

SHORT-TERM STUDY ABROAD APPLICATION PACKET

INSTRUCTIONS & PASSPORT INFORMATION

Read and sign each form included in this application packet. Please be sure to type or print clearly.

1. _____ (Initial) Complete and return all forms **including a photocopy of your unexpired passport that is valid for at least 6 months after your travel dates** to **DINKINS 212**.
3. _____ (Initial) If you already have a **passport, be sure to check the expiration date immediately**. Per government regulations, individuals with expired passports are **not** permitted to travel outside the U.S. Typically, passports should be valid for **at least six months after** an individual's travel dates. Some airlines **will not allow you to board** if this requirement is not met. **Refunds will not be issued to participants unable to travel due to an expired or nonexistent passport.**
4. _____ (Initial) If you **do not** have a passport, apply for one as soon as possible and **provide the International Center and your faculty member(s) with a copy** of it as soon as you receive it. Passport processing **may** take up to **6 weeks or longer**. Visit travel.state.gov for more information.

COURSE INFORMATION

Course Designator and Title: _____

Faculty Director(s): _____ Term, Location, Dates: _____

PERSONAL DATA – enter all information exactly as listed/will be listed on your passport

Full Name: _____

Winthrop ID# _____ Passport #: _____

Date of Birth: _____ Citizen of: _____

Race/Ethnicity: _____

Gender: _____ Email: _____

Winthrop / Local Address: _____ Local Phone: _____

Street City State Zip

Permanent Home Address: _____ Home Phone: _____

Street City State Zip

Emergency Contact

In the event of emergency situation, I authorize the following individual(s) to be contacted with relevant information regarding the situation in the event that I require hospitalization or medical/mental health care, to inform them of itinerary/accommodation changes, or in the event that staff determine that I am making decisions or behaving in a way that may jeopardize my own safety or mental health or the safety of others. In the event that I require medical or mental health care and cannot make decisions on my own on-site faculty/staff will make every effort to contact my emergency contact/s. If this is not possible, I authorize representatives of Winthrop University and/or my host institution to make decisions about my medical and/or mental health on my behalf. I agree to assume all financial responsibility for such care to the extent that it is not covered by health insurance.

Primary Emergency Contact): Name: _____
 Relationship: _____ Phone: _____
 Email: _____

Secondary Emergency Contact: Name: _____
 Relationship: _____ Phone: _____
 Email: _____

FISCAL POLICIES & PROGRAM FEE INFORMATION: \$ _____
Cost per participant

- _____ (Initial) I understand that upon receipt of this application form a *non-refundable Study Abroad Application Fee of \$25* and a *non-refundable trip deposit of \$250* will be charged to my student account and I agree to pay those fees. If the course does not have sufficient enrollment or I am not selected to participate, I understand that *only the non-refundable trip deposit* will be refunded to my student account and I will **not** be charged for the balance of the trip.
- _____ (Initial) I understand that the total program fee noted above (less the *non-refundable \$250 trip deposit*) **will be billed to my student account upon my registration in the course.** By submitting this application form, I understand and agree that I am responsible for paying the program fee in its entirety.
- _____ (Initial) I understand that I **must** notify the faculty leader(s) **and** the International Center **in writing** if I elect to **withdraw** from the course **after** the *non-refundable trip deposit* has been charged to my student account. As a result of my withdrawal, I understand that I will forfeit the *trip deposit*, the *Study Abroad Application Fee*, **and** that I am responsible for *paying any unrecoverable costs* (e.g. airfare, lodging, etc.) that have already been paid on my behalf.
- _____ (Initial) I am aware that I may pay these charges at the Cashiers office in 22 Tillman or online. I also understand that failure to fulfill the financial obligations noted in this application form may result in a registration hold on my student account.
- _____ (Initial) By completing this application form and initialing this statement, I understand and agree that I am ultimately responsible for paying the program fee in its entirety even if I do not or am unable to travel. In case of an emergency (e.g. life-threatening illnesses), special requests for a refund of recoverable costs only may be considered on a case-by-case basis. (Failure to have a valid passport does not constitute an emergency and will not be considered.) Final decisions regarding requests for a refund due to an emergency will be made by the International Center Director in collaboration with the faculty trip leaders.

I understand and agree to adhere to the fiscal policies noted in this application form. I also agree to pay the program fee(s) and deposits in their entirety as noted above.

