



To: PROSPECTIVE STUDY ABROAD STUDENT

Welcome to an academic adventure of a lifetime! You are about to experience a new culture, a new language (or a new use of English), and a new way of learning.

For summer programs through outside (non-Winthrop) providers or organizations, students must complete this application packet. Please return these forms to our office no later than APRIL 15th.

Prior to your departure, you need to work with your academic advisor to complete an Approval to Transfer Credit Form, available at the International Center or Records and Registration. You should request that your program send your completed transcript to:

Study Abroad Coordinator, The International Center of Winthrop University
206 Tillman Hall
Rock Hill, SC 29733 USA

If you have financial aid or want to know if any financial aid is available for your summer study abroad program, please meet with a Financial Aid Counselor. To use financial aid toward your program, you will need to complete an Off-Campus Financial Aid Request Form, available at the International Center.

If you have any questions, contact the International Center at 803-323-2133 or studyabroad@winthrop.edu.

PERSONAL DATA

Name: Winthrop ID#:

Major: GPA: Email:

Class standing at Winthrop during study abroad (circle one): Fr So Ju Sr Grad

Projected graduation date:

Study Abroad Program/University:

Study Abroad Country: Term Abroad:

Date of Birth: Passport #:

Place of Birth: Citizen of:

Winthrop Address (until what date?): Local/Cell Phone:

Street City State Zip

Permanent Address: Phone:

Street City State Zip

EMERGENCY CONTACT

Name/s: _____ Phone: _____

Relationship/s: _____ Email: _____

Street

City

State

Zip

PROGRAM PROMOTION

I do do not grant, for any purpose connected with promoting the Winthrop University study abroad or student exchange program but not for commercial exploitation, the right of Winthrop University to use my name, voice and likeness in any writings, photographs, films and recordings as a result of participating in this program, including any biographical information submitted by the participant to Winthrop University, and to use, reproduce, publish, and distribute the same.

ACADEMIC RESPONSIBILITY

Please initial below signifying your agreement to each point:

_____ I agree to attend all orientations at the home and host campuses.

_____ I agree to attend regularly scheduled classes at the host institution.

_____ I agree that I am responsible for making sure that courses taken and academic credits earned from the host institution transfer back to my Winthrop University academic record.

_____ I acknowledge that I receive transfer credit only for those courses I pass with a C or higher.

_____ I acknowledge that no study abroad grades are averaged into my Winthrop GPA.

_____ I acknowledge that all study abroad grades, including Ds and Fs, are averaged into my GPA used to determine eligibility for my financial aid and for honors designation at graduation.

_____ I agree to invest the same amount of time and effort on course work that is required at Winthrop.

HEALTH AGREEMENT

Please initial below to signify your agreement to each point:

_____ Studying abroad requires overall good health. I understand that travel abroad often puts additional stress on one's physical, mental, and emotional condition and agree that I am physically, mentally and emotionally capable of participating in the program.

_____ I assume all risk and financial responsibility for any loss or injury that may occur to me while participating in the program.

_____ I assume all risk and financial responsibility for any loss or injury that may occur to others as a result of my negligence or misconduct.

_____ I certify that I have adequate international health and accident insurance coverage as described below and I am covered for the entire period of my participation.

HEALTH INSURANCE COVERAGE

Health and accident insurance coverage is required of all participants in Winthrop University study abroad and NSE programs. The policy MUST include coverage for basic medical, sickness, injury, medical evacuation, accidental death, dismemberment and repatriation coverage. If you plan to travel before the program starts or after it concludes, the policy needs to cover you for the entire period.

I am covered by the following international health and accident insurance policy:

Insurance Company: _____ Policy#: _____

Street City State Zip Phone

I plan to enroll in Winthrop's CISI International Health Insurance Policy.

CONDUCT INFORMATION

I acknowledge that participation in this program is contingent upon my good standing with Winthrop University and hereby authorize the Dean of Students Office to release information regarding my disciplinary file to Winthrop's Assistant Director and Coordinator of International Education. This waiver will expire at the conclusion of my participation with the Study Abroad/ Student Exchange program.

