

NAME: (Last) _____ (First) _____ STUDENT ID: _____

Program Information**[] UCA SPONSORED STUDY ABROAD****Programs sponsored by UCA or at a universities with which UCA has a formal signed agreement, partnership, or consortium.***Programs sponsored by the Office of Study Abroad, UCA Language Immersion Programs and Semester/Year Exchanges with UCA Exchange Partner Institutions are in this category.*

- Semester/Year Exchange Abroad
 Short Term Faculty-led Study Abroad
 Summer Language Immersion

Program Title: _____ Term & Year: _____

[] INDEPENDENT STUDY ABROAD**Programs with which UCA does NOT have a formal signed agreement, partnership or consortium.***Non-UCA Language Immersion Programs, Independent Travel Programs and 3rd Party Study Abroad Programs are in this category.*

- Short-Term Travel Abroad Program
 Semester/Year Abroad

Program Title: _____ Term & Year: _____
 Organization/University: _____ Location of Program: _____
 Contact Person: _____ Contact Phone # _____
 Address: _____ Email: _____

Application Deadlines*The following are UCA deadlines to ensure adequate course approval and application processing time, students are responsible for meeting the respective deadlines for their selected program if different from the UCA published deadlines.***Semester/Year Programs:**

- Fall Semester Abroad – 2nd Friday in March
- Spring Semester Abroad – 2nd Friday in November

Summer and Short-Term Programs:

- Independent - April 15
- UCA Sponsored & Faculty-Led Programs - follow established program guidelines.

Instructions and Fees**Complete and return this application, along with a copy of your passport, to the Office of Study Abroad:**

UCA Office of Study Abroad
 201 Donaghey Avenue
 Irby Hall 118
 Conway, Arkansas 72035
studyabroad@uca.edu
 Phone: (501) 450-3646

STUDY ABROAD FEE - \$40**INTERNATIONAL STUDENT IDENTITY CARD - \$22***All payments made to the Office of Study Abroad are **NON-REFUNDABLE**.**Please submit all checks payable to "UCA" and include your Student ID#.**Some UCA program costs include these fees, please verify with the Study Abroad Office prior to submitting payment.*

Personal Information (as is appears on passport)

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

Passport #: _____ U.S. Citizen: Yes No, Citizenship: _____ DOB (mm/dd/yy): _____

Local Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile: (____) _____ E-mail Address: _____

Classification: Freshman Sophomore Junior Senior Graduate Student Other: _____

Major Field: _____ Minor Field: _____ Cumulative GPA: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext: _____ Employer: _____

Mobile Phone: (____) _____ E-mail Address: _____

Secondary Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext: _____ Employer: _____

Mobile Phone: (____) _____ E-mail Address: _____

Medical Questionnaire

Do you have any physical or mental impairment or conditions that might limit your activity or traveling ability?

No Yes, description: _____

Do you have a chronic illness? No Yes, check all that apply:

Heart condition High blood pressure Diabetes Migraine headaches Allergies

Other: _____

Do you take any regular prescription medication? No Yes, description: _____

If yes, do you agree to arrange sufficient supply for the entire trip? Yes No

Is there any additional health or medical information about which the program directors should know? No Yes

If yes, please specify: _____

I, _____, understand that a Study Abroad experience and international travel can be sometimes physically demanding. It is my responsibility to make appropriate visits to my health care providers (i.e.: dental, eye, etc.)

Signature

Date

Agreement and Signature

Can we release your name and email address to students interested in your Study Abroad program? Yes No

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Study Abroad participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the Study Abroad program.

Name: (Printed) _____ Student ID #: _____

Signature

Date

Office of Study Abroad Approval

This participant is permitted to study at (program name/location): _____

during the Fall Spring Summer session of the _____ academic year as a visiting student. All course work successfully completed at the visiting institution during this period will be accepted as partial fulfillment of degree requirements at the University of Central Arkansas. In this manner the above-named student is pursuing a degree at the University of Central Arkansas while attending the visiting institution.

Signature Office of Study Abroad

Date

Non-Discrimination Policy

The University of Central Arkansas is an affirmative action/equal opportunity institution. In keeping with its non-discrimination policy in employment, admissions and other functions and programs, the university considers employees and students on the basis of individual merit without regard to sex, race or color, religion, national origin, age, disability, or other factors irrelevant to participation in its programs.

Students should also adhere to the UCA student handbook, which states:

The University of Central Arkansas and its faculty and staff are committed to providing an equal educational opportunity to all students. One of the facets of the university experience includes the opportunity to learn in an environment where there are other individuals from varied backgrounds and characteristics, which include, but are not limited to, race, ethnicity, religion, spiritual beliefs, national origin, age, gender, marital status, socioeconomic background, sexual orientation, disability, political affiliation and intellectual perspective. The University of Central Arkansas does not condone harassment (or other forms of inappropriate conduct) against any student. These matters are handled in the same procedural way as those involving sexual harassment.

