



PARTICIPANT APPLICATION for SHORT-TERM STUDY ABROAD

INSTRUCTIONS: Please complete this application in full and return it to the Office of International Education, Room 252, White Hall. Please print in black ink or type.

PERSONAL INFORMATION

Name: _____ Banner ID: _____

Current Address: _____

Cell Phone # _____

Sex (circle one): M F Date of Birth: _____ Email: _____

Major: _____

Current class rank: ____ Freshman ____ Sophomore ____ Junior ____ Senior

Permanent Home Address: _____

Permanent Telephone Number: _____

PROGRAM INFORMATION

Program Name: _____

Destination Country: _____

Date of study abroad: Fall 20____; Spring 20____ Registering for Credit? Yes/No

PASSPORT Check one:

_____ I have attached a copy of my passport to this application.

Citizenship: _____ Passport #: _____ Date of Exp.: _____

_____ I applied for a passport on _____ and will submit a copy to OIE as soon as I receive it.

HEALTH INFORMATION

Medical Responsibilities: The undersigned acknowledges that there are certain risks inherent in international travel and that Utica College cannot assume responsibility for the provision of medical services to its students or the payments. The undersigned is expected to have consulted with a medical doctor, as he/she may have deemed necessary, with regard to any individual medical issues or needs. Further, the undersigned is aware that UC cannot be responsible for attending to any of the medical needs of the undersigned. The undersigned is aware that, should he/she be required to be hospitalized while in a foreign country or in the US during the program, the College cannot and does not assume legal responsibility for payment of such costs; rather, the undersigned hereby assures the College that he/she has assumed all risk and responsibility therefore.

Health Insurance: The undersigned understands that all study abroad participants are required to maintain sufficient health, accident, disability, and hospitalization insurance while participating in the programs. UC requires all study abroad participants to be enrolled in the college's supplementary study abroad health insurance policy. Utica College shall not assume responsibility for student medical expenses.

Immunizations/Tests: The undersigned agrees to provide Utica College with documentation of any immunizations/ tests required by the country to which student is traveling.

Emergency Medical Treatment: The undersigned, if participating in a Utica College study abroad program, acknowledges that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, or surgery. Student agrees to sign necessary paperwork for emergency contact and agrees to allow Utica College to release any medical information below in case of an emergency.

Health Concerns:

Please describe below any medical conditions, medications, or other health concerns that program leaders should be aware of, or medical providers should know in case of an emergency. You may also choose to attach information from your doctor in the event you should need medical attention while in program.

EMERGENCY CONTACT INFORMATION

Please give two contacts at different addresses:

1. Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

2. Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

AGREEMENT OF PARTICIPATION

I understand that approval to participate in this program may include a review of my academic and disciplinary records. I give the staff of the Office of International Education permission to review these records and share appropriate information. Furthermore, I understand and agree that if I should be approved to participate in this program I will continue to be subject to the rules and regulations of Utica College in both academic and personal behavior. I also agree to be subject to other rules given by the OIE or the host institution. I also will be subject to all laws of the host country. I understand that failure to obey any rules or laws may result in the premature ending of my participation in this program. I will be responsible for all expenses as a result of disciplinary sanctions or illegal or unacceptable activity. My signature to this form is also stating that I have given truthful and fully disclosing answers to all information contained in this application.

Signature of Student

Date