Name: _____ Signature: _____

Date: _____ Winthrop ID #: _____

ASSUMPTION FOR RISK FOR OFF-CAMPUS ACTIVITIES

1. **FINANCES.** I acknowledge my participation in this study program and understand that I am accountable for all program fees. I acknowledge that an official hold may be placed on my records until all financial responsibilities are fulfilled.
2. **PERSONAL CONDUCT.** I understand that during the Winthrop Study Abroad program I am subject to Winthrop's Student Code of Conduct and that Winthrop University, through its official representatives, also has the authority to establish additional rules of conduct necessary for the safe and effective operation of the program. The rules apply during the entire period of the program, including free time. The use of drugs during the program is strictly prohibited and can be cause for dismissal from the program. I am responsible for my personal conduct and understand that I can be dismissed from the program for violation of program rules.
3. **LOCAL LAWS AND CUSTOMS.** I agree to respect and adhere to the laws and customs of the host country and understand that the intentional violation or disrespect for those laws and customs may result in my dismissal from the program. Furthermore, I acknowledge that the violation of such laws and customs may have legal ramifications with consequences beyond the control of Winthrop University and even the US Government.
4. **DISMISSAL.** Winthrop University, through its official representatives in collaboration with the home campus, may decide that a participant must be dismissed from the program because of violation of any stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy. That decision will be final. Dismissal from the program will result in the loss of all academic credit for the program. Persons dismissed from the program will remain responsible for all program costs incurred on their behalf and any additional costs resulting from their dismissal and early departure.
5. **ORIENTATION.** I agree to attend all orientation, pre-departure, and re-entry meetings.
6. **INSURANCE COVERAGE.** I acknowledge that I am required to have health, accident and hospitalization insurance during my participation in the study abroad program. The policy must include coverage for expenses relating to sickness, injury, medical evacuation, accidental death and repatriation.
7. **MEDICAL TREATMENT.** I have read and understand the Study Abroad Health/Emergency Information sheet provided to me and know what actions to take for support and assistance in preparing for my study abroad experience. In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate medical condition, I authorize any official representative of Winthrop University to secure on my behalf medical treatment, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.
8. **RESPONSIBILITY DURING FREE TIME.** I acknowledge that during free time before, during and after the period of this study abroad program, I may elect to travel independently at my own risk and expense. I agree to inform an official representative of the Winthrop University International Center of my travel plans. I also agree that neither Winthrop University nor its representatives are responsible for me during such free time.
9. **ASSUMPTION OF RISKS.** I acknowledge that Winthrop University has taken steps to arrange for a safe program and will take steps throughout the program to assure safety. Based on that understanding I assume the risk associated with this trip. I agree that during the period of this study abroad program I release and forever discharge Winthrop University, and its official representatives, from any liability for damage to or loss of my possessions, as well as any injury, illness or death arising out of acts of third parties, travel to the site or while abroad, or political unrest.
10. **WITHDRAWAL.** I agree that I will be held accountable for the program fees. I also understand that certain cancellation fees might apply to cover expenditures already made in the event that I withdraw, even if for reasons beyond my control. Travel insurance might be available to cover for such circumstances. I acknowledge that it is my responsibility to explore these options for myself.

I have completely read this WINTHROP SUMMER STUDY ABROAD APPLICATION PACKET, including:

- Student Academic Responsibility (p. 2)**
- Health Agreement (p. 2)**
- Health Insurance Coverage (p. 3)**
- Conduct Information (p. 3)**
- Assumption of Risk for Off-Campus Activities (p. 4)**
- Study Abroad Health/Emergency Information (p. 5-6)**

I thoroughly understand the information provided, and have asked questions if I did not understand it. My signature below indicates that I have provided true and accurate information and give my complete and willful consent to the terms set forth.

Signature of Participant

Date

Signature of Parent/Guardian (if student under 18 years of age)

Date

Student: Read thoroughly and keep for your records

STUDY ABROAD HEALTH / EMERGENCY INFORMATION

Your signature in the Study Abroad Application Packet indicates that you have read this document and understand health issues that may relate to your participation on a study abroad program.