Agreements and Releases

- ***This is a release of legal rights. Read and understand before signing*** •

Name: _____ Student ID#: _____ Program: _____

I will be participating in a study abroad program in _____ for the Fall Spring Summer Session of the academic year _____ and have submitted the necessary documentation to the University of Central Arkansas Office of Study Abroad. I hereby agree as follows:

***Please initial by each clause within the agreement.
If you do not initial by each clause you will not be considered for the program.***

_____ **INSTITUTIONAL ARRANGEMENT**

I understand that the University does not represent or act as an agent for and cannot control the acts and omission of any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the program. I understand that the university is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

_____ **EARLY DEPARTURE**

If I decide to leave the program before completing my course of study, I will provide the University with advance written notice of my intention to leave the program. If I leave the program prior to its completion, I understand the University has no responsibility to provide or arrange transportation.

_____ **STANDARDS OF CONDUCT**

I understand that each country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior violating those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by all such laws and standards of each country to or through which I will travel during the program.

I will comply with all rules and regulations issued by the University, course instructors or any coordinating institution. It is within the course instructor's and the Office of Study Abroad's discretion to determine that my violation of such rules and regulations warrants my termination from the program. In the event, I may be sent home at my own expense. I agree that the University has the right to enforce its rules and regulations, including its student conduct, in its sole judgment, and that it will impose sanctions, up to including expulsion from the program, for violating these rules and regulations or for any behavior detrimental to or incompatible with the interests, harmony and welfare of the University, the program or other participants. I recognize that due to circumstances of Study Abroad, procedures for notice, hearing and appeal applicable to the student disciplinary proceedings at the University do not apply. However, I will receive a notice of my violation and an opportunity to provide an explanation to an appropriate official. If I am expelled, I consent to being sent home at my own expense with no refund of fees. I also agree that:

1. I will not buy, sell or use drugs at any time;
2. I will not engage in abusive use of alcohol;
3. I will participate in all classes and scheduled activities unless ill; and
4. I will abide by dress and cultural codes suitable in the countries visited.

_____ **ASSUMPTION OF RISK AND RELEASE OF CLAIMS**

Knowing the risks described above, I agree on behalf of my family, heirs and personal representatives to assume all risks and responsibilities surrounding my participation in the program. I and my heirs and successors and assigns agree to release, indemnify and hold harmless the University of Central Arkansas, its past and present trustees, officers, employees, agents and the heirs, successors and assigns of each from any and all loss, cost, damages, liability or expense (including reasonable attorney's fees) resulting in or arising from my participation in the program (including periods in transit to or from any country where the program is being conducted).

_____ **VISAS**

I understand I **MUST have a passport** to participate in a study abroad program and that for certain programs a visa may be required in order to participate. I also understand that it is solely my responsibility to research visa requirements for the countries where I plan to study. I further understand it is my responsibility to follow the procedures set forth by that country and obtain the visa in a timely manner. Please note the visa application process can be lengthy and require 2-4

months of advance work (where applicable). *For faculty-led programs:* I understand that if I do not provide my passport to the Office of Study Abroad at the time in which it is requested, I may not obtain my visa or airline tickets on time and may not participate in the program and will not receive a refund of any program payments made.

____ PROGRAM CHANGES

The University may, in its sole discretion, determine that circumstances within a country may require the cancellation of the program within that country. The University will provide me with as much advance notice as possible of its intention to cancel the program in which I will participate. I also understand that the University, the on-site coordinators or foreign government may prematurely terminate the program. I understand that the University's fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the program for any reason, there will be **no refund** of fees already paid. I accept all responsibility for loss or additional expense due to delays or other changes in the means of transportation, services, sicknesses, weather, strikes, or unforeseen causes. If I become sick or injured I will, at my own expense, obtain medical care and medical evacuation, if required. **For faculty-led trips:** Additionally, I shall seek out, contact and reach the program group at its next available destination.

The University bears no liability for any losses or claims incurred by me in connection with my own early departure or termination from the program or University's termination of its participation in the program. If I decide to remain in the visiting country after receiving notice of the University's intent to terminate the program, I bear complete responsibility and liability for my own care, safety, health and travel.

____ PROGRAM REQUIREMENTS

I understand that to participate I must have a minimum of a 3.0 GPA and 60 credit hours (semester/year program); 30 credit hours (short-term program).

____ PROGRAM CHARGES

I am responsible for any and all required payments and charges applicable to the program. I understand the program's cancellation policies and fees and agree to abide by them. **I understand that once I sign this form, I will be charged a \$40 Study Abroad processing fee.** I am responsible for paying UCA a \$40 study abroad fee, \$22 for an ISIC card, all program charges including but not limited to international insurance coverage, host institution accommodations, passport and visa costs, etc, excluding items that are included as part of my UCA Sponsored Study Abroad Program cost. All payments submitted are non-refundable.

____ HEALTH INSURANCE

I understand I am required to purchase an International Student Identity Card (ISIC) if it is not included in the cost of my program and I have read and understand its coverage and terms. I understand that it is my responsibility to purchase any additional insurance as necessary. If my program requires international insurance the UCA office of Study Abroad will assist me in acquiring a policy through IEES International Insurance. I am aware of the cost and have read and understand the coverage and terms.

