

East Carolina University
Division of Continuing Studies

Summer Study Abroad Program Application 2006-2007

Application Instructions:

1. Complete the application forms and attach a \$75.00 non-refundable application fee. Make checks payable to ECU.
2. Additional application materials may be required for participation in some summer study abroad programs. Consult the program director for details.
3. Send all applications to:

Division of Continuing Studies
East Carolina University
404-E Self Help Center
Greenville, North Carolina 27858-4353
252-328-9218

For more information about programs contact Carolyn Dunn at dunnca@mail.ecu.edu

Your application will be photocopied. Please type it or print it neatly using **BLACK** ink.

Program _____

Dates _____
From To

Country _____

Professor _____

Name _____
Last First Middle Initial

Banner ID# _____

SS# _____

Date of Birth _____ Sex _____ State of residence _____
Month Day Year

College/University _____ Are you currently enrolled? Y____ N____

PLEASE NOTE: Students who are **NOT** currently enrolled at ECU **must** get admitted to East Carolina University and pay the required application fee. They must also submit transcripts from all colleges and/or universities attended. ***If you are not admitted to East Carolina University, you may not travel with Summer Study Abroad!***

Major/Minor _____

Overall GPA #of Semester Hour Completed Classification (FR, SO, JR, SR, GR) Anticipated Graduation Date

Do you expect to apply Financial Aid or a Scholarship to the cost of participation in the program?
(Consult with the ECU Financial Aid Office EARLY regarding your eligibility for this type of assistance.)
Yes _____ No _____

What types of aid do you anticipate receiving? _____

For mailing purposes, please provide the following:

Address while at school _____ Apt. _____ Phone number _____ (____)

City _____ State _____ Zip code _____ E-mail address _____

Permanent address _____ Apt. _____ Phone number _____ (____)

City _____ State _____ Zip code _____ E-mail address (if different from above) _____

Eligibility Verification Release: For the purpose of verifying my eligibility to participate in a study abroad or exchange program, I agree to allow the program administrators to review my records at East Carolina University. By signing this release, I grant this approval and understand that these records may include both academic and disciplinary files with the university.

Signature _____

Date _____

East Carolina University
Conditions of Participation
Study Abroad Program

I, the undersigned _____ (name of student/participant) have applied to participate in the _____ Program, a study abroad program sponsored by East Carolina University.

The program takes place in _____. The curriculum combines classroom study with out-of-classroom learning in the form of assignments, projects, and field trips.

I understand that summer study abroad is not required, is voluntary, and is a privilege. I further understand that any file regarding me maintained by the East Carolina University Office of Student Conflict Resolution will be requested by the Summer Study Abroad office to be fully reviewed by the Summer Study Abroad Program. As a result of that review, I may be prohibited from participation in the program in the University's sole discretion. If accepted in this program, I understand that I may have the opportunity to gain academic credit through participation in the program and agree to the following conditions:

Personal Conduct. I understand that East Carolina University has the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time, and I hereby agree to abide by all such rules of conduct. Specifically, I understand that the use of illegal drugs during the entire period of the program, including free time, is strictly prohibited. Should the program director decide that I must be separated from the program because of violation of stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. I understand that separation for the program will result in the loss of all academic credit and will be at the participant's expense.

Medical Treatment. I have fully described any health and physical problems I may have. In the event of illness or injury to me, I authorize any member of the East Carolina University program faculty to secure medical treatment on my behalf, including surgery and the administration of anesthetic.

Responsibility During Free Time. I understand that during free time within the period of the program and after the period of the program, I may elect to travel independently at my own expense. I agree to inform the program director of my travel plans and understand that neither the program director nor East Carolina University nor its staff are responsible for me while I am traveling independently during such free time.

Theft and Other Crimes. I understand I may sometimes be traveling in areas having higher than average rates for crime, especially theft of property, and I agree to follow the program director's stated recommendations regarding avoidance of theft. I agree to release East Carolina University and its staff from any liability for damage to or loss of my possessions, injury, illness, or death arising out of crimes during the period of the program on the part of the fellow students, host family members, agencies and organizations, or carriers.

