INSTRUCTIONS

1. Read and complete in consecutive order. All incomplete forms will be returned to the student for completion.

2. Every line should be answered. If any topic in the form does not apply to your trip, please write N/A (not applicable) next to the item.

3. Be sure to obtain all necessary signatures and documents prior to submitting the packet, and the copy of your passport.

4. Once the packet is complete, place it in a manila envelope, fill out the label below, cut it and tape it onto the center of the envelope.

6. The program leader will collect all the completed forms, and will deliver them to the Study Abroad Office by April 15th.

Student Name: _____________________________________________________
Trip Name: _________________________________________________________
Trip Instructor(s): ____________________________________________________
Today's Date: ________________________________________________________
PART 1: PERSONAL INFORMATION

A Personal Data

Name: ____________________________________________________________ Male ____ Female ____
Email: __________________________ Alternate Email: __________________
Flagler Student #ID: ___________ SS Last 4 digits # ____________________
Permanent Mailing Address: _________________________________________
Current Mailing Address: ___________________________________________
Major: ___________________________ Minor: ___________________________
Anticipated number of credit hours at the start of the program: ____________
Birth date: ____/____/______
Male _______ Female ______
Telephone: (_____)_______ ________
Cell Phone: (_____)_______ ________
Valid Until: ____/____/_____ ________
College Status: ___________

B Travel Information: All students are required to have a valid passport for traveling abroad.

AMERICAN CITIZENS:
Visit: http://travel.state.gov to apply for a passport.
Allow four to six weeks for processing. If you will be overseas for more than three months a student visa may be required. If you will be traveling to a country that requires visa, it is your responsibility to obtain one. See your tour leader for more info.

Passport Number: __________________
Exp Date: ______/____/_____
Must Include a copy of your passport photo page
Include a copy of the visa page if applicable

NON AMERICAN CITIZENS:
All international students MUST INFORM THE Office of Study Abroad that they are international students when they turn in their applications as this may affect tuition rates and visa requirements.
Non-Us citizens are responsible for obtaining all the necessary visas. If you will be overseas for more than three months a student visa may be required.

Country of Citizenship: ___________ Type of US Visa: ___________
Passport #:___________ US Visa#: ___________
Exp Date: ______/____/_____
Exp Date: ______/____/_____
Include a copy of your passport photo page and US visa page if applicable

C Emergency Contact Information

PRIMARY EMERGENCY CONTACT:

Name: ___________________________________________________________________ Primary #: (____)_______ ________
Email: ___________________________ Relationship to student: ___________________ Cell #: (____)_______ ________

SECONDARY EMERGENCY CONTACT:

Name: ___________________________________________________________________ Primary #: (____)_______ ________
Email: ___________________________ Relationship to student: ___________________ Cell #: (____)_______ ________

PART 2: SHORT-TERM PROGRAM APPROVAL

For Study Abroad Office Use Only:

Approved: ________________
Denied: ________________
You must supply the following information to the Office of Study Abroad to seek approval for a short-term study abroad program.

**A. Short-Term Information**

Faculty Leader: ___________________________ Department: ___________________________  
Overseas Institution (if applicable): ____________________________________________  
Country: ___________________________________________  
Program Dates: _______/_____/______ to _______/_____/______  
Credit Hour per Course: ___________________________  
DURATION OF PROGRAM:
Spring Semester ________  
Summer Semester ________  
Fall Semester ________  
Length of Program: ____ weeks

**B. Course Approval:**

Major advisor approval: ___________________________ Date: ____/____/____  
Dept. Chair approval: ___________________________ Date: ____/____/____  
Student’s Signature: ___________________________

**Course Information Table:**

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<thead>
<tr>
<th>Dept.</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Host Credit</th>
<th>Flagler Credit</th>
<th>Faculty Signature</th>
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</table>

**For Study Abroad Office Use Only:**  
Term: ______  Overall GPA: ______

**C. Host school or Program Study Abroad contact information:**
Proposed Program of Study ____________________________________________

Location of Program of Study _________________________________________

Institution where you will be enrolled: _________________________________

Address: ___________________________________________________________________

Contact Name and Phone No.: ____________________________________________

Explain briefly your reason(s) for applying to this program (include your study plans):

PART 3: FINANCIAL AID

I DO NOT NEED Financial Aid for my Study Abroad/Away Program. (Financial Aid Office signature not required).

