

Study Abroad Application: Campbellsville University

Program Applying for: _____ Term: _____ Year: _____

2x2
Photo

Write name on
back of photo

Do not staple
or tape photo
to application

Full Name: (first, middle, last):		Social Security Number (last 4 digits):	
		Birthdate:	
Email Address (please provide the email address for the account you use regularly):			
Campus Address:		Local Phone:	
		Will you be taking your cell phone overseas? Yes No	
		Number:	
Permanent Home Address:		Home Phone:	
Academic Advisor:		Gender (Circle One): Male Female	
Major:	Minor:	Race/Ethnicity (voluntary):	
		Asian/Pacific Islander Black/African American	
GPA:	Class Standing at start of study abroad program (fr,so,jr,sr):	Hispanic/Latino White/Caucasian	
		Native American/Indian	
Parent/Guardian (or Spouse):		Are you a U.S. citizen? (Circle One): Yes No	
Name:		Parent/Guardian (or spouse) Email:	
Phone: (home) _____ (work) _____ (Cell) _____			
Address:		Can Campbellsville University provide personal information to your parent/guardian regarding your participation in the program? (Circle One): Yes No	
Will your parent/spouse serve as your emergency contact? (Circle One): Yes No			
If no, please provide complete emergency contact details.			
Name:	Relation:		
Phone:			
Address:			

- **Would you prefer traveling on a group flight (if available) to the site?** Yes No
 - If NO, you must submit your individual itinerary to the CIE office *1 month* in advance of the program start date. Arrival date/time **must coincide with, or be earlier than**, the advertised group flight arrival or program start date.
- **Non CU Students:**
 - You must submit, with this application, a letter from your Study Abroad or Academic Advisor stating that you are in good standing and eligible to participate in study abroad programs.
- **By signing below, I confirm that I**
 - Agree to provide a flight itinerary to the CIE office;
 - Understand that email will be the primary form of communication to me from the CIE office;
 - Confirm that all information provided in this application is correct and accurate to the best of my knowledge and understand that it will be used for information and safety purposes for Center for International Education Study Abroad programs.
 - Understand that in the case of an emergency my information may be shared with the necessary authorities on a need-to-know basis;
 - Understand that in the case of an emergency/illness my emergency contact may be notified.

Student Signature

Date

For CU official use only below this line.

Copies to:

___ CIE Office
 ___ Admissions Office
 ___ Financial Aid Office
 ___ Business Office

Program Cost: _____

Dates: _____

Emergency Contact Information

I understand that in the case of an emergency, Campbellsville University officials or appropriate program personnel may notify my emergency contact.

Signature

Date

Student Information

Name: _____

Program: _____ Term: _____ Year: _____

Permanent Address: _____

Campus Phone/Fax: _____ Home Phone/Fax: _____

Email Address: _____

Emergency Contact Information Please provide complete & accurate information for all contacts listed. If this information changes at any point before or during the program, please notify the CIE.

1st Emergency Contact: _____

Relationship: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Address (please provide physical address, *not* PO Box): _____

Email Address: _____

A second contact is not required, but suggested if your first contact is often away or difficult to reach.

2nd Emergency Contact: _____

Relationship: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Address (please provide physical address, *not* PO Box): _____

Email Address: _____

Medical Information Form

Please type or print legibly. All medical information is confidential and provided only to program faculty on a need-to-know basis. The CIE reserves the right to require further review by a physician before admission to a program is granted.

Name: _____ Program Date: _____
Program: _____

_____ Smoker _____ Non-smoker

1. Blood type: _____
 2. Do you have a disability, chronic illness, history of emotional disturbance, or any pre-existing condition of which the CIE should be made aware?
_____ YES (specify below) _____ No
-
-
-

3. Do you have any allergy or required diet that the CIE should be made aware of?
_____ YES (specify below) _____ No
-
-
-

4. Please list any medication currently being administered. This information may be beneficial in the event of a medical emergency.
-
-
-

5. Please indicate any special dietary needs (circle one):

Vegetarian: yes no

Vegan: yes no

Diabetic: yes no

Other: yes no (if yes, please specify) _____

- Please understand that not all special dietary wishes can be met outside the USA. You are expected to try, as part of your cross-cultural learning experience, to fit yourself into the host country's dietary culture.

Please be aware that because of the nature of study abroad programs, you may be required to walk for extended periods during planned excursions.

If your medical profile changes prior to program departure, please notify the CIE office.

Signature of Participant

Date

Review by Medical Faculty (if required by the CIE office)

Recommendations:

Signature

Date

Campbellsville University Study Abroad release

By accepting a place in this Campbellsville University (CU) international program, the undersigned understands that being over the age of 18 and of legal majority, s/he accepts full responsibility for his/her choices, decisions and behavior during the program and, by signing below, signifies the following:

I understand that I will travel via personal vehicle and commercial airlines together with other forms of public and private transportation and during this travel will be subject to airlines and TSA rules, which may change at any time without notice.