Political Unrest. I recognize that in cases of political unrest, the program director will take all practical measures for the protection of program participants. I understand that East Carolina University and its staff assume no responsibility for damage to or loss of property, injury, or death arising out of political unrest.

I, the undersigned, understand and accept each of the above conditions.

Signature

Date

Signature of Parent/Guardian (if participant is under 18)

Date

East Carolina University
Summer Study Abroad
Hold Harmless Agreement

Release executed by _____ (Participant) whose address is

_____ to East Carolina University (Institution). If the participant is of majority age, the term, "Undersigned" as used in this Agreement refers only to the participant. If the participant is not of majority age, the term, "Undersigned" refers to the participant and the participant's Parent or Guardian.

1.0 Participant's Desire to Participate in the Academic Program

The participant is a student qualified for, accepted, and now attempting to complete enrollment in a study abroad or exchange program entitled _____

(Name of Program) in _____

(Country or Countries) arranged through one of the institution's academic units, the Office of International Affairs, and offered through the following Institution _____

(Host Institution) from _____ to _____ (Dates of Program). It is expressly acknowledged that Participant is not required to participate in the academic program, that participant recognizes that there are other opportunities to participate in study abroad or exchange programs, and that the participant has voluntarily chosen to participate in this academic program.

2.0 Waiver of Institution Liability for the Risks and Dangers.

The "Undersigned" understands there are certain dangers, hazards, and risks inherent in international travel and in the activities which are a part of the academic program, including but not limited to personal injuries, property theft, robbery, various crimes, political or civil unrest, acts of terrorism, natural disasters, wars, natural and environmental hazards including, but not limited to, unsanitary conditions, disease, dangerous animals and hazardous national geographic features, and other safety issues, etc., and which also could include serious or even mortal injuries and property damage. The "Undersigned" also understands that all countries have different laws, regulations, or standards, and that some countries do not enforce those laws, regulations, or standards they may have including but not limited to those relating to health, welfare, safety, crime, regulations, of businesses and transportation in any form (including airlines, airports, or travel by sea, land, or air). I acknowledge that, although I am an adult, I have been advised to discuss this trip with my parents/family and to share with them any materials or information about the elements of risks associated with this trip.

3.0 Participant Responsibility for Medical Needs.

- 3.1 The "Undersigned" assures the institution of the participant having consulted with a medical doctor in regard to the participant's personal medical needs such that the "Undersigned" can and does further state that there are no health-related reasons or problems which preclude or restrict the participant's participant in the academic program.
- 3.2 The "Undersigned" is aware of all applicable personal medical needs, as well as having arranged medical insurance coverage through Preferred Health Overseas for the University System of the State of North Carolina to meet the requirements for participation in the academic program. The "Undersigned" agrees the institution cannot be and is not responsible for attending to any of the

participant's medical or medication needs. The "Undersigned" assumes all risk and responsibility therefore, and that if the participant is required to be hospitalized while in a foreign country or in the United States during the academic program, Institution cannot and does not assume any legal responsibility for payment of such costs.

4.0 Disclaimer of Institution Responsibility

- 4.1 The "Undersigned" understands the institution, in no way represents, or acts as an agent for the host institution, the transportation carriers, hotel, and other suppliers of services connected with the academic program. The "Undersigned" further understands and agrees the institution, its governing board, employees, and agents are:
 - 4.1.1 Not responsible or liable for any injury, damage, loss, accident, delay, or irregularity which may be caused by the defect of any vehicle or the negligence or default of the host institution, or any company or person engaged in providing or performing any of the services involved in this academic program;
 - 4.1.2 Not responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, acts of terrorism, various crimes, political or civil unrest, natural disasters or other such causes;
 - 4.1.3 Not responsible for any disruption of travel arrangements or any consequent additional expenses that may be incurred there from.

