

Mother's name _____

	First	Middle	Last
Mother's address	_____	_____	_____
	Street	City	State
Mother's home telephone ()	_____	Work phone _____	Cell phone _____
E-mail address _____	Fax number _____		
Name _____	Relationship _____		
Address _____			
Home phone _____	Work phone _____	Cell phone _____	

ACADEMIC INFORMATION *(Complete all fields)*

Classification when you will be abroad: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	Courses you plan to enroll in while you are abroad
Major(s) _____ Minor(s) _____	_____
Anticipated graduation date _____ GPA _____	_____
Have you ever been found responsible in a judicial or honor code violation? Explain: _____	_____
_____	_____
_____	_____

AGREEMENT AND RELEASE

I certify the above information is complete and correct. I understand that any misrepresentation may result in my dismissal from the program. I understand that upon my acceptance to a Longwood University semester-length program, I will receive an acceptance package that will include pre-registration forms, the request for payment of a non-refundable deposit, as well as pertinent information regarding the program. Upon acceptance to a short-term program, I will receive information from the faculty leader of the program, including payment and deadline information. Failure to meet these deadlines may result in my dismissal from the program. I hereby apply to the Longwood University program and authorize the release of any information necessary to complete the application.

Applicant's signature _____ Date _____

PARENT STATEMENT

Parents and/or Guardians, please read and sign the following, even if your son or daughter is over 18 years of age. Your support of your son/daughter's desire to study abroad is important. Thank you.

- I have read and signed the Conditions of Participation.
- I have read and understand the study abroad program refund policy.
- I understand that even mild physical and emotional problems may be exacerbated by the stress associated with travel and adjusting to a new cultural environment. I believe that my daughter's/son's decision to undertake this experience at this time is a sound one.

Parent's Signature: _____ Date: _____

Longwood University Study Abroad Programs
CONDITIONS OF PARTICIPATION

I do waive and release any claims against Longwood University and host schools and organizations abroad for any injury, loss, damage, accident, delay or expense resulting from the use of any vehicle, any strikes, war, weather, sickness, quarantine, government restrictions or regulations or arising from any act or omission of any steamship, airline, railroad, bus company, taxi service, hotel, dormitory, restaurants, school, university, or other firm, agency, company, or individual. I also release Longwood University and agree to indemnify Longwood with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to person or property of others that I may cause while participating in the Program.

I understand that Longwood University is not responsible for, and I release the University from any claims for, any injury or loss whatever suffered by me during my participation in any aspect of the Program.

I hereby grant to Longwood University full authority to take whatever action Longwood may consider to be warranted under the circumstances regarding my health and safety, and I release Longwood from any liability for such decisions or actions as may be taken in connection therewith. I authorize Longwood University and its agents, at their discretion, to place me for my welfare at my own (or my parent's) expense and without my further consent and without my parent's further consent in a hospital within or outside of the United States for medical services and treatment, or if no hospital is readily available, to transport me back to the United States by commercial airline or otherwise, at my own expense or at my parent's expense, for medical treatment. In the event Longwood University or its agents advance or loan any monies to me or incur special expense on my behalf while I am abroad, I and my parents agree to make prompt repayment. I understand that I may be required to remain behind alone in the location where I am being treated while the rest of the group continues the program or returns to the U.S.

I will comply with the rules, standards and instructions for participants' behavior for the Program. I agree to indemnify Longwood University against any consequences of my failure to comply with such rules, standards and instruction. I agree that Longwood University shall have the right to enforce appropriate standards and that Longwood may at any time terminate my participation in the program for failure to maintain these standards or for any action or conduct which they consider to be detrimental to, or incompatible with, the interest, harmony, and welfare of other students. If my participation is terminated, I understand that I may be subject to judicial or disciplinary charges at Longwood University, and I consent to be sent home at my own or my parent's expense, with no refund of fees. I agree that Longwood University has the authority to accompany me to the nearest airport and to require that I purchase return passage home immediately. I understand that I may be required to remain abroad alone while the rest of the group returns to the U.S. in the event that my passport is lost or stolen, or in the event that my airline ticket or ticket for other means of transportation is lost or stolen, until such time as I can obtain a new passport or ticket and make travel arrangements. In the event Longwood University or its agents advance or loan any monies to me or incur special expense on my behalf while I am abroad, I and my parents agree to make prompt repayment. I understand that a "hold flag" will be placed on my records, preventing me from further registration, access to my transcript or other official transactions, until repayment is made.

