



Longwood University Group Study Abroad Application

Please complete this form and submit the original and one copy to the faculty leader of your program.

STUDENT CHECKLIST FOR GROUP STUDY ABROAD PROGRAMS

Documents to provide to your faculty program leader

Please note the deadlines by which you must submit these items

(At least three months before your departure date):

- Complete application with signed "Conditions of Participation" (signatures from student and parents). Write clearly using black ink or type. Do not use pencil.
- Signed Faculty Recommendation Form
- Signed Health Report and Release
- Brief essay explaining your reasons for wanting to study abroad and how you expect your experience abroad to impact your future professional and personal goals. 1-2 pages.

(Upon acceptance, and no later than two months before your departure date):

- (to Office of Cashiering): Study Abroad Program Payment Form with payment for program deposit as well as later program payments according to the deadlines your faculty leader gives you (to be submitted to the Office of Cashiering using ONLY the approved form. Cashiering will not accept payments without this form)
- Purchase your ISIC insurance card directly online, and provide your faculty leader with a photocopy of the card. This card provides required medical insurance, including medical evacuation and repatriation. Please see the ISIC website for details: <http://www.myisic.com/MyISIC/GetYourCard/GetYourCard1.aspx>

(At least one month before departure, or earlier if your leader has given you an earlier deadline):

- Photocopy of your passport (and visa if applicable)
- Confirmation or printout confirming your registration at the US Department of State Registration website (unless your faculty leader is registering the group) --print before submitting: <https://travelregistration.state.gov/ibrs/ui/index.aspx>

ELIGIBILITY REQUIREMENTS FOR STUDY ABROAD

Students in faculty-led group programs must have at least a 2.0 GPA, unless the faculty leader has specified a higher GPA, at the time of acceptance and at the time of study abroad.

No student is eligible to study abroad who is currently on academic or disciplinary probation or suspension. Any student who has applied and/or been accepted will automatically become ineligible if placed on any type of probation or suspension before departure.

Longwood University
Office of International Affairs
201 High Street
Farmville, VA 23909
E-mail: intlstu@longwood.edu

Longwood University does not discriminate in admission, financial assistance, educational and all other programs administered by the college on the basis of age, sex, race, color, national or ethnic origin or physical handicap.

PROGRAM INFORMATION (Complete all fields. Please type or print in very clear block letters using black ink)

Program _____ Country _____

Term: Summer session I, II, OR III _____ Winter Intercession Year _____

BIOGRAPHICAL INFORMATION

Name _____
First Middle Last Nickname you prefer to be called _____

Name of college or university you are currently attending _____

Address at college _____
Street City State Zip Code Country

Your telephone at college (____) _____ Student ID _____ Male Female

E-mail address _____ Fax number _____

Birth date _____ Birth place _____
Month Date Year City State/Country

Are you a U.S. citizen? yes no If no, home country _____ Type of visa _____

Do you have a passport? yes no If yes, list your passport number _____
Expiration date _____ Place of issue _____

Marital status Single Married Divorced Separated

Emergency contact information. (If parents are separated, please mark the box of your legal guardian.)

Father's name _____
First Middle Last

Father's address _____
Street City State Zip code Country

Father's home telephone (____) _____ Work phone _____ Cell phone _____

E-mail address _____ Fax number _____

Mother's name _____
First Middle Last

Mother's address _____
Street City State Zip Code Country

Mother's home telephone (____) _____ Work phone _____ Cell phone _____

E-mail address _____ Fax number _____

Emergency contact other than parents:

Name _____ Relationship _____

Address _____

Home phone _____ Work phone _____ Cell phone _____

ACADEMIC INFORMATION (Complete all fields)

Classification when you will be abroad:

Freshman Sophomore Junior Senior Graduate

Major(s) _____ Minor(s) _____

Anticipated graduation date _____ GPA _____

Have you ever been found responsible in a judicial or honor code violation? Explain:

Courses you plan to enroll in while you are abroad

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 program information.

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 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.

1. I have read and signed the Conditions of Participation.
2. I have read and understand the study abroad program refund policy.
3. 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: _____