

University of Louisville College of Arts & Sciences
Office of International Programs
Gardiner Hall LL08D, Louisville, KY 40292
Ph: 852-7718

SUMMER STUDY ABROAD APPLICATION

Checklist:

- Application Form
 - Information Sheet
 - Release of Confidential Information
 - Registration and Financial Aid Agreement
 - Student Conduct Agreement
 - Release and Assumption of Risk
- Health Clearance Form

The University of Louisville requires that a health care provider at Campus Health Services, or your family health care provider, complete the medical clearance form in consultation with you. **Your health care provider should return this form directly to Campus Health Services. Be sure to give your provider a copy of your trip summary for his or her evaluation.**
- Letters of Recommendation

Using the forms at the end of this application, obtain two recommendations from faculty members familiar with your academic work.

 - Recommender #1: _____
 - Recommender #2: _____
- Transcripts

Your application must be accompanied by copies of all transcripts for academic credits completed or attempted beyond secondary level. Unofficial transcripts are acceptable. Official transcripts may be obtained at the Office of the Registrar.
- Statement of Interest

Please submit a typewritten statement (750 words) indicating your academic goals in applying for the program, your qualifications, and the specific course of study you would like to achieve.
- Passport Information Photocopy

Please submit a copy of the first page of your passport. Make sure you have signed your passport. If you do not have a passport, you must submit a copy of the receipt for your passport application fee. US citizens may visit www.state.gov for instructions. If you are not a US citizen, please contact your country's embassy.
- Program Deposit

Your application must be accompanied by a check or money order for a \$100.00 program deposit. The deposit is non-refundable for students accepted to the program. Program deposits will be returned to students who are not admitted to the program.

Application deadline: February 1

Submit Applications to:

Betty Marcum
A&S Office of International Programs
Gardiner Hall LL08
Louisville, KY 40292
Phone: 852-7718

OR TO YOUR STUDY ABROAD FACULTY PROGRAM DIRECTOR:

Summer Study Abroad in Brazil

Prof. Manuel Medina
Department of Classical and Modern Languages
Bingham Humanities 329
Tel.: 852-0501 / 852-6686
E-mail: medina502@gmail.com

Summer Study Abroad in China

Ms. Xiujie Sun
A&S Office of International Programs
Gardiner Hall LL08
Tel.: 852-0297
E-mail: xiujie.sun@louisville.edu

Summer Study Abroad in India

Prof. John McLeod
Department of History
Gottschalk Hall 101B
Tel.: (502) 852-6817
E-mail: john.mcleod@louisville.edu

Summer Study Abroad at Dongguk University, Korea

Prof. Steve Sohn
Department of Communication
Strickler Hall 308B
Tel: 852-2929
E-Mail: steve.sohn@louisville.edu

Art and Architecture at the University of Seoul, Korea

Prof. Moon-he Baik
Department of Fine Arts
104 Schneider Hall
Tel: 852-0945
E-mail: moon@louisville.edu

Summer Study Abroad in Panama

Prof. Rhonda Buchanan
Latin American and Latino and Studies
Department of Classical and Modern Languages
Bingham Humanities 329C
Tel.: 852-2034/-0502
Email: rhondabuchanan@louisville.edu

Summer Study Abroad in Portugal

Prof. Shawn Parkhurst
Department of Anthropology
Lutz Hall 238
Tel.: 852-2425
E-mail: sspark01@louisville.edu

Summer Study Abroad in Russia

Prof. Thomas Dumstorf
Department of Classical and Modern Languages
Bingham Humanities 329A
Tel: 852-0499
tadums01@louisville.edu

Sculpture in Scotland

Prof. Scott Massey
Department of Fine Arts
142B HPES/Studio Arts
Tel: 852-6863
s.massey@louisville.edu

Trinidad & Tobago Study Abroad Program

Prof. Theresa Rajack-Talley
Pan-African Studies Department
Strickler Hall 445
Tel.: 852-4192
E-mail: tatall01@louisville.edu