Participant Signature _____
 Date _____

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) WAIVER

I, _____, WU ID Number _____ hereby freely give the International Center of Winthrop University permission to speak with my parent(s) and/or the guardian(s) listed below regarding any academic, financial, or student-related issues which may arise before, during, or after my participation in a Winthrop faculty-led study abroad program outside of the United States. This FERPA waiver is valid until I revoke it in writing or I graduate, whichever comes first.

Parent(s)/Guardian(s) name(s): _____

Home phone number: _____

Work phone number: _____

Cell phone number: _____

Email addresses: _____

Participant Signature _____

Date _____

CONDUCT INFORMATION & DISMISSAL POLICIES

If accepted into this Program, I understand and acknowledge that Winthrop's [Student Conduct Code](#) applies to me while I am abroad. I also acknowledge that my participation in this program is contingent upon my good standing with Winthrop University (academically, financially, and in terms of my overall student conduct record). I hereby authorize the Dean of Students Office to release information regarding my student record and my conduct record to the International Center Director and Study Abroad Coordinator/Advisor. *(This permission/waiver will expire at the conclusion of my participation in the Short-Term Faculty-Led study abroad program.)* Additionally, I have fully read, understand, and agree to abide by the information and policies noted in the *Assumption for Risk for Off-Campus Activities and Conditions of Participation Release & Indemnification Agreement* included in this application packet.

As part of the conditions for my participation in the Program, I hereby acknowledge and agree that while abroad I will not engage in behaviors or practices that would endanger or bring risk to myself or others at any time. I also certify that I will not disrupt or remove myself (or others) from the academic experience while abroad. Should I do so, I understand that the faculty trip leaders may dismiss me from the course and/or the overseas experience at their discretion. Should I be dismissed from the course and/or overseas experience, I acknowledge and agree that any costs associated with my dismissal are my personal responsibility.

Name: _____ Signature: _____

Date: _____ Winthrop ID #: _____

INTERNATIONAL HEALTH INSURANCE COVERAGE

Health and accident insurance coverage is required of all participants in Winthrop University study abroad programs. **All participants in this program will be enrolled in CISI health insurance through the Winthrop University International Center.** The cost of this policy has been included in your program fee and cannot be refunded or negotiated. The plan is specifically designed for Winthrop students participating in study abroad programs and details about the plan may be obtained from the International Center. If a student plans to travel before the program starts or after it concludes, additional short-term international coverage should be arranged with a private company so that protection will be adequate for the entire period away from home. Such a policy should include coverage for basic medical, sickness, injury, medical evacuation, accidental death, dismemberment and repatriation coverage.

ADDITIONAL HEALTH INSURANCE INFORMATION- If you have other/supplemental health insurance that will cover you while abroad, please include that information below.

Name of Insured: _____ Policy#: _____

Insurance Company: _____

Insurance Company Contact Information: _____ Phone: _____

Street _____ *City* _____ *State* _____ *Zip* _____

I have read the above information regarding health coverage while abroad and will carry with me necessary proof of insurance and contact information while traveling.

Student's Signature

Date

Parent/Guardian Signature (if student is under 18)

Date

HEALTH INFORMATION

Studying abroad requires considerable adaptability and overall good health. Please answer the following questions honestly and completely so that Winthrop staff may best respond in the case of an emergency while assisting you with making your experience abroad a successful one. All information will be kept confidential and does **not** affect your admission to the program. Winthrop University may not be able to accommodate all individual needs or circumstances. (Use additional pages if necessary.)

Are you generally in good physical condition? (If no, please explain.) Yes No

Do you have any pre-existing health conditions, allergies or chronic ailments? If yes, please describe below. Yes No

Do you take any medical treatment or medications (prescription or non-prescription) on a regular basis? Yes No
If yes, please describe the medication and what it is prescribed for:

Have you ever had a major illness, surgical operation, or hospitalization, or other condition that might be relevant to travel or physical exertion (e.g. walking, carrying luggage, etc.)? If yes, please describe below. Yes No

Do you have any dietary restrictions? If yes, please describe below. Yes No

Have you ever received treatment for drug or alcohol addiction? If yes, please describe below. Yes No

Have you ever received treatment for psychological, emotional or nervous matters? Yes No
If yes, please describe below.