I. Medical Conditions

Winthrop University recommends that all students get a thorough physical examination before participating in study abroad. Discuss with your physician your intent to study abroad and get advice for managing your physical and emotional health while in another country. Discuss your health condition (allergies, disabilities, psychological treatment, dietary requirements, and medical needs) with your physician, and seriously consider the appropriateness of your participation in study abroad in your chosen host country.

Actions:

1. If you have any medical or psychological condition that may require attention while you are abroad, discuss this with your physician before going abroad.
2. Speak to your physician and/or the Winthrop Travel Clinic about any medications you take regularly, the quantities you can take with you, and its availability abroad.
3. Take necessary medications (in original, labeled containers) and written prescriptions with you.
4. It is advisable that you carry a letter from your doctor explaining the use of your medication so it is not suspected as contraband.
5. Get necessary immunizations well in advance of your departure.

II. Medical Facilities/Services

Medical facilities and services will not be the same in every country. It is important to understand as much as possible about the facilities and services in your host country before you should need them.

Actions:

1. Be sure you get information in your program-specific orientation about medical facilities and services in your host city/country.
2. You will need to understand where to go for common health needs (i.e., cold, stomachache, flu, etc.) and where to go for emergencies.
3. You will need to know how medical services are paid for (i.e., out-of-pocket by the student, host country or institution, insurance, etc.).
4. Understand your insurance coverage before going abroad (does your insurance cover you in another country, what is covered, what is not, how to make claims, etc.).
5. You will need to know who to contact in case of a medical emergency.

III. Disabilities

Students requiring accommodations for a medical condition and/or disability during a study abroad program experience must submit an accommodation letter from Services for Students with Disabilities to the Winthrop International Center and/or the host country Program Director before going abroad. The earlier the request is made, the more measures the International Center can take to discuss accommodations in the host country.

Please note: "reasonable accommodations" provided on the Winthrop campus may differ and/or may not be available in the host country.

Actions:

1. Schedule an appointment with Services for Students with Disabilities and the Study Abroad Coordinator to discuss services available in your chosen host country and documentation you may need for your host institution.

Student: Read thoroughly and keep for your records

2. After review and consultation with your host institution, the International Center will notify you about the availability of your requested accommodations. If the requested accommodations are not available in the chosen host country and/or institution, the Study Abroad Coordinator, in consultation with Services for Students with Disabilities, will discuss your options with you.

IV. Mental Health

Not all countries have mental health support services similar to what we are accustomed to in the U.S. Thus, students may not have access to mental health services in some countries. Whether students have utilized mental health services in the past or not, it is important for students to know **if**, what, and where those services are available in their host country.

Actions:

1. All students should begin preparing for cultural adjustment before studying abroad. Attend pre-departure orientation to learn about the cycle of adjustment to a different culture. Although this information will not prevent students from experiencing cultural adjustment problems, it will prepare them for the symptoms, the expected cycle, and some helpful advice for a successful adjustment.
2. Students who are currently, or have utilized mental health services in the past, should contact the Winthrop Health Center before going abroad. The Health Center should be advised as to your needs so they can help you develop a health care plan while abroad.
3. Students who are currently involved with mental health services should seriously discuss the advisability of participating in study abroad and issues related to cultural adjustment with their mental health practitioner.

V. Emergency Protocol

The vast majority of students participating in study abroad never experience an emergency while abroad. However, any emergency is less traumatic when you are prepared to deal with it effectively and efficiently. It will make you feel more comfortable if you take the time to prepare an emergency protocol when you arrive at your host location.

Actions:

1. Carry some form of identification with you at all times (your name, your host country address, host country phone #, copy of passport and visa).
2. Carry emergency numbers and contacts with you:
 - local police
 - study abroad or residential coordinator in host country
 - parent/guardian/emergency contact at home
 - Winthrop police and International Center contact information
 - Embassy in host country
 - Insurance contact information
 - physician and mental health practitioner at home
3. Know where the local hospitals are located and how to get there.
4. By preparing yourself to respond to different types of emergencies you will feel more confident that you know what to do in the rare event that an emergency should occur.