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INFORMATION SHEET

I. PERSONAL DATA

Name _____
(Last Name) (Middle Name) (First Name)

Current Address _____
(Street name & number) (City) (State) (Zip Code)

Permanent Address _____
(Street name & number) (City) (State) (Zip Code)

Current Phone _____ Permanent Phone _____

U of L E-Mail Address _____ Alternate E-mail Address _____

Birth date _____ Student I.D. # _____ Passport # _____

Sex: () Male () Female Smoking Habits: () Smoker () Non-smoker

Do you have any physical disabilities that require special conditions or assistance in travel, housing, or the classroom?
___ Yes ___ No

If yes, please elaborate

Do you have a medical condition which requires continual medication or care?
___ Yes ___ No

If yes, please explain

II. DEMOGRAPHIC INFORMATION (OPTIONAL, NOT USED IN ADMISSION PROCESS)

Are you a U.S. citizen? ___ Yes ___ No In what state do you permanently reside? _____
Country of Citizenship _____ Passport/Visa Type (F1/J1, etc.) ___

Ethnicity (Optional) ___ African-American ___ Asian/Pacific Islander ___ Hispanic ___ I do not wish to respond
___ Caucasian ___ Native American/Alaskan ___ Multiracial

Disability (Optional):

- Sensory Disability (hard of hearing, deaf, low vision, blind, or deafblind)
- Physical Disability (amputee, cerebral palsy, paraplegia, spina bifida, uses wheelchair, etc.)
- Mental Disability (anxiety disorder, bipolar disorder, depression, schizophrenia, etc.)
- Attention Deficit Disorder or Learning Disability (dyslexia, auditory procession disorder, etc.)
- Other Disability (e.g., brain injury, speech impediment, health-related disability, autism, etc.)

III. ACADEMIC INFORMATION

What degree are you pursuing: _____ Expected date of graduation _____

Major _____ Minor _____ Academic Area of Interest _____

Cumulative GPA _____ Credit hours completed (not including current term) _____

Previous Study Abroad or International Experience (Place and Dates of Study)

Languages Spoken and Most Advanced Course Completed

_____	_____
_____	_____
_____	_____

Current Enrollment in Language Courses _____

IV. TRAVEL PREFERENCE

- I would like to participate in group travel arrangements to my program site.
- I would like to make my own travel arrangements.

Please note: If you opt to make your own travel arrangements. You must provide a copy of your flight itinerary to your program director before group travel arrangements have been completed. If you do not, a group ticket will be purchased for you at your expense. _____ initial here to indicate that you understand these conditions

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TO: Office of Campus Life, Fax 852-1429

Release of Confidential Information:

Date _____ Study Abroad Program _____

Date(s) of Program _____

I, _____, hereby authorize the University of Louisville
(print student's name)

to provide relevant academic, financial, and discipline records to the Director of the Arts and Sciences Office of International Programs and the Study Abroad Faculty Program Director who is working with me to prepare my materials for study abroad. I understand that access to this information is necessary so that the Faculty Program Director can verify my eligibility for the study abroad program, which requires that I be in good academic and disciplinary standing.

Signature: _____ Student ID: _____

Name (print) _____ Telephone: _____

Study Abroad Faculty Program Director requesting information:

Name: _____

Telephone: _____ Email: _____

Please address return faxes to Nefertiti Burton, Director, Arts & Sciences Office of International Programs
Fax: 852-3319

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REGISTRATION AND FINANCIAL AID AGREEMENT

I agree to register for the following University of Louisville courses as part of my study abroad program:

Course number & title: _____ Credits: _____

Course number & title: _____ Credits: _____

Course number & title: _____ Credits: _____

Course number & title: _____ Credits: _____

Term of registration: _____

Total credits: _____

- I understand that in order to maintain my financial eligibility during my period of international study I must maintain a course load equivalent to number of credits to be taken abroad as indicated above.
- I agree to report immediately any course changes while enrolled in the program to my study abroad/exchange Program Director and the A&S Office of International Programs (.).
- I understand that I must repay financial aid (including loans) disbursed through the U of L Student Financial Aid Office if: 1) I drop below full-time enrollment during the tuition refund period, 2) withdraw completely, or 3) my credits are not reported to U of L, or I fail to explain to the Student Financial Aid Office within one semester why I have failed to bring back the anticipated number of credits.
- I understand that if for any reason my financial aid should be reduced and/or cancelled, I am responsible for all program costs and any repayment of funds already received, as required by the federal government.

Student's Name (please print) _____

Signature _____ Date _____

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STUDENT CONDUCT AGREEMENT

ALL UNIVERSITY OF LOUISVILLE STUDENTS ARE EXPECTED TO ABIDE BY THE UNIVERSITY STUDENT CODE OF CONDUCT. THE FOLLOWING DOCUMENT EXTENDS THIS EXPECTATION TO INCLUDE RESPONSIBILITIES ASSOCIATED WITH EDUCATION ABROAD PROGRAMS.

Please read and initial each statement.

As a representative of your family, the University of Louisville, the United States, and yourself, you are expected to:

- conduct yourself in a manner that shows respect to yourself, your peers, your program administrators, and, above all, your host country. All students are legal adults and must conduct themselves as such. *initial:* _____

- respect and abide by the laws in your host country as well as the rules for behavior set by the University of Louisville. (<http://campuslife.louisville.edu/cloffice/conduct/>) *initial:* _____

- take responsibility for your own actions and their consequences. “But I did not know” is not an excuse for any kind of unacceptable behavior. Each country has its own set of acceptable norms, including rules for social interactions, proper attire, body language, political engagements, and social activities. *initial:* _____

- take responsibility for familiarizing yourself with these norms before you leave. You have been given information on your host country which detail many of these cultural norms and will read and follow the guidelines. *initial:* _____

- refrain from use of illegal drugs and the abuse of alcohol or prescription drugs. Because narcotics laws differ from one nation to another, the most conservative law will be held as the standard by the University of Louisville. Illegal behavior will be dealt with by expulsion from the program and disciplinary actions upon your return to the University of Louisville. In addition, should you encounter trouble with local law enforcement due to your activities, the University of Louisville assumes no legal responsibility for any unlawful actions. If you violate the law, you are obligated to resolve the matter at your own expense. *initial:* _____

- refrain from participation in political rallies and demonstrations. As a foreigner and a guest of your host country, it is best to avoid sensitive political situations or potentially dangerous activities. *initial:* _____

- refrain from harassment or harassing behavior as detailed in the University of Louisville guidelines. This includes, but is not limited to, sexual harassment, racism, religious intolerance, or the like. Such behavior will be sanctioned as the matter dictates including, but not limited to, verbal reprimand, removal from the program, and disciplinary actions taken upon your return to the University of Louisville. *initial:* _____

- agree to not go off or return alone and to notify program authorities or their designee when leaving hotel or other living compound. *initial:* _____
- respect classes abroad as if they are your regular classes at the University of Louisville. This requires punctual and regular attendance, finishing assignments, etc. *initial:* _____
- participate in group activities that are part of your program. A lack of participation or cooperation will also result in no credit awarded. *initial:* _____
- promote an appropriate learning environment. Studying abroad is not just about getting out of the country. Your academic studies are an integral part of your study abroad experience. Students who do not fully participate in the academic portion of their programs are liable to not receive academic credit, be removed from the program early, and/or be required to return scholarship or financial aid funds used for the program. Active engagement in the program ensures a greater benefit from it. *initial:* _____
- accept responsibility for your health and safety, including looking after your medications, etc. You also agree to check on any country-specific regulations about medications to ensure that you are in compliance. *initial:* _____
- recognize that the University of Louisville may terminate your participation in the program abroad if your actions are seen as detrimental to yourself, the other members of the group, or hosts. Any expense related to this termination will be borne by you. *initial:* _____