Do you have any physical condition(s) that may prevent you from participating in study abroad activities associated with this course? If yes, please describe below. Yes No

Do you need an accommodation to participate in study abroad activities in or outside the classroom? Yes No
If yes, describe the accommodation and how this would enable you to participate:

I certify that the information submitted on this form is accurate, true, and correct. I understand that if I elect not to disclose information related to my personal health and medical diagnoses that appropriate accommodations may not be readily available while abroad. I agree that I will notify the Winthrop Study Abroad Office hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that the information submitted will only be shared with the program staff, faculty, or appropriate professionals if pertinent to my well-being.

Signature of Participant

Date



COMMUNITY STANDARDS

Winthrop University is committed to maintaining an educational environment for all members of our community and ensuring that Winthrop University students represent Winthrop University in a positive light. All applicants must answer the questions below. Your application will not be processed without these responses. An affirmative answer to any of these questions will **not** automatically bar admission to the Program, but may require further review. You are required to provide an explanation for each instance you answer YES. The statement will be used in the review process. Please use additional sheets if necessary.

1. Have you ever been subject to any academic sanctions or probation by Winthrop University, your current institution (if a non-Winthrop student), or any other institutions which you previously attended? Yes No
If yes, please explain:

2. Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please explain:

3. Are there any criminal charges currently pending against you? Yes No
If yes, please explain:

4. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, an Alford plea to a criminal charge, or a plea under a first offender act? Yes No If yes, please explain:

5. Do you currently have disciplinary charges (non-academic or academic) pending against you from a high school, college, university, or other postsecondary educational institution? Yes No If yes, please explain:

6. Have you ever been suspended or expelled for any reason from a high school, college, university, or other postsecondary educational institution? Yes No If yes, please explain:

7. Do you have a restraining order, order of protection, or any other form of legal injunction pending against you in any jurisdiction? Yes No If yes, please explain:

Affirmation of Application

I affirm that all my statements on this application form are complete and accurate. I agree to all terms contained in this application including but not limited to the FERPA release. If I am accepted by Winthrop University to participate in a study abroad program, I agree to follow its rules and regulations, and to complete additional paperwork and supply additional information as necessary for carrying out the program. I understand that if I provide false information on this application, it is grounds for denying me admission to a Study Abroad Program. I also understand that student selection is based on a variety of factors and criteria and may differ across programs. The Winthrop Study Abroad Office, the third party provider, and/or the program director have the right to make the final decision regarding acceptance into the program. I further understand that all Winthrop University policies, rules, standards of conduct and instructions for student behavior apply while I am studying abroad.

Signature of Applicant: _____ Date: _____

**ASSUMPTION FOR RISK FOR OFF-CAMPUS ACTIVITIES
AND CONDITIONS OF PARTICIPTATION
Release & Indemnification Agreement
Winthrop University Study Abroad**

In consideration of being allowed to participate in a Winthrop University Faculty-Led Study Abroad Program or other Winthrop University sponsored or approved overseas experience (hereafter referred to as “the Program”, I, _____, hereby acknowledge my voluntary participation in this study abroad program and understand/agree that I am accountable for all program fees. I also acknowledge that an official hold may be placed on my records until all financial responsibilities are fulfilled. I agree that I am responsible for my personal conduct and understand that I can be dismissed from the program for violation of program rules. If I am dismissed and sent home, I understand and accept that it will be at my own personal expense. As a condition of my willful and voluntary participation in the program, I hereby agree to the following terms and conditions:

1. **INDIVIDUAL INFORMATION.** _____ (*Initial*) I certify that I am an adult and at least 18 years of age or older at the time of signing/initialing this document.
2. **TRAVEL DOCUMENTS.** _____ (*Initial*) I acknowledge and agree that I am ultimately responsible for securing all necessary travel documents (e.g., passport, visa, etc.) for the Program. My failure to do so will not constitute grounds for a refund.
3. **PERSONAL CONDUCT.** _____ (*Initial*) I understand that all Winthrop University policies, rules, standards, and instructions for student behavior apply while I am studying abroad. I further understand and agree that during the Winthrop Study Abroad Program I am subject to Winthrop’s [Student Conduct Code](#) at all times. I acknowledge that Winthrop University, through its official representatives, also has the authority to establish additional rules of conduct specific to and necessary for the safe and effective operation of the Program. I agree to abide by all of these rules, policies, standards, instructions, etc. while participating in the Study Abroad Program. Additionally, I acknowledge that these rules apply during the entire duration of the Program, including free time.