____ HEALTH AND SAFETY

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems, which preclude or restrict my participation in this program. I am aware of all applicable personal medical needs. (see medical questionnaire) I have arranged, through insurance or otherwise, to meet any and all needs of payment of medical costs while I participate in the program. I recognize that the University is not obligated to attend any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States during the program, the University is not responsible for the cost or quality of such treatment or care or medical evacuation from any location.

____ RISKS OF EDUCATION ABROAD

If participating in a UCA Sponsored Study Abroad Program, I understand that participation in the program could involve risks not found in study at the university. These risks include: traveling to and within, and returning from, one or more Study Abroad countries, political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; different standards of living, and limitations on the availability of police protection. Additionally, I have conducted my own research and am willing to accept these risks. If participating in an Independent Study Abroad Program, I understand that I am participating in a program that is not affiliated with UCA in any manner. I understand that UCA is not responsible or liable for any risks involved in this program. These risks include:

traveling to and within, and returning from, one or more Study Abroad countries, political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; different standards of living, and limitations on the availability of police protection. I accept the risk associated with airline changes, flight cancellations and agree to carefully review the policies and guidelines published by my transportation providers and understand that UCA is not responsible for arranging, supplementing, correcting or funding any part of my travel to, within or from my host country. Additionally, as this program is considered an independent program, I have conducted my own research and am willing to accept these risks.

ENROLLMENT AND CREDIT

If participating in a UCA Sponsored Exchange experience, I understand that during my exchange experience abroad I will be enrolled in a minimum of 12 credit hours of UCA Study Abroad courses that show that I am still enrolled as a UCA student and generate tuition and fees and that UCA Student Accounts established fee payment regulations and standards will apply. When I return I MUST submit my host institution transcript to the Office of Study Abroad for processing of my credit transfer. If participating in a UCA Sponsored Faculty-Led program, I understand that I will be enrolled at UCA while abroad. I will follow all stated deadlines for final course selection and once enrolled, tuition and fees will be applied to my UCA Student Account and that UCA Student Accounts established fee payment regulations and standards apply. If participating in a Language Immersion Program or an Independent exchange or short-term program, I understand that, course enrollment for this program is independent of UCA and I will not be enrolled as a UCA student during my study abroad term. When I return I MUST submit my host institution official transcript to the UCA Office of Study Abroad for processing of my transfer credit. Standard UCA regulations for transfer credit apply; this process can vary in length and may take several weeks to post to my UCA transcript. In any study abroad program, I understand that I am responsible for completing and submitting a Course Approval Form to the UCA Office of Study Abroad, courses taken abroad that have not been approved prior to departure will not be processed as transfer credit until I have acquired all necessary approval signatures.

FINANCIAL AID AND SCHOLARSHIPS

If participating in a UCA Sponsored Exchange experience or Faculty Led Program, I understand that I will be enrolled at UCA while abroad and may be eligible to receive federal financial aid and/or scholarships from UCA, it is my responsibility to meet with the appropriate campus official to determine my eligibility. The UCA Office of Study Abroad is not responsible for my financial aid, scholarship or grant eligibility or disbursement. If participating in a Language Immersion Program or an Independent Exchange or short term Study Abroad program, I understand that, as this program is independent of UCA and/or I will not be enrolled as a UCA student during my study abroad term and ***I cannot receive any federal financial aid from UCA***; this aid includes, but is not limited to, Pell grants, loans, etc. UCA and private scholarships vary greatly and if currently receiving scholarship funding, it is my responsibility to understand my Study Abroad Program and meet with the appropriate campus official or private funding source to determine eligibility and disbursement policy. The UCA Office of Study Abroad is not responsible for my scholarship or grant eligibility or disbursement.

ARRANGEMENTS UPON RETURN

I understand that it is my responsibility to make room and board arrangement as well as class registration for the term following my program abroad. When participating in an independent semester abroad program, I understand that it is my responsibility to reapply to UCA for the semester following my term abroad (this does not apply to summer/winter/spring break participants). I also understand that I must make room and board arrangements as well as class registration for the semester following my semester abroad.

INDEPENDENT ACTIVITY

When participating in a UCA Sponsored Program, I understand that the University, course instructors or travel coordinators have oversight for me even when I am not participating in supervised group activities. I understand I may have the opportunity to leave the group periodically, subject to the course instructor's requirements for participating in and attendance at classes and other activities, which are a required part of the overall program. During all times that I deviate from the program itinerary or group activities, I will be responsible for my own safety and agree not to hold the University of Central Arkansas liable for any injuries to my person, including death, or property or any other losses resulting from independent travel on my part before, during or after the program. When participating in an Independent Study Abroad Program, I understand that my program is not associated with UCA, I am responsible for my own safety and agree not to hold the university liable for any injuries to my person, including death, or property or any other losses resulting from independent travel for the entirety of my program and travels to, within and from the United States and my host country.