



International Programs

Summer & Short-Term Study Abroad Application Packet

Follow these steps to apply for the program noted below. Submit completed application to Ms. Jara. Office: 250 Morton. Phone: 962-2485. Email: jaram@uncw.edu.

\*Complete application with 2 passport size pictures and \$200 deposit must be turned in by Friday, February 6 by 4:00 pm. Applications will be accepted on a first come, first served basis. Space is limited.

Program: SUMMER UBEDA, SPAIN

Program Leader/Sponsor: MARIANELLA JARA

Applicant's Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Complete the Following Application Materials (Required for all programs by the deadline noted above):

- \_\_\_\_\_ Summer & Short-Term Study Abroad Application Form
\_\_\_\_\_ Health Information and Emergency Treatment Form
\_\_\_\_\_ Participant Agreement
\_\_\_\_\_ Two ID-sized photos with your name printed on the back
\_\_\_\_\_ Non-refundable Program Deposit: \$200 Faculty-led Programs, \$100 for Affiliated Programs (payable by check, money order)
• Check should be made payable to UNC Wilmington and should include your name, ID and program in the memo
• This non-refundable payment covers processing costs and holds your place if you are accepted.
• Application will not be processed before this payment is received

Complete The Following Program Specific Application Materials (If Applicable):

- \_\_\_\_\_ Program Specific Application Forms or Requirements (as directed by the Program Leader)

Additional Pre-departure Requirements

(Dates and details are noted below or will be provided by your Program Leader/Sponsor)

- \_\_\_\_\_ Register for appropriate course(s) at UNCW (if applicable)
\_\_\_\_\_ Obtain a Passport
\_\_\_\_\_ Obtain the appropriate visa (if applicable)
\_\_\_\_\_ Attend pre-departure meeting(s) and orientation(s)



International Programs

Summer & Short Term Education Abroad Application

Program Information

Name of Program/Institution: UNCW-SAFA Country: SPAIN
Study Period: Summer 2009 Spring Break 20 Other (Please specify)

Personal Information

Last Name First Middle Home Campus
Student I.D.# Date of Birth (MM/DD/YYYY) Country of Citizenship (& Visa Status if not a U.S. Citizen)
Gender: Male Female Do you intend to use Financial Aid towards program costs? Yes No
Residency: In-state Out-of-state

Applicant's Contact Information

Current Address: Street City State Zip Code Telephone
Permanent Address: Street City State Zip Code Telephone
Contact details: Applicant's E-mail Address Cell Phone

Academic Information

Major(s) or prospective major(s)
Your academic level during this study abroad program? Sophomore Junior Senior Graduate Student

Consent for Release of Records and Information

By signing below, I authorize release to any official representatives of 1) UNC Wilmington's Office of International Programs, and 2) of cooperating institutions, any information related to my student academic performance, disciplinary action and medical records. I acknowledge that the purpose of the release is to assist in the assessment of my application for an education abroad program and to facilitate my study abroad experience. Furthermore, I understand that the presence of a disciplinary file or medical condition does not automatically disqualify me from an education abroad experience.

Student Signature: Date:

Please see side 2

### Campus and Program Safety Questions

Your “yes” answer to one or more of the following questions will not necessarily preclude your application. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your application, or dismiss you after enrollment. For the purpose of the following questions, “crime” or “criminal charge” refers to any crime other than a traffic-related infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related.

- 1) Have you been convicted of a crime? Yes No
- 2) Have you otherwise accepted responsibility for the commission of a crime? Yes No
- 3) Do you have any criminal charges pending against you? Yes No
- 4) Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university? Yes No

If you have answered “yes” to any of the questions above, please explain the circumstances on a separate sheet of paper. You must promptly notify the Office of International Programs in writing of any criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your application, or dismiss you after enrollment.

### Communication with Parents, Guardians or Other Individuals

UNCW Office of International Programs must have your consent to discuss your program details with your parents, legal guardian or other designated individual(s). Please check one or more of the options below:

- 1. \_\_\_\_ Information is not to be released to my parents or any person or agency without my express written consent.
- or
- 2a. \_\_\_\_ I give consent for the person(s) (e.g., parents, partner, academic advisor, friend) listed below to access any records about me held by UNCW
- 2b. \_\_\_\_ Additionally, I give consent to allow him/her/them to process administrative transactions at UNCW on my behalf.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Authorized Person no. 1

Name: \_\_\_\_\_ Relationship (e.g. father, sister) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Authorized Person no. 2

Name: \_\_\_\_\_ Relationship (e.g. father, sister): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_



## International Programs

# Health Information & Emergency Treatment Form

Please answer each of the questions below. It is in your best interests to provide a candid evaluation of your physical and emotional health. We hope to create an awareness of any health issues to be taken into consideration before you go and as needed while abroad. We appreciate your cooperation in completing this form and adding any information that you feel is relevant to your well-being and participation in the program.