5.0 Institution's Right and Powers

- 5.1 Institution reserves the following rights and powers:
 - 5.1.1 The right to cancel without penalty the offering and conduct of the academic program;
 - 5.1.2 The right to withdraw any part of any field trip and to make any alterations, deletions or modifications in the itinerary and/or academic program as deemed necessary by the institution or by the course instructor(s) as agents of the institution.

6.0 Potential Transportation & Boarding Problems

- 6.1 The "Undersigned" acknowledges and agrees to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. The "Undersigned" acknowledges and understands the institution assumes no liability whatsoever for any loss, damage, destruction, theft or the like to the participant's luggage or personal belongings, and that participant has retained adequate insurance or has sufficient funds to replace such belongings and will hold the Institution harmless there from.
- 6.2 The "Undersigned" acknowledges and understands that in the event the participant becomes detached from the field trip group, fails to meet a departure bus, airplane, or train or becomes sick or injured, the participant will bear all responsibility to seek out, contact, and reach the field trip group at its next available destination, and that participant shall bear all costs attendant to contacting and reaching the field trip group and its next destination.
- 6.3 All services, transportation and boarding are subject to the laws of the country in which they are provided.

7.0 Legal Problems

The "Undersigned" acknowledges and understands that should the participant have or develop legal problems with any foreign nationals or government of the host country, the participant will attend to the matter personally with the participant's own personal funds. The institution is not responsible for any assistance under such circumstances.

8.0 Acceptable Conduct by the Participant

- 8.1 The "Undersigned" is aware of the expected behavior regarding University rules, standards, and instructions for student behavior of the participant while participating in this academic program and agrees to abide by the policies of the program. The "Undersigned" is also aware that, as a guest in a

foreign country, there is a certain behavior, which may include dress, manners, morals, politics, and drug use that is unacceptable and could lead to possible disruption of the participant's participation in the academic program. The "Undersigned" assures the institution that the participant shall act in an appropriate manner at all times. Such behavior shall include time when in the company of other academic program members and when the participant may be physically separated from academic program members.

- 8.2 The "Undersigned" agrees that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the program, or other participants. The "Undersigned" recognizes that due to the circumstances for foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If the "Undersigned" expelled, the "Undersigned" consents to being sent home at his/her own expense with no refund of fees.

9.0 Governing Law: Forum

The "Undersigned" further agrees that this agreement shall be construed in accordance with the laws of the State of North Carolina, which shall be the forum for any lawsuits filed under or incident to this agreement or the academic program.

The terms and provisions of the agreement shall be severe, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

10.0 Assumption of the Risks Involved

- 10.1 Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the academic program, the "Undersigned," on behalf of the participant's family, heirs, and person representative(s), agrees to assume all the risks and responsibilities surrounding participant's participation in the academic program. These responsibilities include the transportation and any independent research or activities undertaken as an adjunct thereto. The "Undersigned" agrees to release in advance and forever release, discharge, waive and covenant not to sue the Institution, its governing board, officers, agents, employees, and any students acting as employees ("Releasees"), from and against any and all liability from any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature whatsoever which the participant may have or which may hereafter accrue to the "Undersigned," arising out of or related to any loss, damage, or injury, including but limited to suffering and death, that may be sustained by the participant or by any property belonging to the participant, whether caused by the negligence or carelessness of the "Releasees," or otherwise, while in, on, upon, or in transit to or from the host country where the academic program or any adjunct to the academic program occurs or is being conducted.
- 10.2 The "Undersigned" understands and agrees that "Releasees" do not have medical personnel available at the location of the academic program, during transportation, at the host institution, or anywhere in the foreign country. The "Undersigned" understands and agrees that "Releasees" assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand and agree that "Releasees" assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
- 10.3 It is the "Undersigned's" express intent that this release and hold harmless agreement shall bind the members of the "Undersigned's" family, estate, heirs, administrators, personal representatives, or assigns, if the participant is deceased, and shall be deemed as a Release, Waiver, Discharge, and Covenant not to sue the above-named "Releasees." The "Undersigned" agrees to save and hold harmless, indemnify, and defend "Releasees" from any claim by the "Undersigned" or the participant's family, arising out of the participant's participation in the academic program.
- 10.4 In signing this release, the "Undersigned" acknowledges and represents that the "Undersigned" has become fully informed of the content of the waiver, liability, and hold harmless agreement by reading it before signing it. By signing this document as the "Undersigned's" own free act and deed, the "Undersigned" confirms that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. Further, the "Undersigned" acknowledges that, prior to

signing this Agreement, the “Undersigned” has the right to consult with the advisor, counselor or attorney of the “Undersigned’s” choice.

