

GLOBAL EDUCATION OFFICE
Application for Short Term Study Abroad

We welcome your interest in studying abroad through Plymouth State University. The Global Education Office (GEO) is here to assist you and your faculty leader(s) throughout the process as you prepare for your departure. This application is required by PSU for any student or guest participating in a PSU short-term program abroad. Your program fee includes the coordination of emergency documents for all participants, processing of insurance card information, and a pre-departure orientation.

Short Term Faculty-Led Program

Destination(s): _____ Faculty Leader(s): _____

Dates of Program: _____ Course Title: _____

Course Number: _____ Semester: _____

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

PSU ID Number: _____ Date of Birth: _____ Gender: _____
(M/D/Y) (Male/Female)

Country of Citizenship: _____ If not a US Citizen, visa type: _____

All of our off-campus programs require students to be in good academic and judicial standing prior to approval. If you are a non-PSU student, you are required to submit the third page of this application to the appropriate official at your college or university.

Do you have a passport? Yes No **Please attach passport copy to the application.**

Major(s): _____ GPA: _____ First-year Sophomore Junior Senior

Number of credits (if any) you will receive for completion of this program: _____

Contact Information

Email: *(Students must use official PSU account)* _____

Local/Campus Address: *(It is your responsibility to keep our office informed of any change of address and contact information until the time of your departure)*

Street: _____ City: _____

State: _____ Zip: _____ PSU HUB Suite #: _____ Valid Until: _____

Phone: _____ Cell Phone: _____

Permanent Address:

Street: _____ City: _____

State: _____ Zip: _____ Valid Until: _____

Phone: _____ Cell Phone: _____

Mailing Address: *(if different, where you are able to receive UPS/FedEx packages)*

Street: _____ City: _____
State: _____ Zip: _____ Valid Until: _____

Optional Information

To assist us in tracking our promotional efforts, please indicate where you heard about this program.

- | | |
|--|--|
| <input type="checkbox"/> Program brochure | <input type="checkbox"/> Web |
| <input type="checkbox"/> PSU catalog | <input type="checkbox"/> Email |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Academic advisor | <input type="checkbox"/> Professor/Instructor |
| <input type="checkbox"/> Other students/past program participant's | <input type="checkbox"/> Other (please specify): _____ |

I certify that all statements made on this application and all other study abroad application materials are complete, true, and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Please return this application **with a copy of your passport and your deposit to:**

**The Bursar's Office
17 High Street MSC 19
Plymouth State University
Plymouth, NH 03264**

To the Student: This form must be completed and signed by the most appropriate administrative official at your home institution (Judicial Affairs Office, Dean of Students, Study Abroad Office).

I authorize my Judicial /Dean of Students/Study Abroad to share my judicial and academic record with PSU's Global Education Office to determine my eligibility.

Applicant's Name (print): _____ Dates of Program: _____

Applicant's Signature: _____ Date: _____

To the College or University Official: The student named above has applied to participate in PSU's short term study abroad program. PSU requires a student's judicial and academic clearance from their home institution. If the student's judicial and academic status changes between the completion of the form and the departure of the program, PSU would ask that we be contacted at the address and phone numbers below.

Does the student meet your institution's academic and judicial eligibility requirements to study abroad?

(If no, please explain): _____

Title: _____ Department: _____

Signature: _____ Date: _____



GLOBAL EDUCATION OFFICE
Agreement of Study Abroad Requirements

Your initials and signature at the bottom of this page indicates that you understand PSU study abroad pre-departure requirements as outlined below.

1. I have read and understand the **PSU Study Abroad Pre-Departure Guide** and I understand my role and responsibilities as a PSU student studying abroad.

Initial _____

2. I have reviewed the U.S. Department of State Consular Information website (<http://travel.state.gov>) for the country(s) where I will be studying.

Initial _____

3. I have reviewed the Center for Disease Control website (<http://cdc.gov>) for the country(s) where I will be studying and I am aware of medical recommendations and/or requirements for that region.

Initial _____

Student Signature: _____ Date: _____

Print Name: _____



GLOBAL EDUCATION OFFICE
Basic Data & Emergency Contact Information

Last Name: _____ First Name: _____ Initial: _____

Birth Date: _____ / _____ / _____ Male Female
 Month Day Year

Student ID # _____ First-year Sophomore Junior Senior

E-Mail Address: _____
(Plymouth email only, unless non-student)

Current Mailing Address at Plymouth:

Telephone: (____) _____

Cell: (____) _____

Permanent or Home Address:

Telephone: (____) _____

Cell: (____) _____

Winter/Summer Break Address (If different from above):

Telephone: (____) _____

Cell: (____) _____

Parent/Guardian/Emergency Contact:

Name: _____

Relationship: _____

Home Address: _____

Home Telephone: (____) _____

Cell: (____) _____

Business Address: _____

Business Telephone: (____) _____

Alternate Contact for emergency:

Name: _____

Relationship: _____

Home Address: _____

Home Telephone: (____) _____

Cell: (____) _____

Business Address: _____

Business Telephone: (____) _____



GLOBAL EDUCATION OFFICE
Self Report on Health

I, _____, hereby grant to Plymouth State University Health Services, as well as to physicians in private practice, in advance of my participation in a study away program and in anticipation of the possibility that I may require medical attention while away, permission to release upon written request [that may be accomplished by Fax machine] from any hospital, clinic, or physician, any and all medical records concerning me in the custody of Plymouth State University Health Services or in the custody of private practitioners. This authorization is effective upon my departure date of _____, and shall remain in effect until the date of my return, _____.

Student Signature: _____ Date: _____

Name: _____

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Because studying abroad can be quite rigorous and demanding, we believe that only those students who are in good physical and mental health should plan to participate. For that reason we ask that the student and his or her parent or legal guardian carefully read and then sign and date the following certification:

I certify that I am in good physical and mental health and that I do not suffer from any special mental or physical problem or condition that would prevent me from successfully studying abroad in _____.

I further understand that, in the event of an emergency abroad, the University reserves the right to notify my parent(s) or guardian.”

Student Signature: _____ Date: _____

Name: _____

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NOTE: If, for whatever reason, you cannot sign above, will you give permission to the Director of the Global Education Office, and to appropriate health or counseling professionals at Plymouth State University, to discuss your health condition with the physician, psychologists or counselor who treated you during the past four years? (Please indicate your willingness to have us talk with the physician, psychologist or counselor by signing on the line below.)
If you do not sign this form either above or below, as appropriate, you will no longer be considered for participation in study abroad.

Student Signature: _____ Date: _____

Name: _____

.....

The name and address of your physician, psychologist or counselor:

Name: _____ Phone: _____

Address: _____



TO THE INDIVIDUAL PLANNING TO PARTICIPATE IN A PSU GLOBAL PROGRAM

It is extremely important that you disclose all of your medical history to the medical professional who will be performing your medical evaluation, even if you do not believe that your condition might create a problem for you while you are abroad. Individuals with an ongoing medical problem must take special precautions in preparing for and managing their situation overseas. The Global Education Office requires this Medical Evaluation in order to provide appropriate assistance to you should the need arise before or during your experience. This information will be kept confidential in accordance with the law. This information may be disclosed with your program leader and with the highest level of discretion in order to protect your privacy.

Last Name: _____ First: _____ Male Female

Program/Country: _____ Dates of Program: _____

I agree to make true and accurate statements regarding my health to the examining Physician/Health Practitioner:

Signature: _____ Date: _____

PARTICIPANT: DO NOT WRITE BELOW THIS LINE

TO THE PHYSICIAN/HEALTH PRACTITIONER CONDUCTING THE MEDICAL EVALUATION

**Physician/Health Practitioner must be licensed in the U.S. and cannot be an immediate family member.*

The person named above has been selected to participate in a Plymouth State University Global Program. Depending on the program, the participant may spend a week to a month abroad. Living and studying in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders. It is important that all participants are able to adjust to potentially dramatic changes in climate, diet, and living and traveling conditions that may be seriously disruptive to accustomed patterns of behavior. Traveling abroad does not provide a resolution to health problems experienced at home.

Name & Title: _____ Phone Number: _____

Address: _____

Yes No 1. Does the participant have any recent continuing health problems? (If yes, please explain)

Yes No 2. Does the individual have any existing health conditions that may require treatment during the period of the program? (If yes, explain the condition and what treatment may be required)

Yes No 3. Is the participant currently being treated or have they been treated within the past five years for a mental health condition? (If yes, please explain)

Yes No 4. Does the individual have any drug or food allergies? (If yes, please describe reaction)

Yes No 5. Is the individual taking any prescription medications? (If yes, please explain)

Yes No 6. Is there any additional information that would be helpful for the program to be aware of? (If yes, please explain)

Yes No 7. Does the individual have any conditions that will require accommodations while on this program? (If yes, please explain)

I have completed this medical evaluation based upon information disclosed by the individual named above:

Signature: _____ Date: _____

GLOBAL EDUCATION OFFICE

Release and Waiver of Liability, Hold Harmless, and Indemnity Agreement

This agreement is signed by _____, whose permanent address is: _____, herein after referred to as the "Student," and if the Student is of minority legal age, signed also by the Student's Parent or Guardian. All references in this Agreement to Plymouth State University include the University and the University System of New Hampshire and their trustees, officers, employees and agents.