Give this original completed document to the Program Leader (if a faculty-led program, otherwise to the Office of International Programs), and keep one on your person at all times. If on religious or other grounds the student or her/his parent/guardian is unwilling to sign the Permission for Emergency Medical Authorization and Release, a written explanation signed by both the participant and her/his parent or guardian must be attached and returned to the UNCW Office of International Programs, and to the Program Leader (if a faculty-led program).

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Program \_\_\_\_\_

If you answer "**yes**" to any of the following questions, please use the space indicated or a separate sheet to provide details.

### General Health & Medications

1. Will you require any medical attention while abroad, or do you have any conditions (including dietary restrictions) which may affect your participation in the program? \_\_\_\_no \_\_\_\_yes
2. Do you have any medical conditions which may, under stress or duress, require immediate medical attention during your participation in the program, e.g., epilepsy, heart trouble, asthma, ulcers, hemophilia, diabetes, past illness? \_\_\_\_no \_\_\_\_yes
3. Do you have any conditions or impairments which may affect your emotional or mental well-being during your participation in a study abroad program? \_\_\_\_no \_\_\_\_yes  
If so, what kind of accommodations or support might be needed (e.g., classes, counselors, signers)?
5. What treatments or prescribed medications do you currently receive on a regular basis?
6. Will you be able to perform the essential functions of this study abroad program?  
\_\_\_\_no \_\_\_\_yes If you are a person with a disability and would require a reasonable accommodation to perform the essential functions of this study abroad program, please contact the Director of Disability Services at UNCW before submitting this form. \_\_\_\_\_

7. What is your blood type? \_\_\_\_\_

**Allergies**

8. Do you have any dietary restrictions or known food allergies? \_\_\_\_no \_\_\_\_yes If so, please explain:

Are you allergic to the following?

\_\_\_\_ Penicillin      \_\_\_\_Aspirin      \_\_\_\_Sulfa      \_\_\_\_Local anesthetic

9. Do you have any other allergies (e.g., bee stings, environmental) \_\_\_\_no \_\_\_\_yes If so, please explain:

**Emergency Contacts**

Name (and relationship to you): \_\_\_\_\_

Address: \_\_\_\_\_ Phone(daytime): \_\_\_\_\_

\_\_\_\_\_ Phone (home): \_\_\_\_\_

\_\_\_\_\_ Phone (cell): \_\_\_\_\_

**Secondary Contact** (this person will be contacted if your primary contact is not available)

Name (and relationship to you): \_\_\_\_\_

Address: \_\_\_\_\_ Phone(daytime): \_\_\_\_\_

\_\_\_\_\_ Phone (home): \_\_\_\_\_

\_\_\_\_\_ Phone (cell): \_\_\_\_\_

**Emergency Medical Authorization and Release**

On occasion, emergencies arise which may require medical care, hospitalization or surgery for a program participant. In order for such treatment to be administered without delay, we ask that participants sign the following statement authorizing UNC Wilmington to secure, at the expense of the participant, any treatment deemed necessary.

*In the event of injury or illness, if I am unable to do so myself, I hereby authorize the Resident Director or other official appointed by UNC Wilmington at my expense, to secure any necessary treatment, including administration of anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so requires, I may be evacuated to the United States at my own expense.*

*I hereby release UNC Wilmington and/or any cooperating institution and their officers and agents from any and all claims and causes of action for damage to or loss of property, medical or hospital cares, personal illness or injury, or death arising out of any travel or activity conducted by or under the control of UNC Wilmington or cooperating institutions.*

I have read all the information on this form. I certify that the information I provided on this sheet is true and correct to the best of my knowledge. I consent to the Authorization and Release. I understand that this information may be shared with my program provider, program leader or host institution.

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if student is under 18): Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## International Programs

# Participation Agreement

APPLICANT NAME \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_

(Parent must sign this agreement if participant is under 18 years of age.)

PROGRAM \_\_\_\_\_

I \_\_\_\_\_ am a student at \_\_\_\_\_

University and plan to participate in the \_\_\_\_\_ program

from \_\_\_\_\_ until \_\_\_\_\_. In consideration for being permitted to participate

in the program, I hereby agree and represent that:

### 1. PROGRAM ARRANGEMENTS

I understand that although UNCW of North Carolina Wilmington (UNCW) will attempt to implement the program as described in its documentation, it reserves the right to change the program at any time and for any reason it deems sufficient to promote program objectives, safety issues or institutional needs.