- 10.5 The “Undersigned” executes this release for full, adequate, and complete consideration fully intending to be bound by the same.
- 10.6 The “Undersigned” states that the participant _____ is/ _____ is not at least eighteen (18) years of age and fully competent to sign this agreement.

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

Student/Participant:

Witness:

(Signature)

(Signature)

(Printed Name)

(Printed Name)

(Co-signature of Parent/Guardian if Student in Under 18 Years of Age)

(Date)

**East Carolina University
Division of Continuing Studies**

Medical Insurance for Students

The information to be provided below is necessary to apply for insurance.

Social Security Number _____

Name _____ Sex M F
Family First Middle

Local _____
Address Street City State Zip code

Telephone _____ Date of Birth _____
Month Day Year

Summer Study Abroad Program: _____

Campus Address _____ Campus Telephone _____

Country/Countries to be Visited _____

Dates of Travel

Departure _____ Return _____

of Days _____

Extended Insurance Coverage Dates _____

of Days _____

PLEASE NOTE: This form must be completed and returned to the Division of Continuing Studies, 404-E Self Help Center in order for you to be eligible to travel!

Medical Insurance Information Form, Continued:

Emergency Contact(s)

Please provide the names, addresses, and phone numbers of at least two people who may be contacted in the event of an emergency while you are participating in the study abroad program. Note that one of these contacts must be a family member.

Name _____

Home _____ Business _____
Address Street Address Street

Phone _(____)_____ Phone _(____)_____

Email _____

Relationship to you _____

Name _____

Home _____ Business _____
Address Street Address Street

Phone _(____)_____ Phone _(____)_____

Email _____
Address

Relationship to you _____

I certify that the information given above is correct. I grant permission to the study abroad program staff, the faculty director(s) and East Carolina University personnel to discuss my participation in the program and release information to the above-named person(s) if, in the sole discretion of East Carolina University, it is necessary. ____ Yes ____ No

A completed copy of this form for each participant **must** be on file in the Division of Continuing Studies.

Summer Study Abroad Refund & Cancellation Policy

Refund Policy:

East Carolina University must pay charges to various international institutions and organizations to hold places for study abroad students. Other program expenses are incurred well before the program begins based on the number of students who sign up. Therefore, it is sometimes impossible for payments to be refunded in full if a student chooses to withdraw from a program. All withdrawals must be made in writing and submitted to the Study Abroad Office.

The following policies apply to ECU programs. Please note that only in exceptional circumstances can these policies be modified.

- The \$75.00 application fee is not refundable, unless the student's application is rejected.
- A student who withdraws may apply the \$75.00 application fee to participation in a different program in the same year.
- If a student voluntarily withdraws from a study abroad program after application to the program but prior to the start date of the program, the student will be refunded the program cost, excluding application fee and any portion of the program cost which is unrecoverable* (pre-paid meals, pre-paid room reservation deposits, etc.). Even if the student has not yet paid the full program balance, he or she is obligated to pay ECU for any unrecoverable expenses incurred on the student's behalf. This may require the student to pay part of the program cost to ECU, even if he or she does not attend the program. It is therefore in the student's best interest to notify the Summer Study Abroad Office immediately when making a decision to withdraw.
- If a student voluntarily withdraws from a study abroad program after the program officially begins, no money will be refunded.
- If a student is required to withdraw from a study program for academic or conduct reasons after the program officially begins, no money will be refunded.
- Students in any program who choose NOT to participate in a program activity, either mandatory or non-mandatory, (such as a field trip, excursion, cultural event, etc.) will NOT be refunded any portion of the program cost.