On group tours or other activities arranged by Longwood University I will accept the will of the majority whatever matter of choice is presented to the group. I will also accept in good faith the instruction and suggestions of Longwood University in all matters relating to the Program or the personal conduct of Program participants. I understand that from time to time publicity material may include statements by its students and/or their photographs and I consent to such use of my comments and photographic likeness.

I understand that Longwood University reserves the right to cancel, change or substitute programs in cases of emergency, changed conditions, the interest of each group, insufficient number of participants, or otherwise to change initial campus and advisor assignments, and to make alterations in the Program and its activities and itineraries, as may be required in the judgment of Longwood University. In addition, I understand that fees and logistics are based on certain factors over which the Program has no control such as changes in currency exchange rates, tariffs, curriculum, inflation of other basic costs or strikes, revolutions, wars, and are subject to change.

I understand that Longwood University is relieved of all liability for items lost in delivery by U. S. Mail or otherwise.

I understand and agree to the terms relating to refunds for program applicants set forth in the application. All references to my parent shall include each of my parents, my legal guardians, and other adults responsible for me.

I have read the terms and conditions set forth in this agreement/release and understand they constitute a part of my agreement with Longwood University.

Date _____ Participant's signature _____

Date _____ / _____
 Parent's signature _____ Parent's signature _____

Longwood University Study Abroad



Office of International Affairs • 201 High Street • Farmville, VA 23909 • 434.395.2172

FACULTY RECOMMENDATION FORM

To the student: Please complete *all fields* in this section, sign the authorization and give this form to a professor who knows you well and has taught you in class. Your professor should then forward the completed form to Office of International Affairs, Longwood University.

Name _____ Country/Program _____ Term/year _____
Telephone () _____ E-mail _____

I waive my right of access to this information. I do not waive my right of access to this information.

Applicant's Signature _____ Date _____

To the faculty member:

The above student is applying to a study abroad program. Please assess this student's academic ability, past performance, motivation, maturity, and potential for successful adjustment to study abroad in your comments and ratings below. Include an evaluation of the students' ability to cooperate with peers and supervisors.

Comments: _____

Please rate the following:	Poor	Good	Excellent	Outstanding
Academic potential and ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adjust to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name _____ College/University _____
Address _____
Title/Department _____ Telephone () _____ E-mail _____
Signature _____ Date _____

Mail to:

Office of International Affairs, Longwood University, 201 High Street, Farmville, VA 23909

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STUDY ABROAD APPROVAL FORM

To the student: Please complete all fields in this section, sign the authorization and give this form to your faculty adviser.

Name _____ Country/Program _____ Term/Year _____
Telephone () _____ E-mail _____

I formally apply to the above named Longwood University program and authorize the release of information to complete this application.

I request that a transcript of my work be sent automatically to my home campus on completion of this program.

I waive my right of access to this information. I do not waive my right of access to this information.

Applicant's Signature _____ Date _____

To the faculty adviser:

The above student is applying to a study abroad program at Longwood University. Please answer the following and send to the Office of International Affairs at Longwood University.

Is this student in good academic standing? Yes No

Has the student completed the necessary steps for approval from your institution? Yes No

Do you recommend this student? Yes No

Will the credit earned on a Longwood University program be accepted toward this student's degree program at your institution?

Yes, under the usual transfer policies.

Comments: _____

Name _____ College/University _____
Address _____
Title/Department _____ Telephone () _____ E-mail _____
Signature _____ Date _____

Mail to:

Longwood University, Office of International Affairs, 201 High Street, Farmville, VA 23909