As a participant in the Program, I recognize that my conduct can influence the educational and other benefits intended by the program, both for other participants and myself. I agree to conduct myself in a manner that will support mutually beneficial interactions with other participants and hosts. Any behavior that, in the judgment of the faculty trip leaders, causes pain or discomfort to others or that reflects discredit on me, Winthrop University, or the Program is considered unacceptable and may subject me to immediate administrative action including, but not limited to, immediate dismissal from the Program and return home (at my expense). Examples of behavior while on the Program that may lead to immediate administrative action by the faculty trip leaders include, but are not limited to, illegal drug use, abuse of alcohol, failure to attend class and/or other required academic activities, hitchhiking, unauthorized absence from the Program, unauthorized changes in housing, or arrest for infractions of local laws.

I agree that while abroad I will not engage in behaviors or practices that would endanger or bring risk to myself or others at any time. I furthermore agree to abide by these rules and understand that the Program has the right to dismiss me at any time if in the judgment of the faculty trip directors there has been a violation of such rules, disruptive behavior, or conduct which could jeopardize the integrity of the Program or bring the Program into disrepute. I understand further that a decision to dismiss me from the Program will be final and no refund will be made. I also understand that due to the circumstances of study abroad programs, procedures for notice, hearing and appeal normally applicable to student disciplinary proceedings may not be available.

4. **LOCAL LAWS AND CUSTOMS WHILE ABROAD.** _____ (*Initial*) I understand that I will be a guest in a host country and that it is essential that I become informed about, understand, and respect the norms of conduct and patterns of behavior abroad that may be different from standards at home. I agree to respect, follow, and adhere to the laws, regulations, ordinances, and customs of the host country/countries and understand that the intentional violation or disrespect for those laws and customs may result in my dismissal from the program. I understand that I am subject to the laws and penalties of the country (or countries) I am visiting. I also acknowledge that the violation of such laws, ordinances, and customs may have legal ramifications with consequences beyond the control of Winthrop University, its official representatives, and the U.S. government. I also acknowledge and agree that Winthrop University bears no responsibility for providing me with legal assistance.
5. **DISMISSAL.** _____ (*Initial*) 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, for any conduct that might bring the program into disrepute or its participants into legal jeopardy, and/or for disrupting the academic integrity of the course. 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.

6. CANCELLATION AND CHANGES TO PROGRAM ITINERARY. _____ (*Initial*) Winthrop University reserves the right to cancel a program or any aspect thereof prior to or after departure, if the Program determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued. The Program may be cancelled for any reason including but not limited to health, safety, and security concerns, inability of the program director(s) to fulfill their responsibilities, and/or insufficient number of participants. In the event of a cancellation, every effort will be made to return **recoverable** costs to the student minus the Study Abroad Application Fee. Additionally, I understand that Winthrop University reserves the right to make changes to the Program's itinerary, and that the Program may substitute excursions and activities, as well as lecture and site visits without liability or notice.
7. WITHDRAWAL. _____ (*Initial*) I agree that I will be held accountable for all program fees for this course. I understand that certain cancellation fees might apply to cover expenditures and/or commitments already made in the event that I withdraw. I understand that if I must withdraw from the course, I must notify the faculty leader and the International Center immediately in writing. I have also read and agree to abide by the financial policies outlined previously in this application form.
8. ORIENTATION. _____ (*Initial*) I agree to attend all orientation, pre-departure, and re-entry meetings.
9. PHOTOGRAPHS AND MULTI-MEDIA. _____ (*Initial*) I agree that Winthrop University may use photographs and multi-media images of me taken during the program for marketing, study abroad promotions, and academically related purposes.
10. INSURANCE COVERAGE. _____ (*Initial*) 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 at minimum coverage for expenses relating to sickness, injury, medical evacuation, accidental death, and repatriation while abroad.
11. HEALTH AND SAFETY. _____ (*Initial*) I understand and acknowledge that there are inherent health risks associated with living, studying and traveling abroad. I certify that I am physically and mentally capable of participating in the Program, and I agree that I am personally responsible for obtaining all health information, medications, medical procedures, immunizations, and prophylactic medications appropriate to the Program and to my personal medical situation, and for consulting a physician prior to departure for any supplemental advice. I understand and agree that the Program cannot make any promises or guarantees with regard to any health or safety risks which I may incur as a result of my participation in the Program.
12. MEDICAL TREATMENT. _____ (*Initial*) In the event of illness or injury 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 request medical intervention and diagnosis including hospitalization if necessary and to also secure any necessary medical treatment on my behalf, including but not limited to surgery and the administration of an anesthetic. I accept all financial responsibility and liability for such treatment(s). Additionally, I understand that all health, physical, and psychological conditions must be described on the Health Information form.
13. PERSONAL RESPONSIBILITY AND FREE TIME. _____ (*Initial*) I acknowledge that there will be times during the Program when I will not be under the direct supervision of Program personnel. I understand and hereby declare that the Program and/or its representatives will have no responsibility for me during these times or during any time I am absent from the Program sponsored activities including if I choose to enter or remain in the host country(ies) either **before** or **after** the Program officially begins or ends. I also understand and agree that I will **not** leave the academic experience while participating in this study abroad program. If I do so, I understand that I may be dismissed from the Program by the faculty trip leaders and sent home at my own personal expense with no possibility of a refund. I also understand that my dismissal will result in the loss of all academic credit for the program. If I elect to travel independently before, during, or after the Program, I agree that I will do so at my own risk and expense. I understand and acknowledge that neither Winthrop University nor its official representatives are responsible for me during independent travel.
14. LEGAL MATTERS, RELEASE, AND INDEMNIFICATION. _____ (*Initial*) I agree that this agreement, release and indemnification shall be governed by South Carolina law. I further agree to indemnify and hold harmless the Program, Winthrop University Board of Trustees, Winthrop University, and their officers, employees, successors and agents, and any cooperating institution, agency or entity and their officers, employees, successors and agents for any liability (including injury or death of any person(s) and damage to property) that may result from my negligence or intentional act or omission while participating in the Program. Additionally, I understand that Winthrop University does not represent or act as an agent for, and cannot control, the acts or omissions of any host institutions/organizations, or of any other cooperating institutions, agencies, entities or providers involved in this Program.
15. ASSUMPTION OF RISKS. _____ (*Initial*) I understand that study abroad involves risk not usually found on a domestic campus. These risks may include, but are not limited to delay, inconvenience, change of itinerary, lost luggage or other property that may occur in connection with travel and accommodation arrangements; accident expense, or damage to person

