

Application for MSUM Study Abroad Programs Program: *St. Lucia Abroad (World Music MUS 316)*



General Instructions

To apply for St. Lucia Abroad, please complete the following (type or print legibly):

1. Fill in the application forms with all required information. Your application materials should be turned in to Dr. Kenyon Williams in the School of Performing Arts Office (CA 102) by **October 1st**.
2. A non-refundable application fee of \$1000 is due by **October 1st**, to be paid at the MSUM Business Services. Request that your funds are deposited into the "St. Lucia Abroad" account (#336422) under YOUR name.

General Information Application for: St. Lucia Abroad, MUS 316, 3 credits

Full LEGAL (aka Passport) Name: _____
Last First Middle Preferred first name _____

(For flight reservations): Birthdate _____ Gender (as identified on your passport): _____

Citizenship: _____ State of Residence: _____

Dragon ID #: _____ Email address _____

Local Address: _____ Good Through: _____

_____ Cell/Phone: _____

Permanent Home Address: _____

Emergency Contact while abroad: _____ Relationship: _____ Cell/Phone: _____

Address: _____ Email: _____

Do you currently have a valid passport? _____ (Y/N)

Are you planning to seek financial aid to assist with St. Lucia Abroad course costs (due by Nov. 1st)? _____ (Y/N)

(If so: contact the Financial Aid office *immediately* to determine your financial aid availability/options. If financial aid is available but will be delayed, contact Dr. Kenyon Williams ASAP to discuss your particular financial situation: wildrum@mnstate.edu.)

Due by Nov. 1st: A final non-refundable deposit of \$1900 to be paid at the MSUM Business Services. Request that your funds are deposited into the "St. Lucia Abroad" account (#336422) under YOUR name.

I certify that the information I have provided is true and accurate to the best of my knowledge. I have read the materials and understand the nature of the program, including my financial obligations, admissions requirements, and cancellation policies. I acknowledge a \$1000 non-refundable application fee is due upon submission of my application. I acknowledge that I am 18 years of age or older. I acknowledge that participations in this trip will require the ability to move freely and easily across uneven and wet terrain, I have the ability to carry my own luggage, and that handicapped access and accommodations may be limited or non-existent due to the nature of the international location.

Signed: _____ Date: _____

NOTE: The college/university is asking you to provide information that includes private and/or confidential information under state and federal law. The college/university is asking for this information in order to process your application.

You are not legally required to provide the information the college/university is requesting; however, the college/university may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- to federal, state or local officials for purposes of program compliance, audit or evaluation;
- as appropriate in connection with your application for, or receipt of, financial aid;
- to your parents, if your parents claim you as a dependent student for tax purposes;
- if information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an organization engaged in educational research or accrediting agency.

Minnesota State Colleges and Universities abide by the provisions of Title IX and other federal and state laws forbidding discrimination on the basis of sex, race, color, national origin or handicap and all other state and federal laws regarding equal opportunity.

Application for MSUM Study Abroad Programs (Part II)



Your application represents an important academic decision. It is a decision that the University wants to support and facilitate; appropriate offices must be informed about your plans. So that you do not encounter unnecessary obstacles. In addition, the application process requires information and documents only you can provide. This packet contains the forms and instructions you will need to complete your application.

You should retain this page for your files.

Medical Health Form; MnSCU Waiver Form

Please complete the forms and return them to Study Abroad. Your participation is not based on the results of these forms and information will be shared with appropriate officials only when necessary to safeguard your health.

Participation Contract

Read through the participation contract very carefully and discuss it with your parents/guardian, if appropriate. Sign and return the form to Study Abroad. Keep a copy for your files.

Financial Aid

Begin the process by completing the FAFSA available in the financial aid office, and establishing a financial aid file. The form contained in this packet should be filled in ONLY if you're seeking financial aid. Even if you have been turned down before, the higher cost of studying abroad may mean you now qualify for financial aid. If you already receive aid, your award may be adjusted because of your participation in the program. You may also qualify for loan money. You must be accepted into a program **BEFORE** making an appointment with a financial aid officer. Also, make sure to obtain an official budget for your program from the Office of Study Abroad before your appointment with financial aid. If you decide not to participate, after all, inform the financial aid office immediately as your award is based on your participation in a specific program. You may have to repay the funds you already received.

