

Study Abroad Application

Fields marked in red are required.

FULL NAME:

(as it appears on your passport)

Term:

Year:

Passport Number:

Social Security Number:

Birthdate (mm/dd/yy):

Place of Birth:

(city, state)

Nationality:

Email:

Cell Phone:

Will you be taking your cell phone overseas?

Yes

No

Home Phone:

Occupation:

Employer:

UPO:

Gender:

Male

Female

Home Address:

Race/Ethnicity(voluntary):

Asian/Pacific Islander

Black/African American

Hispanic/Latino

White/Caucasian

Native American/Indian

Are you a United States citizen? Yes No

ACADEMIC INFORMATION

Academic Advisor: GPA:

Major(s): Minor(s):

Class standing at the start of program (fr, so, jr, sr):

Highest Academic Degree Obtained:

Would you prefer to travel on a group flight (if available) to the site? Yes No

If "NO" you **MUST** submit a copy of your individual itinerary to the CIE *one 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.

STUDY ABROAD PROGRAM INFORMATION

Program: Term:

City: Country:

Offering Institution:

Program Start Date: Program End Date:

Emergency Contact Information

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

Signature

Date (mm/dd/yy)

Student Information

Name:

Program:

Term:

Year:

Permanent Address:

Cell Phone:

Home Phone:

Email:

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:

Email:

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

A second emergency 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:

Email:

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

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:

Do you smoke? Yes No

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 No

If "YES", please specify:

3. Do you have any allergy or required diet that the CIE should be made aware of?

Yes No

If "YES", please specify:

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

4. Please indicate any special dietary needs:

Vegetarian Vegan Diabetic Other; specify:

Please understand that not all special dietary wishes can be met outside of 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 (mm/dd/yy)

I understand that by typing my name above, the information herein is accurate and complete.

Review by Medical Faculty (if required by the Center for International Education):

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, she/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 others 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 the 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 approved 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 Education, 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, which includes 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 from the negligence of the aforesaid parties, 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 (mm/dd/yy)

By typing my name above, I certify that the information herein is complete, factually accurate, and honestly completed.