the Agreement or the Conditions of Participation will remain in full force and effect. Should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such dispute or lawsuit must be filed only in a court in Tribunal Cível da Comarca da Lisboa, to the exclusion of any other court or jurisdiction. This Agreement and the Conditions of Participation shall be governed by the laws of the Portuguese State (without regard to its conflicts of laws rules).

6. I have shared the above information with those other parties responsible for payment or with related interest and understand that, before signing this Agreement, I have the right to consult with the advisor, counselor, or attorney of my choice.

Student Signature

Date

6. Health and Special Needs

The study abroad experiences one that takes planning and preparation. It is important that health and/or special needs information is provided well in advance. The following information will remain confidential and will not affect your eligibility for scholarships or any other aspect of the Study in Portugal Network (SiPN) program.

Personal Health History

1. Review of Illnesses and Symptoms

Please check “yes” if you have experienced any of the following diagnoses or symptoms. Please give details below on any checked response, adding additional paper if necessary. The Last part of the health form is to be completed by your medical or mental health provider for any “yes” answers given in either the checkbox or question section of the health form.

	Yes		Yes		Yes
Abdominal problems		Depression/Anxiety		Substane Use/Abuse	
ADD/ADHD		Diabetes		Thyroid disorder	
Anemia		Eating disorder		Vision/eye problems	
Arthritis		Epilipsy (seizures)		Other (please specify)	
Asthma		Gastrointertinal disorder			
Autism/Asperger’s (ASD)		Head injury/concussion		Allergy (Please Speciffy)	
Back problems		Heart murmur/disease		Hay fever	
Bipolar disorder		High Blood Pressure		Bees/wasps	
Bladder/kidney problems		Immune system problems		Pet/Animal dander	
Bleeding/clotting disorder		Impaired use of any limbs		Foods	
Blood disorder		Joint problems		Grug	
Cancer or Leukemia		Learning disability		Other Allergy	
Celiac disease		Migraines or severe headaches			
Cerebral palsy		Recurrent dissiness/faintness			

Comment bellow on any condition(s) that you have checked “yes” above:

2. Are you currently receiving any medical treatment or taking prescribed medications? If yes, please name the medication and briefly describe the condition. **Note: some medications may not be legal in your study abroad location.**

Yes No

If Yes, please describe:

3. Do you have any permanent injury or physical disability?

Yes No

If Yes, please describe:

4. Have you ever or are you currently receiving counseling or psychotherapy treatment for any psychological or mental condition? If yes, please state approximate dates and briefly describe the reason.

Yes No

If Yes, please describe:

5. Do you have a documented learning disability on file with your homeschool? If yes, please describe your disability and the accommodations you would like to have during your study abroad experience. You should make an appointment with the disability coordinator on your campus to obtain necessary documentation for your study abroad experience. **Note: some accommodations may not be available through our program, but we will endeavor to inform you of these once we receive this document.**

Yes No

If Yes, please describe:

6. Do you have any disabilities or dietary restrictions?

Yes No

If Yes, please describe:

Medical Professional’s Authorization

I, _____ (name of medical or treating professional), consider that _____ (name of applicant) is fit to participate in in during _____ (study abroad term) in Portugal. The student will send along with said applicant any medical records needed for possible treatment by a physician or medical facility abroad.

Having received permission from said applicant, I am willing to further discuss problems pertaining to this issue with the professional staff of the SiPN Program.

Signature of medical or treating professional

Date: month | day | year

Name (Print):

E-mail:

Telephone:

Communication Approval:

It is important that you communicate information to your parents/guardians about the study abroad program details, academics, financial components, as well as your health and wellness arrangements that may need to be made before, during, or after your time abroad. There may be circumstances where a representative of SIPN needs to discuss a variety of matters with your parents or guardians. Please read the following statements and check the box regarding what information we can discuss with parents/guardians.

Please sign below once you have checked and filled out the appropriate box.

Yes, I authorize the SiPN Program and/or my university officials to communicate with my parents/guardians/other (referenced below) regarding all issues involving my study abroad experience. This may include, but is not limited to, student account information, student conduct issues, health and safety, or academics. I expressly waived any privacy rights I may otherwise have under FERPA and HIPAA. Such contact me occur before, during or after the program ends.

No, I do not wish to wave my privacy rights under FERPA and HIPAA. I understand that means that the SiPN Program and its constituents may be unable to help me in certain circumstances.

Signature of student

Date: month | day | year

7. Student Disclosure and Approval of Participation

7.1 To be completed by the student:

Please review the following statements very carefully, check the boxes to indicate your agreement, and sign at the bottom of this section.

- I have spoken with my study abroad advisor, academic advisor, and/or dean about my plan to participate in the Study in Portugal Network (SiPN) Study Abroad program.
- I am aware of my home institution's policy on transferring credit for this study abroad program.
- I understand that I am expected to participate fully in all program lectures and activities while enrolled in SiPN regardless of whether my home institution will be transferring credit for the program.
- I understand that if I do not participate fully, I may be put on academic probation or be required to leave the program.
- I understand that if my behavior fails to comply with SiPN guidelines for participants, I may be placed on behavioral probation or dismissed from the Program. If dismissed, I understand that SiPN will not be held financially responsible for any change fees to my return flight ticket, nor will I necessarily be permitted to stay in the SiPN housing for which I pre-paid.
- I authorize SiPN and my home institution to release my educational records to each other. Credits earned through SiPN are transferable only at the discretion of the receiving school. All credits come from accredited Portuguese universities.
- I understand that SiPN will place a hold on the release of my transcript should I fail to complete and submit the Final Program Evaluation.

I certify that the information disclosed on this document is true to the best of my knowledge.

Signature of student

Date: month | day | year

7.1 To be completed by study abroad professional or dean

Student Name: _____

Student ID#: _____

This student has applied to the Study in Portugal Network (SiPN) semester program, a third party program funded by the Luso-American Development Foundation and accredited by the Portuguese government, among other key US and Portuguese partners.

This candidate’s application is not considered complete until we receive this form.

The consortium partner universities of the SiPN program will grant ECTS credits upon successful completion of the program. Please refer to the credit Pre-Approval Form that was given to the student, as well as the SiPN website for information on courses.

7.2.1 Upon completion of the program, SiPN should send transcript and related materials to:

(This is usually your college registrar or study abroad office. Each student receives a separate grade report at his permanent address.)

Name: _____

(of the person that the transcript should be addressed to)

Title: _____

(if applicable)

School: _____

Department: _____

(if applicable)

Street: _____

City: _____

State/province: _____

ZIP: _____

Country: _____

Prior to send the Transcript package to the address indicated above, SiPN also sends an e-version via e-mail. Please provide the most accurate e-mail for these matters:

E-mail: _____

7.2.2 Please review the following statements very carefully, check the boxes to indicate your agreement, and sign at the bottom of this section. Check the boxes below.

- This student's application has the approval of this institution.
- I have verified the institutional address above where the transcript should be sent.
- I understand that SiPN will place a hold on the release of the student's transcript should he/she fail to complete the Final Program Evaluation
- To the best of my knowledge, this student has never been on academic or disciplinary probation.

Signature Name: _____

Printed Name: _____

Title: _____

Name of Institution/Department: _____

Email: _____

7.2.3 In the event of a student/program emergency, please specify the name and contact information of the most appropriate institutional contact:

Signature Name: _____

Printed Name: _____

Title: _____

Name of Institution/Department: _____

Phone (ideally 24/7 service): _____

Email: _____

8. SiPN Pre-Approval Course Form Plan

Note: This document requires signature/s other than the student. Read the instructions carefully.

(The form itself can be found on the next pages, or access it [here](#))

Instructions for student:

Please refer to your school's catalog requirements regarding credit transfer policies and approvals required for study away.

Students should prepare for their meeting with their advisor by printing the course descriptions and any other relevant information (syllabi, number of contact hours, etc.) and ranking which courses they would like to take abroad. You might also take the initiative and make some suggested requests for credit transfer equivalencies, but ultimately these decisions are made by officials at your home school.

Academic advisors will be able to assess the quality of the course, whether your home school credit may be granted, and whether the course will be applicable for graduation requirements.

Once the course equivalencies have been established, students must obtain the signatures of their relevant school officials for final approval. Follow the requirements dictated by your home school during this step.

The student can choose whichever courses fit your needs on our website. Check those directly on our website under "build your semester". There you can access the respective syllabi by clicking on the title of the course.

Be sure that you are looking at courses that are offered in the semester that you are applying for.