________________________________________

Student’s Signature Date

STOP – GO TO PART 4 IF NOT APPLYING FOR AID FOR STUDY ABROAD/AWAY)

IF APPLYING FOR FINANCIAL AID FOR YOUR STUDY ABROAD/AWAY PROGRAM COMPLETE THE FOLLOWING

Students may be able to use their financial aid for study abroad. The amount of the financial aid awarded and its availability will be determined by the Office of Financial Aid. Students needing Student Loans or applying for Need-Based Aid must have a current FAFSA on file for the Academic year in order to apply for funding. If you do not have one on file, please go online to www.fafsa.ed.gov and complete one ASAP. It is the student’s responsibility to ensure that all paperwork required by the Financial Aid Office has been completed well in advance of departure so your financial aid can be processed in time. Course approval, transient forms and petitions must be completed prior to departure for your aid to release.

A Financial Aid Information

I have discussed my options with Flagler College Financial Aid Administrator and I understand what is required of me to apply and obtain financial aid for my Study Abroad/Away program.

_______________________________________

Student signature/Date

_______________________________________

Financial Aid Administrator signature/date

B Authorization to Release Information

I authorize the Office of Financial Aid to discuss Financial aspects of my program with my parent/guardian/relative/spouse set forth here for the duration of the Study Abroad/Away program.

Name:___________________________ Relationship:________________________

Name:___________________________ Relationship:________________________

Name:___________________________ Relationship:________________________

Yes _______ No _______

Student signature: ____________________________

Acknowledges consent to disclose financial aspects of my program with my parent/guardian(s) cited above.

PART 4: COMMUNICATION APPROVAL FORM
There may be circumstances where the OSA staff may need to discuss a variety of matters with your parents or guardians. Please read the following statement and check the box which informs the Office of Study Abroad/Away and its constituents of what information we can discuss with your parents/guardians.

A Authorization to Communicate with Parent/Guardian(s)

I authorize the Office of Study Abroad/Away and the Faculty Leader to communicate with my parent/guardian regarding any issues involving my study abroad/away experience. This may include, but is not limited to, student account information, student conduct issues, health and safety. Such contact may occur before, during or after the program.

Student’s Signature: ___________________________ Date: ___/___/____

AUTHORIZE CONTACT:

Name: ___________________________ Telephone: (___) ________
Email: ___________________________ Relationship to student: __________
Street Address: ___________________________

Cell Phone: (___) ________
Work Phone: (___) ________

AUTHORIZE CONTACT:

Name: ___________________________ Telephone: (___) ________
Email: ___________________________ Relationship to student: __________
Street Address: ___________________________

Cell Phone: (___) ________
Work Phone: (___) ________

_________________________________________________________________

OR __________________________________________________________________________

I DO NOT authorize the Office of Study Abroad/Away and the Faculty Leader to communicate with my parent/guardian regarding any issues involving my study abroad/away experience.

Student’s Signature: ___________________________ Date: ___/___/____
As a matter of policy, Flagler College requires that all students traveling abroad/away MUST obtain insurance for coverage of illness, medical emergencies, injuries suffered outside of the US, accidental death, dismemberment coverage, evacuation and repatriation of remains.

A Insurance Information

INSURANCE CARRIER

Company Name: __________________________________________
Policy Number: __________________________ Insured’s Name: ________________

I have confirmed with my Insurance Company to be sure that I am adequately covered by health and accident insurance policy for the duration of my stay abroad/away in the event of an illness or injury suffered outside of the US, that I have repatriation of remains coverage, and that payment of claims can be made abroad. I add the statement in which my insurance claims my TOTAL coverage outside the US territory.

The following statement must be signed by the student’s parent(s) or guardian(s) if the student is under the age of eighteen years old.

I certify that all information in this form is complete and accurate.

Print Parent /Guardian Name: ___________________________ Signature:________________________ Date: ___/___/____
Print Parent /Guardian Name: ___________________________ Signature:________________________ Date: ___/___/____
Student Name:________________________________________ Signature:________________________ Date: ___/___/____

B Additional Information

Are there any medical conditions you would like your tour leader/professor to know about while traveling? If you have any health condition(s) which may affect your ability to participate in this activity or may warrant special accommodations, you must list them. Medical conditions (allergies, dietary restriction, etc):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Personal Physician contacts information:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

PART 6: LIABILITY WAIVER

Place copy of insurance card here.
RELEASE, WAIVER AND INDEMNITY AGREEMENT
THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING!

Program of Study: _____________________________________________________________

Name of Applicant: ______________________________________ Date of Birth: ___/___/___

(If applicant is under 18 years of age or is considered a dependent, a parent or legal guardian must also read and sign this form.)

