

Faculty Program Study Abroad Application & Information Packet

Participant Information

This form will help you complete all of the steps necessary to apply for study abroad. Once all of the steps are completed, please return this completed form to the Office of International Education. **We suggest that you make a copy of the completed form for your personal records.** If you have any questions, please call us at (231) 591-2450.

Student Information

Name _____ Student Number _____

Ferris Email* _____
We will communicate with you through your official student email address.Local Address _____
Number and Street City, State, ZipPermanent Address _____
Number and Street City, State, Zip

Local Phone _____ Mobile Phone: _____ Permanent Phone _____

Are you an honors student? Yes NoAre you planning to use your MyPlace Scholarship for this program? Yes NoMajor: _____ Class Level: Freshman Sophomore Junior Senior GraduateGender: Male Female Other/Prefer Not to RespondAre you Hispanic/Latino? Yes No

Select all the apply:

- American Indian or Alaskan Native Asian
- Native Hawaiian or Other Pacific Islander White
- Black or African American

Study Abroad Program Information

Program Name _____

Dates _____

Instructor(s) _____

Class or classes _____

Application Components

- Participant Information
- Approval and Clearance for Program Participation
- Study Aboard Participant Medical History
- Assumption of Risk and Release Forms
- Financial Aid Budget Sheet

If you have any questions about the application process, please email the Office of International Education at international@ferris.edu.

Approval and Clearance for Program Participation

Seek approval and signature of faculty program leader.

Student Name _____ Student Number _____

Program Name _____

Faculty Program Leader Approval

I accept this student into the specified Study Abroad program.

Signature of Faculty Program Leader

Date

Clearance for Participation

I verify that this student:

- a. is in good academic standing at Ferris State University
- b. has cleared judicial review
- c. has submitted all components of this study abroad application
- d. has paid the \$100 program deposit (if applicable)

Signature

Title

Date

Notification of Study Abroad Program Leader

I verify that the Study Abroad Program Leader has been notified of the Applicant's completion of this Study abroad application on _____ (date).

Signature

Title

Date

Study Abroad Participant Medical History

It is the aim of Ferris State University to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet that goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. The information will also be used in the event of any participant injuries. Please do not leave out any information that may affect your experience. **NOTE: Ferris State University reserves the right to determine the extent of participation of each participant in all activities conducted by the University.**

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Participant First, Middle Name	Last Name	
Home Street Address	Age	Birthdate
Home City, State Zip	Daytime Telephone	Home Telephone

In Case of Emergency Contact

Available 24 hours

Last Name, First, Middle	Relationship	Telephone
Home Street Address	Additional Address	
Home City, State Zip	Additional City, State, Zip	Additional Telephone

Family History

Please list here any close relatives who have had the following illnesses

	Yes	No	Relationship		Yes	No	Relationship
Asthma/Hay fever				Kidney disease			
Arthritis				Stomach disease			
Diabetes				Tuberculosis			
Epilepsy/convulsions				Heart disease			

Personal History

Check box beside those medical problems participant has had or now has.

<input type="checkbox"/> Measles (Rubella)	<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney, bladder problems	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rubella (3-day measles)	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Ankle sprains
<input type="checkbox"/> Mumps	<input type="checkbox"/> Tension or depression	<input type="checkbox"/> Chronic pain	○ Mild
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Palpitations	○ Severe
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Head Injury	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Knee injuries
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Hay fever, asthma	<input type="checkbox"/> Heart problem or murmur	○ Mild
<input type="checkbox"/> Eye trouble	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Rheumatic fever	○ Severe
<input type="checkbox"/> Ear trouble	<input type="checkbox"/> Jaundice, liver disease	<input type="checkbox"/> Back problems	
<input type="checkbox"/> Throat problems	<input type="checkbox"/> Stomach, intestinal trouble	<input type="checkbox"/> Sexually transmitted diseases	Females only:
<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Fainting	<input type="checkbox"/> Gall bladder trouble	<input type="checkbox"/> Irregular periods
<input type="checkbox"/> Joint problems	<input type="checkbox"/> Allergies to drugs, food	<input type="checkbox"/> Neurological disorder	<input type="checkbox"/> Severe cramps
<input type="checkbox"/> Sickle cell anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Excessive flow
<input type="checkbox"/> Hernia	<input type="checkbox"/> Seizure disorder/Epilepsy		

Hospitalizations and Surgeries

Please list here any HOSPITALIZATION or OUT-PATIENT SURGERY participant has had within the past five years.

Name of Hospital	City/State	Date(s)	Type of illness or operation	Outcome

Use additional sheet if necessary.

Please comment in detail in the space below on any medical condition checked with an "X" in Personal History.

List any medications participant is receiving regularly (medications that are required by participants should accompany them on program).

List any other health or personal concerns that Ferris State University should be aware of in regard to the participant.