In addition, you will need to attend to the following:

- ✓ **Passport** Application forms to apply for a passport are available from the Fargo or Moorhead Post Offices or from any county courthouse (www.travel.state.gov). You will need two passport photos. Photos may be taken in Bridges 249. Cost information is available on the U.S. Department of State website. First-time applicants must apply at the Fargo federal building, the Moorhead Post Office, or at the Clerk of Court's office at any courthouse that processes passports (call and check first). You must have an **original** certified birth certificate and one other form of government-issued photo ID. Application forms for the renewal of passports are also available. It can take from six to eight weeks to receive your passport. You need to furnish the Office of Study Abroad with your passport details upon receipt.

International Student ID Card (ISIC) The ID provides identification, health and sickness insurance, the costs of which are covered by your St. Lucia Abroad program fee. Dr. Williams will be in touch with you about how to secure your card after you are accepted into the program.

- ✓ **Medical Insurance and Papers** Check to see if your medical insurance is valid overseas. The International Student ID card will provide minimal (secondary) coverage. If you have a pre-existing condition and need to carry prescription medications, take the necessary documentation with you when traveling abroad. Information about other insurance policies and health concerns overseas is available in the Office of Study Abroad. You must carry insurance that provides coverage for evacuation and repatriation of remains.

MINNESOTA STATE COLLEGES AND UNIVERSITIES

HEALTH INFORMATION COLLECTION FORM



School officials will use this information to assist you in preparing for your study abroad program. Please answer all questions completely; timely disclosure of your health information will allow the college or university to support your overseas experience effectively. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that you inform the program coordinators of any medical or emotional conditions, past or current, that might affect your safety and welfare or that of other program participants.

The information provided will be handled confidentially and will be shared with program staff, faculty, or appropriate professionals only to the extent needed to secure health care or disability accommodations or if pertinent to your well-being in a housing placement or academic setting. Study abroad coordinators will assist participants in college or university programs but may not be able to accommodate all individual needs or circumstances. **Note: This information does not affect your admission into the program.**

Name: _____ Dragon ID: _____ Email: _____

Name of Program _____ Course(es): _____ Year: _____ Semester: _____

Medical History

1. Are you currently being treated, or have you been treated within the past five years for a physical health condition, injury, or disease?
Yes No If yes, please explain and include any ongoing treatment
2. Are you currently being treated, or have you been treated in the last five years, for a mental health condition (*e.g.*, addiction, depression, anxiety, eating disorder, or a condition related to loss or grief)?
Yes No If yes, please explain how you plan to manage your treatment while overseas.
3. Do you have any allergies?
Yes No If yes, please explain and include any ongoing treatment required while overseas.
4. Are you taking any medications (prescription, over-the-counter)?
Yes No If yes, please explain and include your plan for continued use while overseas.
5. Are you a vegetarian, or are you on a restricted diet?
Yes No If yes, please explain.
6. Do you have any mobility or physical activity restrictions due to a physical health condition that may require reasonable accommodations* to fully participate in a study abroad program, etc.?
Yes No If yes, please explain and *attach relevant Disability Services documentation.*
7. Do you believe you have a health condition or disability (*e.g.*, learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require reasonable accommodations* to fully participate in a study abroad program?
Yes No If yes, please explain and *attach the relevant documentation.*

8. Do you have a hearing or visual loss that may require reasonable accommodations* to fully participate in a study abroad program?
Yes No If yes, please explain and *attach the relevant documentation*.
9. Is there any additional information that would be helpful for the program to be aware of during your study abroad experience?
Yes No If yes, please explain.

*If yes, please contact Disability Services on your campus to determine eligibility for reasonable accommodations. Please complete and attach the college/university *Student Accommodation Request Form* or equivalent. The availability of reasonable accommodations is not guaranteed for every study abroad program.

I certify that all responses made on this Health Information Collection Form are true and accurate, and I will notify the study abroad program hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that the college or university will do its best to accommodate my needs, though not all accommodations are possible. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation.

Applicant Signature: _____ Date: _____

Minnesota State Colleges and Universities System

STUDENT RELEASE & WAIVER

Study Abroad Opportunities



I have been approved and wish to participate in the _____ study abroad program offered or approved through Minnesota State University Moorhead during the _____. I understand this program is subject to System Procedure 5.19.3, which prohibits travel to countries under a State Department Travel Advisory and other applicable policies and procedures to manage health and safety risks. In consideration of the opportunity to participate in this program, I understand and agree that:

1. Academic and Financial Requirements.

1.1 I am responsible for all academic requirements, including, but not limited to, classroom work, assignments, projects, field trips, internships, and/or volunteer duties.