Risk of Study Abroad:
I understand that participation in the study abroad program (the "Program") involves risk not found in study at Flagler College. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local medical and weather conditions. I have made my own investigation and am willing to accept these risks.

Assumption of Risk and Release of Claims:
Knowing the risks described by Flagler College and its representatives, and in consideration of being permitted to participate in the program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the program. To the maximum extent permitted by law, I release and indemnify Flagler College, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the program (including periods in transit to or from any country where the program is being conducted). Additionally, I hereby release, discharge, covenant not to sue, indemnify, and hold harmless Flagler College, its agents, officers, trustees, and employees (the "Releasees"), from and for any and all claims, causes of action, demands, damages or losses of any kind arising out of or in connection with my participation in the study abroad program, including, but not limited to, claims, demands, damages, or losses arising out of negligence, strict liability, breach of warranty, and breach of contract. I agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion of this release, waiver, and indemnity agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Health and Safety:
I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this program.

I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the program. I recognize that Flagler College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States, during the program, Flagler College is not responsible for the cost or quality of such treatment or care.

I am aware of the political, civil, and military situations in the areas in which I will be traveling while participating in the program and am responsible for ensuring my own safety and that I am solely responsible for keeping apprised of any political, civil, or military instability or insurrection in the areas in which I will be traveling while participating in the program. I understand that Flagler College does not monitor or record criminal activity at any location other than its St. Augustine, Florida campus. I hereby acknowledge and assume full responsibility for, and risk of, my
bodily injury or death arising out of or in connection with my participation in the study abroad program, regardless of whether such injury or death should be caused wholly or in part by negligence or through wrongful act or omission of any releases.

Program Changes:
Flagler College has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the program. If I leave or am expelled from the program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes.

Choice of Forum:
This agreement shall be governed by the laws of the state of Florida, which shall be the forum for any lawsuits filed under or incident to this agreement or to the program.

Standards of Conduct:
I understand ______________________ (name of country) has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior, which sometimes differ significantly from those in the United States and do not afford the same protections available to the individual under U.S. law. Penalties for breaking the law can be more severe than in the U.S. for similar offenses. Persons violating the law, even unknowingly, may be expelled, arrested, or imprisoned. Criminal penalties for possession, use, or trafficking of illegal drugs are strict, and convicted offenders can expect severe jail sentences and fines. I understand that Flagler College cannot assure that U.S. standards of due process apply in overseas legal proceedings or provide or pay for legal representation for participants. I recognize that behavior which violates those laws or standards could harm Flagler College’s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the program. I understand that Flagler College has the right in its sole discretion to expel me from the program should my behavior impede or obstruct the program, and that Flagler College cannot monitor or control all of the daily personal decisions, choices, and activities of individual participants. I understand that I must abide by all Flagler College rules and regulations while participating in this Faculty-Led Study Abroad Program (specifically regarding the use of drugs and alcohol).

Independent Activity:
I understand that Flagler College is not responsible for any injury or loss I may suffer when I am traveling independently. I have made arrangements for all transportation and accommodations necessary for participating in the program.

Travel:
I understand and acknowledge that Flagler College assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the college, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects or failure, or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service, or for any additional expenses occasioned by any of the foregoing. My baggage and personal property is transported at my risk entirely.

I understand that Flagler College reserves the right to change or cancel the program and require me to return to the United States; and the College will not be responsible for any resulting losses or expenses. The College will not be responsible for any damages, including injury and possible death, during the Study Abroad experience.
I acknowledge that no representations made by the Releasees or their representatives about the nature of the study abroad program or the nature and extent of legal liability or financial responsibility of any of the Releasees have induced me to execute this release, waiver and indemnity agreement. In executing this release, waiver and indemnity agreement, I have taken into consideration not only the known risks associated with the study abroad program but also the possibility that there may be known risks so that consequences or occurrences that I do not know anticipate may arise from my participation in the study abroad program.

I have read and voluntarily signed this release, waiver and indemnity agreement and further agree that no oral or written representations, statements, or inducements apart from those contained herein have been made by Releasees.

CAUTION - READ BEFORE SIGNING. IT IS RECOMMENDED THAT YOUR PARENTS BE ADVISED OF THE CONTENTS OF THIS WAIVER. IF YOU ARE UNDER EIGHTEEN (18) YEARS OF AGE YOUR PARENTS OR LEGAL GUARDIAN(S) MUST SIGN THIS RELEASE FORM.

Participant’s Signature: ___________________________ Date: ___/___/____
Signature of Parents or Legal Guardians: ___________________________ Date: ___/___/____