### 2. TRAVEL AND ACCOMMODATION ARRANGEMENTS

I understand that I am expected to adapt to differences in physical accommodations which may be perceived as inconvenient or uncomfortable by U.S. standards. I further understand that changes in accommodations may be necessary in the best interest of the program or the best interest of UNCW. I further understand that UNCW does not represent or act as an agent for, and cannot control the acts or omissions of: any host institution, a host family, other host arrangements, land transportation, air transportation, carrier, hotel or similar accommodation, tour agent, tour organizer or other provider of goods or services related to the Program. I understand that UNCW is not responsible for matters that are not within its direct control. I understand and agree that UNCW shall not be liable for any injury, loss, damage, accident, delay, expense or inconvenience arising out of any such matters. I do therefore release UNCW from any such liability.

### 3. SITE SPECIFIC ISSUES

I understand that there may be cultural, economic, political and societal factors which may impact this program and my participation. I agree to make reasonable effort to acquaint myself with these factors and to adjust my behavior accordingly.

### 4. COMMUNICATION REQUIREMENTS

I understand that maintaining contact with program leaders, UNCW officials and other program participants may be very important for safety, health and emergency purposes. I agree to select and utilize appropriate and ongoing communication links with these persons. I also agree to maintain ongoing contact with my family or other support structure.

**5. INDEPENDENT TRAVEL AND ACTIVITIES**

I understand that neither UNCW, any faculty member nor any other UNCW representative or agent is responsible for any injuries, loss or damage I may suffer when I am traveling independently or am otherwise separated or absent from any UNCW-supervised activities even if a faculty member or other UNCW representative or agent accompanies me in any independent travel or activity not sponsored by or affiliated with UNCW.

**6. HEALTH AND MEDICAL ISSUES**

- a. I understand that travel abroad may expose me to certain conditions, diseases or illnesses. I have or will have acquired all immunizations recommended by the U.S. Center for Disease Control and all other inoculations necessary for safe travel in the areas I am visiting. I agree to make reasonable efforts to acquaint myself with the health factors and issues endemic to these areas and to prepare myself accordingly for my study abroad travel and activities.
- b. I have or will secure health insurance through UNCW to cover my travel and study abroad activities. (Alternatively I have or will secure health insurance compatible to that offered by the University.) I understand that UNCW is not obligated to pay for medical treatment or hospital care in a foreign country or in the U.S. during my participation in the program. I further understand that UNCW is not responsible for the quality of such treatment or care.
- c. I have consulted with a medical doctor or comparable health care provider with regard to my personal medical status and needs. I certify that I am medically able and capable to participate in the program, in the activities associated with the program and in the travel incident to the program. I certify that I do not have a medical condition which would endanger the health of others associated with the program.
- d. I am aware of all of my personal medical needs and I certify that I am capable of and prepared to deal with those needs. I understand that UNCW is not obligated to attend to my medical or medication needs.
- e. I understand that there are health risks associated with the program and travel activities. I further understand that UNCW will not be responsible for the health risks, injuries, damages or loss beyond its direct control.
- f. I agree that if I am injured or become ill, UNCW or its agents may secure hospitalization and/or medical treatment for me and I agree to pay all expenses related thereto. I further agree that UNCW or its agents may release information to other persons who may need this information to assist me or to assist others in the program.
- g. I hereby release UNCW from all liability for any of its actions or its agents actions related to the activities listed above.

**7. SAFETY ISSUES**

I understand that there are safety risks associated with the program and travel incident thereto and that UNCW is not responsible for such risks or injuries, damages or loss caused by them. I agree that UNCW shall not be liable for such injuries, damages or loss except as may be caused by the gross negligence or willful misconduct of the employees, officials or agents of UNCW. I further agree that UNCW cannot prevent me or other individuals from engaging in illegal, dangerous or unsafe activities. I therefore agree that UNCW shall not be liable for injury, damages or loss caused by such activities.

**8. STANDARDS OF CONDUCT**

- a. I understand that each foreign country has its own laws and regulations and has standards of acceptable conduct in the areas of dress, manners, morals, politics, alcohol use, drug use and behavior. I recognize that behavior or conduct which violate those laws or standards could harm the program's effectiveness and UNCW's relations with those countries in which the program is located. I also understand explicitly that behavior or conduct which violates those laws or standards could harm my own health and safety as well as

the health and safety of other participants in the program. I take full responsibility for my behavior and conduct and agree that UNCW and its agents will be released and indemnified for any claim, loss, injury or liability that may be caused by my behavior or conduct. This acceptance of responsibility and release and indemnification applies to my conduct and behavior whether I am or I am not under the direct supervision of UNCW, University agents or program officials.