Instructions for chair, student's major department:

The Study in Portugal Network works to make the credit pre-approval process as easy and transparent as possible, but we recognize that approving foreign credits for transfer is an inexact science. Our website provides detailed information on the courses available to students through our consortium arrangements, including course syllabi, ECTS credits, classroom contact hours, and where possible links to the respective faculty member's CV.

Our suggestion is that academic advisors in the US pay special attention to the number of classroom contact hours required by each course, since the number of ECTS can vary widely across and even within the same university in Portugal. Although a 6 ECTS class with 42 contact hours might typically come back to the US as a 3-semester credit hour transfer, some classes here may have 80 contact hours and yet still be worth only 6 ECTS. We are available for consultation or questions if needed at info@studyinportugalnwork.com

8. SiPN Pre-Approval Course Form Plan

Before you start choosing courses, please consider the following:

1. Choose your SiPN Semester Study Location (Lisbon OR Porto)

SiPN offers semester programs in both Lisbon and the city of Porto. Both cities are great places to study and to live. Your first decision, is to choose from among these two places. Where would you like to develop your studies and immerse yourself in?

Check our website to access the curricular offerings in each of the destinations and also to gather some further context about these two major Portuguese cities.

2. Students should pre-approve at least 10 courses:

The more courses you pre-approve, the more flexibility and responsiveness you will enjoy. Please indicate which are your “1st options” and “2nd options” in the document that you will be sending to our office. Please rank which courses you want as your “1st choices”. In case there are class schedule overlaps or any other reason, we can trigger an “Alternate option”. Regardless your SiPN study abroad location (Lisbon or Porto), you will be given roughly 2 weeks as the “add/drop” period at the beginning of your semester to make some class adjustments, if necessary. Don’t forget to be consistent, don’t mix courses that are offered in Lisbon with the ones offered in Porto, and vice versa.

3. Location of the Schools – SiPN is a Network of 4 Lisbon’s Top Schools

Also, another criterion that you should have in mind is the location of the school where each of the courses are being offered. It is true that all schools are located close to one another, but we do recommend that students choose courses from only two (maximum three) different schools.

[Click here and see this interactive map for you to understand exact locations of our various colleges in our university network](#)

4. Schedules are only made available 1 week before classes start:

Class schedules in Portugal are only made available shortly before classes start. This is another reason why you should have a list of pre-selected options to plug-in, in case some of your pre-approved choices end up overlapping one another. Once you arrive in Lisbon OR Porto, during SiPN’s orientation week, we will provide you with all the schedules and classrooms for the (at least) 10 courses that you have pre-approved and previously communicated to SiPN.

5. SiPN requires that you enroll in enough classes/credits that assure you a full-time student status at your home school.

This usually corresponds to 4 or 5 courses and 12 US semester credits. In addition, you should verify if your school has other specifics in terms of work/credit load. Each US school has its own specific requirements, so please double check with your study abroad/academic advisor AND your financial aid office (if you receive federal aid, federal financial aid typically requires 24 credits/academic year for you to be considered a FT student).

6. All students are required to take “Portuguese Culture and Society”

SiPN instituted a policy that requires all participants to register for at least one of our 4 core course offerings (regardless if you chose Lisbon OR Porto) – Portuguese Culture & Society (syllabus available on SiPN’s website).

While students will still enjoy the freedom to design their semester curriculum from among the hundreds of classes and/or internships offered through our 4-university consortium in Lisbon, and our 3-University Consortium in Porto, the Academic Council of SiPN felt that it was imperative that all of our students come away from their semester or year abroad with at least 1 course that covers the basics of Portuguese history, economy, politics and culture. Other core classes will continue to dive into these and other topics in much greater depth and from a disciplinary perspective, but this survey course will at least guarantee some basic familiarity with the host society in which you are immersed during your stay. Note that students who study with SiPN for the academic year only need to complete this course during one of their semesters. Just as with any SiPN course, this class will require pre-approvals on your home campus for transfer credit. The syllabus will survey an interdisciplinary set of social science and humanities-related topics about Portugal, its former empire, and its contemporary relations with Europe and the community of Portuguese-speaking countries. SiPN recommends that study abroad advisors consider this course for upper-level undergraduate social science or humanities elective credits.

7. We encourage you to choose courses from our Core Curriculum

SiPN, besides the mandatory course that all students must take “Portuguese Culture & Society”, 6 ECTS, offers another 3 courses each semester that are

developed by the program itself (in both Lisbon and Porto programs). The faculty in these classes are handpicked by our Academic Council based on their profile, fluency in English, academic fit, etc. The topics of those courses are related to Portugal, Portuguese speaking countries, and Portuguese integration in the European Union.

Students are not required to choose from our core, although we strongly suggest that they pay special attention to these, since they assure a more US-style academic pedagogy and a perfect calendar format and the student doesn’t need to proctor final exams after the end of the semester. Check out our website to access the list of core courses to be offered during the next SiPN semester editions.

8. Portuguese Language Classes

SiPN strongly encourages you to take a “Portuguese Language Course” (all levels available, every semester). Even if you are not seeking equivalences for these efforts, taking a Portuguese language course will surely benefit your overall experience and help you integrate into the local culture.

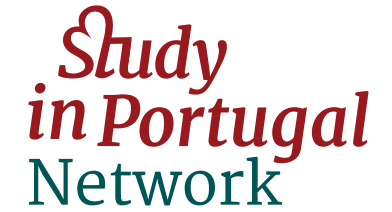
9. Courses Taught in Portuguese

If you are interested in direct enroll in courses that are taught in Portuguese, SiPN offers those too. We do not list those on our website because there are simply too many of them to list. If this is your case, please e-mail us with some curricular goals so we can work on your behalf to propose a set of courses and the respective syllabi for your/academic advisor to consider.

8. SiPN Pre-Approval Course Form Plan

This form is used to obtain academic approval for any credit-bearing courses the student wishes to bring back to their home college/university. If your school prefers that you use their form, please do so. This form is produced as an illustration for how students might guarantee study abroad credit transfer from their home school.

Students should list their first 5 or 6 course choices, followed by alternate classes that are ordered according to preference. Please pay attention to the SEMESTER in which said SiPN courses are being offered (see website column). If you are choosing classes taught in Portuguese, please note that the SiPN website only lists those courses taught in English and/or Portuguese language classes.



Name: _____ Student ID: _____ SiPN Program Location: Lisbon Porto

Study in Portugal Network Title of Course to be Taken Abroad *	ECTS Credits	University where course is offered	Course Equivalent at your school	US Credits	Major Minor Elective	Signature of Relevant Advisor for Credit Transfer	Printed Last Name	Notes (*)
Example: MacroEconomics	6	ISCTE	ECON 212	3	Major	Signature	Printed Last name	
1st choices								
Portuguese Culture & Society (required course)	6	Offered every semester at the Host University						
Alternates								

* Please mention when the Language of Instruction is Portuguese, write “taught in PT”

For the purposes of US federal financial aid, full-time student status requires 24 semester credits per academic year (12 per semester). Most US schools equate 2 ECTS with 1 US semester credit, so our recommendation is that students register for at least 24 ECTS/semester. In any case, our students are expected to undertake a minimum course load equivalent to full-time status as determined by their home university or program. Moreover, our students will receive a letter of admission by the SiPN host university in Portugal for the purposes of their request for a Schengen student visa.

Please complete all fields on reverse prior to signing

For department chair:

All SiPN courses come back on original Portuguese university transcripts with grades.

Does your institution accept study abroad transfer credits for grades or just on a Pass / No Credit basis? **(PLEASE CHECK ONE)**

Grades do come back Transfer is only based on Pass / No Credit

Will study abroad credits at your school count toward the student's GPA?

Yes No

Note: SiPN will provide all academic advisors a template for how the Portuguese 0-20 scale typically translates back into the US 0 – 4.0 grade format.

Required signatures:

	Signature	Printed Name	Date
1. Dept. Chair of the Major	_____	_____	_____
2. International Education Liaison <i>(if other than Dept. Chair)</i>	_____	_____	_____
3. International Programs Office	_____	_____	_____

9. Proof of Aid Verification Form

(Required only by those participants receiving financial aid)

To be completed by the Financial Aid Office

Dear SiPN Billing Coordinator, (Insert blank line here with enough space for the student name) will attend the Study in Portugal Network program during _____ (insert term). He/she will receive aid through _____ (insert University College name) in excess of his/her tuition charges. Excess funding, in the amount of \$ _____ will be refunded to _____ (student name or SiPN) and S/he will be responsible for paying the remaining program balance. Funding should be available by _____ (date).

Sincerely,

Name of school official _____

Title: _____

Phone Number: _____

Email: _____