**Unrecoverable costs may include expenses for both individual and group services. Individual expenses are items such as airline tickets or pre-paid room reservations. Group expenses may include bus rentals or payment to guides. For example, if the program budget is based on a minimum of 15 participants, and the 15th student withdraws, then a portion of the cost for some group services also becomes an unrecoverable loss.*

Cancellation Policy

- The general policy is that we will cancel any ECU sponsored program in a location where the U.S. State Department has issued a travel warning or where ECU deems the location to be unsafe.
- Should a program cancellation become necessary for safety reasons prior to student departure, every effort will be made to refund recoverable costs to participants. The time of program cancellation will determine the actual recoverable costs. The closer the program is to the start date, the less recoverable costs will be available. For example, 3 months before a program starts, funds have usually already been paid to many hotels for deposits on housing. These deposits would be considered non-recoverable.
- Should a program cancellation become necessary for safety reasons after students have arrived overseas, our refund policy is that every effort will be made to refund recoverable costs to the participants. In addition, the Faculty Director will, to the best of his/her ability, assist students in completing the course work for the program.

Because full refunds are often not possible, students may wish to consider purchasing trip cancellation insurance which can be obtained through many travel agents or insurance companies. This must typically be purchased from an insurance provider within 14 days of when the initial program deposit is paid.

I have been furnished a copy of the refund and cancellation policies, have read it, and agree to it.

Student Signature: _____ **Date:** _____

EAST CAROLINA UNIVERSITY
Division of Continuing Studies
Summer Study Abroad
HEALTH ISSUE ACKNOWLEDGEMENT

I have read material provided to me about health issues in _____ (destination). I understand that medical facilities, services and professionals are not the same as I am accustomed to in the United States. I take full responsibility for all my health needs while participating in this study abroad program and I promise to have made appropriate preparations for those health needs before leaving the United States. If I do encounter health needs or problems while participating in this program, I make the following acknowledgements.

1. I agree to be fully responsible financially for all health services, treatments and equipment provided to me.
2. I agree that the institution, its staff or agents, may make any information needed for health or emergency situations available to appropriate personnel or officials.
3. I agree that I am able physically and mentally to participate in this program.
4. I agree that I will obtain and have with me any prescriptions, medical equipment or other items necessary for safe travel and participation.

With regard to the above, I provide below accurate, truthful and current information about my health status.

Date of Most Recent Physical Examination _____

Prescription Medications Currently Taken _____

Illness or Conditions Which May Require Attention While Participating

Chronic Illnesses Which are Under Control But May Be Exacerbated By Participation

Other Medical Problems Which May Affect Participation

Name (Printed)

Date

Signature

**East Carolina University
Division of Continuing Studies**

Class Requests for Summer Study Abroad

Fill out this form completely. Please note that all classes to be listed on this form **must be** classes that are designated as being offered by faculty teaching in ECU Summer Study Abroad programs. The Division of Continuing Studies cannot register you for ECU **on-campus** summer school classes. Please return the completed form to: The Division of Continuing Studies, 404-E Self Help Center, East Carolina University.

Study Abroad Program/Faculty: _____ Year: _____

Name of Student: _____ SS# _____

Example: Course Name-Special Studies in Film
Department-ENGL
Course Number-5350
Credits-3

<i>Print Course Name</i>	<i>Department</i>	<i>Course Number</i>	<i>Credits</i>	Approved By (Signature/initials of faculty director)

NOTE:

- Classes taken for credit during ECU-sponsored summer study abroad programs will be recorded on an official ECU transcript.
- The University’s normal grading practices will be followed.
- Grades earned through enrollment in these classes will be computed in your GPA.
- Credit for ECU summer study abroad classes will not be awarded until all class requirements are completed.
- All program fees for summer study abroad programs must be paid prior to departure.

Signature of Student _____

Date _____