_____ Student ID #: _____ Date: _____
 (Signature)

Name: _____
 (Print)

Permanent Address: _____

Permanent telephone number: _____

Email address: _____

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STUDENT RELEASE AND ASSUMPTION OF RISK

WHEREAS _____ contemplates participating in the University of Louisville (“University”) activity at _____

From (start date) _____ to (end date) _____; and

WHEREAS the activity is sponsored by (department) _____ at the University of Louisville, entitled _____; and

WHEREAS my participation is voluntary and in the event that the activity is for academic credit, I acknowledge that the University of Louisville has offered an alternative means of receiving academic credit in lieu of participating in the activity; and

WHEREAS I have read the program materials and had the opportunity for oral briefing and discussion with University personnel about the program including type of facilities, healthcare, housing, food, transportation and personal safety conditions expected in the locale and the types of activities and physical requirements necessary for successful participation, and, and consult the Center for Disease Control (CDC) and U.S. Department of State web sites (<http://www.cdc.gov/travel/> for CDC; <http://travel.state.gov/travel/warnings.html> for State Department).

WHEREAS I understand that I am free to utilize transportation provided via the University of Louisville or to choose a mode of transportation independent of that provided by the University at my own risk and expense;

NOW THEREFORE, in consideration of my being offered the opportunity to participate, I agree as follows:

1. I voluntarily and willingly agree to participate in all activities, and represent that I am medically fit to engage in the activity and travel. I further agree voluntarily to assume all risks including for accident, illness or damage to my person or property except to the extent of legal liability of the University of Louisville, its officers, employees, and agents for injury caused directly by their wrongful or negligent conduct not contributed to by my own conduct.
2. I acknowledge that personal and/or bodily injury including death and property loss or damage, including those resulting from kidnapping, criminal activity, terrorist attacks, war, lack of access to health care, and food or beverage contamination are possible risks of international travel. International air travel may also involve travel rerouting and delays, increased security checks and additional air passenger restrictions. I also understand that some foreign facilities may not meet United States disability access standards. I have considered these risks and voluntarily agree to assume them.
3. I waive and release all claims against the University of Louisville and its agents, and any tour organizer employed or utilized by the University of Louisville, for any injury, loss, damage, accident, delay or expense including those resulting from the use of any vehicle, weather, sickness, or arising from any act or omission of any restaurant, transportation or accommodation provider, other party, institution or individual in connection with the activity to the extent of liability not directly caused by wrongful acts or negligence of the University, its agents, or its tour organizer nor related to any willful or negligent conduct by me. This release does not extend to my contractual rights in agreements with tour organizers or travel agents.

4. I grant the University of Louisville and its agents full authority to take whatever actions they may in their sole judgment consider to be warranted under the circumstances regarding my health and safety during the period of this activity and associated travel. Specifically, I authorize the University of Louisville and its agents, at their discretion, to place me at my own expense and without further consent in a hospital for medical services. I acknowledge primary responsibility for my own health and agree to obtain insurance coverage for health-related expenses incurred during or in connection with my participation in the activity or to be responsible for any costs associated with my health care including any advanced on my behalf by the University in its sole discretion, but in no event, shall the University or its agents be required to advance such costs.

5. I acknowledge and agree that this is a supervised program and that group standards must be observed. I agree to remain at all times under the supervision of the University and its agents and will comply with the University rules and instructions as well as local law and custom. I hereby waive and release all claims against the University of Louisville and its agents related to my failure to cooperate with such supervision, comply with such instructions or my misconduct.

6. I acknowledge and agree that the University shall have the right to enforce appropriate standards of conduct and that it may at any time terminate my participation in the trip or attendant activities for failure to maintain these standards or for any conduct which the University considers to be incompatible with the interest, harmony, comfort and welfare of others. I specifically agree that if my participation is terminated for this reason or any reason related to my misconduct, my consent is hereby given for immediate transportation home at my own expense with no refund of program charges.