or property, or otherwise in connection with lodging, transportation or other services; any damage or expense resulting directly or indirectly from any acts of God, acts of government or other authorities, wars, hostilities, civil disturbances, terrorism, strikes, riots, thefts, epidemics, quarantines, sickness, weather, and medical or customs regulations; and any loss or damage resulting from improperly issued passports or visas. There are also risks related to traveling to, from and within one or more foreign countries including but not limited to differing standards in other countries of design, safety and maintenance of buildings, public places and transportation systems; local medical, health, safety, and weather conditions; differing cultural concepts of sex and sexual health; crime; natural disasters; vehicle (car, bus, train, plane and other vehicles) and road safety; water and/or food quality; civil disturbances; terrorist attacks, and political unrest. These risks could result in personal injury, loss of life, or property damage. Despite these risks, I choose to voluntarily participate in this study abroad program with full knowledge that foreign travel may be hazardous to me and/or my property.

Knowing and understanding the risks described above, and in consideration of being permitted to participate in the Program, to the maximum extent permitted by law, I, on behalf of myself, my heirs and personal representatives assume all risks and responsibilities surrounding my participation in the Program. I hereby forever release Winthrop University and its Board of Trustees, officers, employees, successors and agents, and any cooperating institution, agency or entity and their officers, employees, successors and agents from any and all claims and causes of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death arising out of my participation in the Program and/or travel or activity conducted by or under the control of Winthrop University or any cooperating institution, agency or entity. This includes periods in transit to or from any country where the Program is being conducted.

I HAVE CAREFULLY READ AND UNDERSTOOD THE FOREGOING AND I AGREE TO THE CONDITIONS DESCRIBED ABOVE AND HEREIN. I UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON(S) AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date

Parent/Guardian Signature (if student is under 18)

Date

IF STUDENT IS UNDER 18 YEARS OF AGE, A PARENT SIGNATURE IS ALSO REQUIRED:

I, (printed name) _____, am the parent or legal guardian of the student who has signed above. I have read and I understand the Provisions of this document, I consent to the participant taking part in the Study Abroad Program, and I fully enter into and agree to all of the above terms on behalf of my child including but not limited to the above Assumption for Risk for Off-Campus Activities and Conditions of Participation Release & Indemnification Agreement including the indemnification provisions.