1.2 I am responsible for payment of all applicable program fees and/or tuition and understand that Board Policy 5.12 and related system payment procedures may apply as appropriate.

1.3 I am responsible for reading and complying with the information contained in the applicable cancellation and refund policy for this program.

1.4 I understand that I will be required to purchase international health insurance coverage that includes major medical health care, medical evacuation, and repatriation, which will be provided as part of the program fees/tuition for this program, or I will be required to purchase such insurance as approved by program leaders. I am responsible for any additional insurance that I may elect to purchase as well as the cost of health care not covered by insurance.

2. Health Factors.

2.1 I am responsible for submitting complete and accurate medical information as may be required for this program.

2.2 I am responsible for requesting reasonable accommodations related to a disability in a reasonable time frame before departure. I understand that I must provide the college or university's Office for Disability Services with documentation of my disability to be considered for accommodations. I understand that my requested accommodations may not be available at the study abroad site but that a reasonable effort will be made to provide alternative accommodations if possible.

2.3 I understand that if I do not make my medical and psychological needs known in a timely manner, this may delay my participation in the program until reasonable accommodations can be determined.

2.4 If in the course of the program, my study abroad office or the program sponsor should determine in its good faith judgment that the health, safety or welfare of myself or others, or the integrity of the program, is jeopardized by my continued participation, I agree to withdraw or be subject to expulsion from the program and return to the U.S. and in such cases may lose all academic credit for the program and remain responsible for the full payment of all program fees and transportation costs to return home.

Initial _____

3. Personal Behavior.

3.1 I am subject to Minnesota State Colleges and Universities Board Policy 3.6 and applicable college or University *Student Conduct Code(s)* while participating in this program, in addition to all rules of conduct specifically established for this activity. I understand that if I violate the student conduct code or program rules of conduct, I may be expelled from the program, lose all academic credit for the program, and remain responsible for full payment of all fees and transportation costs to return home.

3.2 At all times during my travel with the program, I agree to be in possession of a valid U.S. passport or, if not a U.S. citizen, a valid foreign passport or official travel document, and any visas or other immigration documents required for entry into a foreign country and re-entry into the United States. In the event that I am prevented from traveling with the group at any time due to my failure to be in possession of all necessary documents, I understand that I shall bear responsibility for all costs incurred to seek out, contact, and reach the group, obtain accommodations during periods of a delayed departure from any location, or return home.

3.3 I may not purchase, possess, and/or use any illegal or unauthorized drugs during the duration of the program, including free time. This ban covers drugs that are illegal in the United States and/or the country of participation. I understand that illegal drug purchase, possession, or use jeopardizes me, other students in the program, and the program itself. I understand that violation of this rule of conduct may result in immediate expulsion from the program and loss of all academic credit for the program. I further understand that I would remain responsible for the full payment of all program fees and costs of transportation home.

3.4 I understand that neither the program nor the U.S. Embassy can obtain release from jail if I am jailed for any reason.

4. Travel Risks and Waiver.

4.1 I am responsible for informing an official representative of the program or of the college or university, in a manner designated, of any plans to travel during free time before, during, and after the period of the program. I understand that neither the college or university, nor its staff, agents, or representative are responsible for my travel outside program requirements. As a safety precaution, I agree not to travel to countries that are under a U.S. State Department travel warning or alert, or not recognized by the U.S. Government within the dates of this program.

4.2 I understand that there are unavoidable risks in travel abroad. I acknowledge that I have been provided website information for U.S. Consular Information, as well as the Centers for Disease Control information, on travel to, in, and around, my program site country; that I am aware of and understand the risks and dangers to my own health and personal safety posed by the use of public transportation to and from and in my site country, by domestic or international terrorism, and by civil unrest, political instability, terrorism, crime, violence, and disease in my site country. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in, or around my site country.

4.3 I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for the college or university to suspend a learning abroad program for health or safety reasons before the program term ends. While Minnesota State colleges and Universities will make good faith efforts to mitigate expenses in such circumstances, I understand I may remain responsible for certain expenses.