I understand that although Campbellsville University will provide support for CU programs through pre departure or onsite orientation of participants, support services for other programs abroad are provided by the program provider or university overseas.

I understand that as an American citizen in a foreign country I will be subject to the laws of that country. I agree to conduct myself in a manner that will comply with the laws of the foreign country, the regulations of Campbellsville University and the university or program provider abroad.

I understand that my misconduct abroad will become a part of my Campbellsville University disciplinary record. If I am a visiting student, I also understand that a record of my misconduct will be sent to my home university.

I accept responsibility and personal liability as well as resulting charges for property damage, mistreatment of property and lack of cleaning.

I understand that conduct I engage in that interferes with or inhibits the experience of others, both participants and non-participants, whether in residential settings, classrooms, and any public domain, including during independent travel, could be grounds for expulsion from the program.

I agree to refrain from intoxication and any use of illegal substances as defined by United States statute. I understand that overuse of alcohol and any use of illegal substances will result in my immediate expulsion from the program.

I understand that expulsion from a study abroad program will result in failure of the courses taken on the program, regardless of expulsion date. If expelled, I will be removed from program housing immediately and sent home at my own expense.

I understand and agree that should I be expelled or removed from the program for any reason that the Program Director will notify the Emergency Contact Person listed by me on the program application of this action. By my signature I hereby authorize the Program Director/CU to so notify my Emergency Contact Person and hereby release any right of confidentiality/privacy under FERPA or any other state or federal law as to such information.

I agree to participate fully in the program by attending all planned program activities, including activities required by either the program itself or the instructor(s) of the classes in which I am

enrolled. I understand that I am expected to maintain regular class attendance and adhere to the attendance policies put forth by the program director and faculty.

If this is a *Service-Learning* program, I understand that I am expected to provide 20-30 hours of work weekly within a schedule arranged by the program Director. I understand that though alternate schedules/workload may be arranged with the approval of the Program Director, there is no guarantee.

CU Students: *I understand that it is my responsibility to get approval for all non-CU courses in writing before departure and agree to accept the credit hours and course transfer as negotiated between me, my academic advisor, the Center for International Studies and other CU faculty who may assist me.*

Non-CU Students: *I understand that it is my responsibility to get approval from my academic advisor for all CU courses in writing before program departure. Agreement as to credit hours and course transfers is solely the responsibility of me, my academic advisor, and any other home university faculty who may assist me. CU plays no role in these decisions. A letter from my Academic Advisor stating that I am in good standing and eligible to participate in international programs is required before acceptance from CU will be given.*

I further understand that I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action by representatives of Campbellsville University and/or the program provider.

I certify that I have health, accident, hospitalization, evacuation and repatriation insurance which is applicable abroad. I understand that expenses incurred and not covered by my health and hospitalization insurance are my responsibility.

I understand that photographs or video taken during the program by the Director, faculty or participants, that include me, may be used for future promotion of the program without notice or financial compensation to me.

In consideration of being afforded this opportunity to participate in this program abroad, I, for myself, my heirs, successor or assign, hereby release and hold harmless Campbellsville University, its agents and employees, program advisors/sponsors/directors, including CU's Center for International Education, from any and all claims, demands, causes of injury, for property damage, physical injury or death arising out of my participation in the program, including damages, injuries, or death arising from the negligence of the aforesaid parties. I am knowledgeable of the possible dangers in foreign travel in the study abroad program, such as: terrorism, hijacking, kidnapping, or death. I, for myself, my heirs, successors or assigns, hereby assume any and all risks attendant to the study abroad program described herein.

Print Name

Program Participating In

Signature

Date

Notary Public Seal and Signature:

Campbellsville University Verification of Good Standing

Part I: To be completed by the participant/student

As a condition of acceptance to participate in an international programs through Campbellsville University, you are required to provide verification of good standing (academic and disciplinary) at your home institution. Please read and sign the statement below and provide this form to your Student Affairs Office, or the relevant office on your campus, to complete. The completed form or your university's equivalent should be returned to:

Mr. Bill Holmes
Director of International Education
Campbellsville University
1 university Drive, UPO 796
Campbellsville, KY 42718

I, the undersigned, give my home institution, listed below, permission to provide verification of my standing (academic and disciplinary) at this institution to the Center for International Education at Campbellsville University.

Your home institution: _____

Student's name (printed)

Social Security Number

Student's signature

Date

Part II: To be completed by university official

Name: _____

Phone: _____

Title: _____

Office: _____

Is the above named student in good standing (academic or disciplinary) at your institution? **Yes** **No**

If no, please explain below: