

Independent International Experience

Students who wish to pursue an independent international experience can petition for permission to do so. An independent international experience is one that is not completed through SJSU. It is not necessary for the experience to have an academic component, but it must provide opportunities for the student to engage directly with local people and organizations. Examples of experiences that qualify include:

- A course taken at a university outside of the U.S.
- A faculty-led study abroad program taken through another U.S. university
- A service or volunteer trip abroad sponsored by a non-profit or charitable organization

Tourist trips or vacations taken with family or friends do not qualify as independent international experiences.

Students who successfully petition for an independent international experience must take **APSC 198ITL** (1-unit online seminar course) upon their return. APSC 198ITL is offered Fall and Spring semesters.

Submitting the petition

1. Complete the petition on the next page
2. Attach documentation regarding the experience, i.e., course syllabus, program information, etc.
3. Obtain the signature of your academic advisor or department chair
4. Bring the packet to the Dean's office for signature (MacQuarrie Hall 431)

Important considerations:

- Minimum length of time abroad is 9 days (not including travel time).
- Petitions will NOT be accepted for travel to countries on the U.S. State Department Watch List <https://travel.state.gov/>.
- All students traveling abroad must obtain international health insurance that includes medical, evacuation and repatriation coverage. If the organization that you are traveling with does not provide this insurance you must obtain it on your own.
- Students in nursing, occupational therapy, social work, or athletic training must obtain individual malpractice insurance if you will be in direct contact with clients/patients.
- You must register for and complete **APSC 198ITL** or approved departmental equivalent upon your return (1-unit online seminar) in order to satisfy the international experience requirement.

College of Applied Sciences and Arts

Independent International Experience Proposal Form

SJSU ID _____ Last Name _____ First Name _____

Major _____ Phone # _____ E-mail Address _____

Expected Semester of graduation _____ Location of trip: _____

Dates of trip: _____ Number of days abroad (not including travel time) _____

Name of agency/program/organization with whom you will be traveling/working/volunteering:

Does the program offer academic credit? Yes No If so, name of university _____

Describe briefly your planned activities/duties (attach supporting documentation):

Who will provide your supervision/mentoring/support while abroad?

Name: _____ Position _____

Note:

- All students traveling abroad must obtain international health insurance that includes medical, evacuation and repatriation coverage.
- Students in nursing, occupational therapy, social work, and athletic training must obtain individual malpractice insurance if they will be in direct contact with clients/patients.
- Students whose independent international experience does not offer academic credit must register for and complete APSC 198ITL or approved departmental equivalent upon their return (1-unit online seminar) in order to satisfy the international experience requirement. APSC 198ITL is offered Fall and Spring semesters.

In electing to pursue an independent international experience, I understand that the agencies or organizations with which I travel or work abroad are not affiliated with San Jose State University and the University provides no assurance or guarantee of program content or supervision, travel arrangements, or accommodations. I have purchased international health insurance and if my international placement involves contact with clients/patients, I have purchased individual malpractice insurance. I further understand that upon my return to SJSU I must register for and complete APSC 198ITL (or approved departmental equivalent).

Student's signature: _____ Date: _____

Signatures below indicate approval:

Chair/Director/Advisor Name (Please Print) _____ Date: _____

Chair/Director/Advisor Signature _____ Date: _____

CASA Associate Dean Signature _____ Date _____