- b. I agree to make reasonable and good faith efforts to become informed of all laws, regulations and standards for each country to or through which I travel during my participation. I further agree that I will abide by and comply with those laws, regulations and standards.
- c. I also agree to comply with all UNCW rules, standards and instructions for student behavior including but not limited to those set forth in the UNCW Code of Student Life. I further agree to comply with any supplemental rules or standards adopted by UNCW for the programs in which I am participating.
- d. I agree that UNCW has the right to enforce all of the standards of conduct, rules and regulations described above. I further agree that if I violate those standards, rules or regulations, I may be sanctioned including immediate exclusion from the program. I recognize that due to the circumstances of foreign travel and foreign study programs, normally applicable procedures for notice, hearing and appeal in student disciplinary proceedings may not be practicable and therefore may not apply. I explicitly waive all claims based on alleged inadequate disciplinary procedures.
- e. If I am excluded from the program, I consent to being sent home at my own expense with no refund of fees or expenses. I further understand that I may be subject to further disciplinary, civil and/or criminal action upon my return to UNCW.
- f. I also recognize that if my behavior is determined to be detrimental to or incompatible with the interest, harmony and welfare of UNCW, or program or program participants, my acceptance of responsibility, my waiver of process and my consent to being sent home also apply if I engage in such detrimental or incompatible behavior.
- g. I agree that I am fully responsible for any legal problems that I have. I also agree that I am responsible for any encounters that I have with any foreign government or any individual. I understand and agree that UNCW is not responsible for providing any assistance under such circumstances.

#### **9. PROGRAM CHANGES**

I understand that the program is subject to modification or cancellation because of natural disasters, political instability, insufficient participation or other causes. I further understand that if one of these occur, I may not have any fees or expenses refunded. I further understand that program fees and charges are based on current airfares, lodging rates and travel costs, which are subject to change and for which I am responsible. I further understand that if I leave or am excluded from the program for any reason there will be no refund of fees paid or expenses incurred. I further agree that if I lose connections or become detached from the program group or if I become sick or injured, I will at my own expense contact and reach the program group.

#### **10. OTHER EXPENSES OR INSURANCE**

I understand that I am responsible for my own accident, travel, baggage, missed flight and life insurance coverage. I also understand that I am responsible for all debts and expenses I incur abroad other than those covered by the required program fees.

**11. ACKNOWLEDGEMENT OF MY RESPONSIBILITY AND ASSUMPTION OF RISK**

I fully understand that this program will expose me to many risks associated with foreign travel and participation in a program abroad. I fully accept this possibility of risks and assume all risks associated with this program. I therefore agree to release, hold harmless, discharge and indemnify, the UNC Board of Governors, UNCW officials, employees, agents and volunteers from any present or future liability, claim or demand that may be asserted in connection with (a) emergencies, accidents, illnesses, injuries or other consequences or events arising from my participation in the program, (b) any cause, event or occurrence beyond the direct control of UNCW or its agents including, but not limited to, natural disasters, wars, civil disturbances, terrorist acts or the negligence of other persons, and (c) events or occurrences caused by my behavior or conduct while traveling or participating in the program. Further, I understand and agree that this acknowledgement, discharge, hold harmless agreement, release, indemnification and assumption of risk shall be binding on me, my heirs, my assigns, members of my family, my executors and administrators and my personal representatives.

**12. VOLUNTARY ACKNOWLEDGEMENT**

I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement; I have the right to consult with the advisor, counselor or attorney of my choice.

**13. INTERPRETATION OF AGREEMENT**

I agree and acknowledge that the laws of North Carolina govern this agreement and that North Carolina shall be the forum for any lawsuit, hearings or adjudications filed under or incident to this agreement or to the program. I further agree that should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement shall remain in full force and effect.

**I have carefully read, understand and fully agree with this agreement. This agreement represents my complete understanding with UNCW concerning UNCW's or its agents' responsibility and liability for my participation in the program. This agreement supersedes any previous or contemporaneous understandings I may have had with UNCW or its agents, whether oral or written. I represent that I am at least eighteen years of age or if not that I have secured below the signature of my parent or guardian as well as my own.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature  
(If participant is less than 18 years of age.)

\_\_\_\_\_  
Date