7. I recognize that the trip and attendant activities are group endeavors and agree to accept and abide by the will of the majority whenever a matter of choice is presented to the group by the University's agent.

8. I hereby acknowledge that the University shall have authority to cancel or terminate the activity or travel in accordance with its policies or best judgment including a cancellation in consideration of international or political developments and/or State Department travel warnings. I agree that if the University cancels or terminates the activity or part of it, it will refund any fees retained by the University and that the University will request a complete refund of any additional money paid by it or me for travel or accommodations, etc. for the activity. I understand that the University is not responsible to me for the refund practice of any particular vendor. Accordingly, I acknowledge the advice of the University that I purchase full coverage trip cancellation and trip interruption insurance for my financial losses in connection with any cancellation or termination.

9. I have carefully read a copy of the information brochure about international travel (available online at http://louisville.edu/provost/travel/travel_tips.html) and agree to comply with its instructions in connection with this activity.

I am at least 18 years old, have carefully read this document with the opportunity to consult an attorney if I wish. I understand and agree to be bound by it.

Signature of Participant

Emergency Contact

Date

Address

Signature of Witness

(_____)_____
Phone

Date

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HEALTH CLEARANCE FOR STUDY ABROAD

INSTRUCTIONS:

The University of Louisville's **Health Clearance for Study Abroad Programs** is a non-waivable requirement for acceptance and participation in a University-sponsored program. To ensure a healthy trip and a worthwhile learning opportunity, the University of Louisville **requires that a health care provider at Campus Health Services, or your family health care provider, complete the following medical clearance form in consultation with you.**

1. All students must comply with the health clearance requirement within stipulated deadlines.
2. All students must use this form to get their health clearance, regardless of where their health clearance is obtained.
3. Your acceptance to any study abroad program/ trip will remain conditional until the receipt and review of this 2-page form by the Campus Health Services staff.
4. If you have chronic medical/ behavioral health conditions that are being managed by additional providers, each provider must complete the second page of this form by the stipulated deadlines.
5. Please fill out and sign the first page of this form. Send both pages of this form plus the attached trip summary to your health care provider or bring them with you to your appointment at Campus Health.

Both of these completed pages should be returned to: Trish Cooper, RN
Campus Health Services
2207 S. Brook St.
Louisville, KY 40292

The deadline for receipt of this form at Campus Health Services is February 1, 2010

Immunizations:

You are required to have received the immunizations mandated by your program by the date shown on your Program Immunization Form. Please be aware that you may require more vaccines than those mandated, if you are in need of routine immunizations. You must provide proof of your immunizations. Both Campus Health Service clinics can accommodate your immunization needs. Please call Campus Health (Belknap: 852-6479 or HSC: 852-6446) to schedule a travel immunization appointment. You will also be given substantial health and safety information at this appointment, specific to your trip itinerary and any additional travel that you may plan to add to your program.

Name: _____

Program: _____ Country/ Countries: _____

Travel outside of program: No Yes (describe) _____

Travel dates: _____

I authorize the release of health information related to my planned travel to the Campus Health Services, A & S International Programs of the University of Louisville, and the faculty director or administrator of my study abroad program. If any situation regarding my health status changes prior to trip departure, I understand that I must notify Campus Health Services and my study abroad advisor. Failure to do so may result in serious risk to my health. I further understand that, in some instances, medical clearance for travel may be rescinded.

Signature: _____ Date: _____

Student Name: _____ Date of birth: _____

****To the health care provider:** Please read carefully

- The student above has applied to participate in a study abroad program through the University of Louisville.
- Depending on the program, the student may spend from 2 weeks to several months abroad. Living and studying in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders.
- The University of Louisville requires completion of this form by a health care provider prior to final acceptance into the student's desired program. Please consider past and current medical and mental health condition and history thoroughly. *Students may be cleared to travel with these conditions provided they are in compliance with and stable on their medications.*
- Please send this completed form, along with the accompanying student agreement, to the address on the accompanying form by **February 1, 2010**.
- Failure to meet the deadline could result in the student being unable to participate.