4.4 **Waiver.** I, individually and on behalf of my heirs, successors, assigns, and personal representatives, release the Minnesota State Colleges and Universities, Minnesota State University Moorhead and its staff, agents, and

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representatives, from any and all liability whatsoever for damages, losses, or injuries (including death) that I may sustain to my person or property, arising out of, resulting from, or occurring during my participation in the study abroad program or any travel incident thereto, except where such damage, loss or injury is the result of the intentional or reckless conduct of the Minnesota State Colleges and Universities, Minnesota State University Moorhead and its staff, agents, or representatives. This release applies to any loss of property, injury, illness, or death due to theft or other crimes committed by persons other than the employee or agents of Minnesota State Colleges and Universities, of Minnesota State University Moorhead and of political unrest, use of modes of transportation, and activities on the part of fellow participants, host family members, agencies, and organizations, persons, or groups with which Minnesota State Colleges and Universities or Minnesota State University Moorhead and contracts or recommends for the provision of services for the program. This release further applies to any independent travel or optional activities or sojourns that I may undertake during my experience abroad. This release does not apply to intentional, willful, or wanton acts of Minnesota State Colleges and Universities or Minnesota State University Moorhead and or its employees or agents.

5. Medical Authorization.

5.1 I authorize the college or university or its agents to secure medical treatment on my behalf in the event of a health emergency, and I accept financial responsibility for such medical treatment. I also authorize them to transport me back to the United States by commercial airline or otherwise for medical treatment. I agree that I am fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

5.2 I also authorize the college or university or its agents to release medical information obtained from me to a care provider or others in the event of a health emergency or as needed to provide reasonable accommodations.

Acknowledgment and Signature

I acknowledge that I have had the opportunity to review this document, including with legal counsel. This Release and Waiver Agreement represents my complete understanding with the college or university concerning its responsibilities and liability for my participation in the program, and it supersedes any previous or contemporaneous understandings I may have had with the college or university or its representatives, whether written or oral. I agree that this Release and Waiver is to be construed under the laws of the State of Minnesota, U.S.A. and that if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER AGREEMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT.

Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Emergency contact name: _____ Phone Number(s): _____

Participation Contract Study Abroad Programs



Instructions:

Read the following details carefully. Sign, date, and return to Dr. Kenyon Williams in CA rm. 102. Your place in the program is not guaranteed until the status of the program is confirmed (aka enough students register for the course to proceed), you are accepted into the program, and all required forms are received.

- ✓ I agree to pay all tuition, fees, transportation charges, room and board, and all other charges in connection with my participation in this program in the amounts on or before the times requested. I understand that the program fee is not pro-rated nor a portion thereof returned to students. I agree to the withdrawal and cancellation policies as stated in the program materials. If I withdraw from the program and any financial aid I am receiving for participation in the program is canceled. I realize I am still responsible to pay for any non-recoverable expenses incurred by the institution on my behalf. Withdrawal must be made **in writing**.
- ✓ I understand that the program cost may vary slightly depending upon fluctuations in currency exchange rates and unexpected events, and I agree to pay for possible increases upon request from the Office of Study Abroad.
- ✓ I agree that the University's acceptance of this application is made with the understanding that I am committed for the entire period of the program. I understand that in the event I withdraw from the program any time after its commencement, or am expelled, the University will retain tuition, fees, and other program charges. I also understand that I may not be entitled to partial credit.
- ✓ I understand that officials of Minnesota State University Moorhead reserve the right to make changes or substitutions in the program.
- ✓ I understand that if I elect to extend my stay abroad for purposes of personal travel beyond the date given for the program's end, any responsibility of the University shall cease at the program's end.
- ✓ I understand that Minnesota State University Moorhead requires that students accept travel arrangements to the program site as made by the university.
- ✓ I understand that I am responsible for obtaining the appropriate documents for travel, including a valid, unexpired passport, and any visa that may be required, and for paying the appropriate fees.
- ✓ I understand that different countries have different requirements that can change at any time. I also understand that MSUM cannot be held liable for any expenses incurred if a visa is denied for any reason or if I am denied a boarding pass because I do not have the appropriate documentation to travel.

May MSUM release your name to present or potential participants? Yes No

Printed name of Student: _____ Dragon ID: _____

Signature of Student: _____ Date: _____

Study Program _____ Semester _____ Year of Program _____

Optional Questions:

Where did you learn about this program? _____

Why did you choose this particular program? _____