1.0 Student's Desire to Participate in the Academic Program

Student is qualified for and accepted for enrollment in a study abroad program arranged through Plymouth State University's Global Education Office, and offered by or in conjunction with

_____, at the Sponsoring Organization (if applicable)

_____ from ____/____/____
Host Institution

through ____/____/____ in the country(ies) of _____.

It is expressly acknowledged that Student is not required to participate in the study abroad program

2.0 Student Responsibility for Medical Needs and Grant of Permission to Authorize Emergency Medical Care

The Student will have a medical examination in anticipation of participating in this academic program, and there are no known health-related reasons or problems, which preclude or restrict the Student's participation. The Undersigned understand(s) that Plymouth State University does not have medical personnel available at the location of the Academic Program, during transportation, or anywhere in the foreign country and grants Plymouth State University permission to authorize emergency medical treatment, including hospitalization either in the foreign country or in the United States. The Undersigned further agree(s) that Plymouth State University is not responsible for the costs of attending to any of Student's medical needs, including costs for hospital care if Student is required to be hospitalized while in a foreign country or in the United States during this Academic Program.

3.0 Travel and Accommodations

The Undersigned understand(s) that Plymouth State University in no way represents, or acts as agent for transportation carriers, hotels, and other suppliers of services connected with this Academic Program and agree(s) that Plymouth State University is not responsible or liable for:

- 3.1 any injury, damage, loss, accident, delay, disruption of travel arrangements, or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in providing or performing any of the services involved in this Academic Program;
- 3.2 any loss, damage, destruction, theft or the like to Student's luggage or personal belongings;

4.0 Cancellation and Modification of Academic Program

Plymouth State University reserves the right to cancel or make substitutions to the Academic Program or to make alterations, deletions or modifications to the itinerary in case of emergencies, changed conditions, or otherwise as it deems necessary. The University further reserves the right to adjust fees as necessitated by factors over which it has no control such as changes in currency exchange rates and tariffs and inflation. Plymouth State University further shall not be responsible for any losses or expenses incurred by the Student due to weather, strikes, hostilities, natural disasters, or other such causes.

5.0 Legal Problems

The Undersigned acknowledge(s) and understand(s) that should Student have or develop legal problems with any foreign nationals or governments, Student will attend to such matters personally with Student's own personal funds. Plymouth State University is not responsible for providing any assistance under such circumstances.

6.0 Acceptable Conduct by Student

The Student is aware of and shall comply with Plymouth State University's rules, standards and instructions for student behavior. The Undersigned agree(s) that Plymouth State University may enforce its rules, standards, and instructions for appropriate conduct, and that such enforcement may include termination of participation in the academic program for inappropriate behavior or any action or conduct, the Undersigned shall be responsible for all expenses incurred in Student's returning home. Further in this eventuality the Undersigned agree(s) that there shall be no refund of fees.

7.0 Assumption of the Risks, Release and Waiver of Liability, and Indemnity

- 7.1 Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in this Academic Program, the Undersigned, on behalf of Student's family, heirs, and personal representative(s),

agree(s): (a) to assume all the risks and responsibilities surrounding Student's participation in the Academic Program, the transportation, and in any independent research or activities undertaken as and adjunct thereto, and (b) to release and hold harmless Plymouth State University, its governing board, officers, agents, employees, and any students acting as employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which Student may have or which may hereafter accrue to the Undersigned, arising out of or related to any loss, damage, illness or injury, including but not limited to suffering and death, that may be sustained by Student or by any property belonging to Student, whether caused by the negligence or carelessness of the "Releases," or otherwise, while in, on, upon, or in transit to or from the country where the Academic Program or any adjunct to the Academic Program occurs or is being conducted.

- 7.2** In the event that Student's conduct causes damage to the property of the "Host Institution," the Undersigned agree(s) to indemnify Plymouth State University for such loss. The Undersigned further agree(s) to defend and indemnify Plymouth State University with respect to any claims, demands, or actions for damages brought by anyone else against the University for personal injury, property damage, or death arising in whole or in part from Student's conduct.

THIS AGREEMENT shall bind the members of the Undersigned's family and spouse, if Student is alive, and Student's family, estate, heirs, administrators, personal representatives, or assigns, if Student is deceased. In signing this Release and Waiver of Liability, Hold Harmless, and Indemnify Agreement, I acknowledge and represent that I have read it and all attachments hereto, that I am fully informed of and acknowledged that no oral representatives, statements, or inducements, apart from the foregoing written statement, have been made.

**THIS IS A RELEASE OF LEGAL RIGHTS.
READ AND UNDERSTAND BEFORE SIGNING.**

This Agreement takes effect when signed by the Student and returned to and accepted by PSU.

Student Signature: _____ Date: _____

Name: _____



Submit this form to:

Plymouth State University: Global Education Office
MSC 44, 17 High St., Plymouth, NH 03264, Tel: 603-535-2336, Fax: 603-535-2528