1. Indicate any allergies or dietary restrictions:

Medication: _____

Environment/ food: _____

Dietary Restrictions: _____

2. Does the student have any physical disabilities which might require accommodation or cause problems with a change in diet, carrying heavy luggage, or strenuous travel?

3. Please explain any chronic or acute health conditions that may require additional treatment while the student is abroad.

4. If female, is the student pregnant or is there any possibility that the student could be pregnant? _____

If pregnant, what is the due date? _____

5. What medications will the student require while traveling?

Prescription _____

OTC _____

I have counseled the student on the need to take a sufficient amount of medication for the duration of the trip. Local sources for refilling of medication may not be readily available.

6. Are there any other health care practitioners (specialists, consultants, psychotherapists, etc.) that need to be consulted prior to final approval for travel? *Please note: if you do not provide management of a student's chronic medical or behavioral health condition or medication, we request contact information for that provider.* _____

Thank you very much for your assistance and cooperation.

Provider Signature _____ Phone # (with area code) _____

Provider Name (printed) _____ Address _____

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RECOMMENDATION FOR STUDY ABROAD

To Be Completed by Applicant:

Program Name _____

Applicant's Name _____
Last First Middle

___ I waive my right to review this letter of recommendation.

___ I do not waive my right to review this letter of recommendation.

Signature of Applicant

Date

To Be Completed by Faculty Recommender:

1. I have known this applicant as a(n) _____
___ undergraduate student
___ graduate student
___ other _____

2. I have served as the applicant's _____
___ adviser
___ teacher
___ employer
___ other _____

3. In rating the scales below, please describe the applicant by checking the box which most nearly represents your evaluation. When possible, compare the applicant with a representative group of students who have approximately the same amount of experience and training as the applicant.

0 – no basis for judgment	3 – good
1 – below average	4 – excellent
2 – average	5 – outstanding

1. ___ self-reliance and independence;
2. ___ emotional stability and maturity;
3. ___ flexibility and adaptability in unfamiliar environment

4. Please comment briefly on the applicant's academic performance.

RECOMMENDATION:

I recommend without reservation as an excellent prospect.

I recommend this applicant with some reservation.

I cannot recommend the applicant.

If you did not check the first box, please explain.

Recommender's Name _____ Telephone _____

Position/Title _____

Institution or Organization _____

Address _____

Signature

Date

Please place this form in a business envelope with the applicant's name and your name on the front. Please seal the envelope and write your signature across the seal. Give the envelope to the applicant to return with his/her completed application packet.

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RECOMMENDATION FOR STUDY ABROAD

To Be Completed by Applicant:

Program Name _____

Applicant's Name _____
Last First Middle

___ I waive my right to review this letter of recommendation.

___ I do not waive my right to review this letter of recommendation.

Signature of Applicant

Date

To Be Completed by Faculty Recommender:

1. I have known this applicant as a(n) _____
___ undergraduate student
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___ other _____

2. I have served as the applicant's _____
___ adviser
___ teacher
___ employer
___ other _____

3. In rating the scales below, please describe the applicant by checking the box which most nearly represents your evaluation. When possible, compare the applicant with a representative group of students who have approximately the same amount of experience and training as the applicant.

0 – no basis for judgment	3 – good
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1. ___ self-reliance and independence;
2. ___ emotional stability and maturity;
3. ___ flexibility and adaptability in unfamiliar environment

4. Please comment briefly on the applicant's academic performance.

RECOMMENDATION:

___ I recommend without reservation as an excellent prospect.

___ I recommend this applicant with some reservation.

___ I cannot recommend the applicant.

If you did not check the first box, please explain.

Recommender's Name _____ Telephone _____

Position/Title _____

Institution or Organization _____

Address _____

Signature

Date

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