Does participant have any health problem that requires periodic evaluation or testing? No Yes (Provide details)

List drugs or food which participant is allergic to.

Date of last tetanus injection _____

Date of last physical exam _____

I declare that my answers and statements are correctly recorded, complete and true to the best of my knowledge and belief.

Signature of Student

Date

Assumption of Risk and Release for Off-Campus Activities

If accepted for participation in this program I understand that I am accountable for all program fees. I acknowledge that an official hold may be placed on my records until all financial responsibilities are fulfilled. I acknowledge that I am responsible for my personal conduct and that I can be dismissed from the program for violation of program rules. I understand that tuition is not included in the program cost.

SELECTION. Selection of participants for Ferris programs will be made by the faculty trip leader and with consultation with the Office of International Education. Off-campus experiences can be demanding and the selection may be competitive. Factors influencing selection are: the number of available places for a given program site, the applicant's prior academic and conduct record, language skills, evidence of motivation, ability to represent FSU, and evidence of maturity and independence. Participation may be denied to an applicant whose conduct prior to departure raises doubts that he or she should be allowed to participate in an international experience.

Whenever possible, the study-abroad program will try to accommodate special needs. In some cases, however, this is not possible. The safety of our students will take priority over all other considerations in the selection of students, site selection, and housing arrangements.

The Office of International Education reserves the right to withdraw an offer of acceptance to any student who voluntarily or involuntarily leaves FSU or is found to have falsified the application.

CANCELLATION. I understand that I will be held accountable for the entire cost of the program once the confirmation date has passed. In the event that I notify the Office of International Education in writing of my intent to cancel my participation or withdraw for reasons beyond my control, I will remain responsible for all program costs incurred on my behalf in accordance with the payment schedule established for the particular program.

GENERAL RELEASE AND WAIVER. In consideration of participating in the study-abroad program offered through Ferris State University or other institutional sponsor approved by FSU, I the undersigned, in full recognition and appreciation of the dangers and hazards inherent in traveling and to which I may be exposed during my enrollment and/or participation in this activity/program, agree to assume all the risks and responsibilities surrounding my participation in study abroad or any independent activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, successors, assigns and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge the University, all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of Ferris State University, its officer, agents or employees, during the period of my participation as aforesaid. Furthermore, I hereby agree to indemnify, defend, and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacity) from any and all liability, losses, damages, judgments, or expenses, including attorney fees, that they or any of them include or sustain as a result of any claims, demands, actions, or causes of action that arise out of, occur during, or are in any way connected to my participation in the program and/or any travel incidental thereto.

I agree that this agreement is to be construed under the laws of the State of Michigan, USA; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Continued on next page.

Release of Name, Address, and Number

May the Ferris State University's Office of International Education provide your name, e-mail address, and telephone number to current and future study-abroad participants and applicants? Yes No

Note: Faculty leaders may request additional information, and the Ferris State University's Office of International Education will also require additional information regarding health insurance, emergency contacts, etc.

I have read this release, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent.

Signature of Participant_____
Date_____
Name (please print)_____
Date of Birth

If you are under eighteen, please have your parent/guardian sign below.

There will be additional forms that will need to be completed as well.

As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to participate in the program, and agree to be bound by the conditions outlined above as if I myself had signed above.

Signature of Parent/Legal Guardian_____
Date

Assumption of Risk and Release Form for Study Abroad Programs

This is a release of legal rights – read and understand before signing.

If the student is less than 18 years of age, a parent or legal guardian must also read and sign this release form.

This is a legally binding Assumption of Risk and Release Form for Student Abroad Programs (referred to as the “Release Form”) executed by _____, (referred to as the “Student”) whose date of birth is _____, and whose address is _____, to Ferris State University, 410 Oak Street, Big Rapids, Michigan 49307 (referred to as the “University”). The Student is participating in the _____ Study Abroad Program (referred to as the “Program”).

1. **Risks of Study Abroad.** I understand that participation in the Ferris State University Study Abroad Program specified above involves risks not found in study at the University. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local medical and weather conditions. I have made my own investigation and am willing to accept these risks.
2. **Institutional Arrangements.** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions 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.
3. **Independent Activity.** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.
4. **Health and Safety.**
 - a. 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.
 - b. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to 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.
 - c. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.

5. **Program Changes.** The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of 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 expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.
6. **Assumption of Risk and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program. I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Ferris State University Board of Trustees, Ferris State University, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statements, have been made. This agreement shall become effective only upon receipt of my application by the Ferris State University at its offices in Michigan and shall be governed by the laws of the state of Michigan, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

Signature of Student_____
Date

**IF THE STUDENT IS LESS THAN 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN
MUST ALSO READ AND SIGN THIS RELEASE FORM**

CAUTION: Read Before Signing

I (A) am the parent or legal guardian of the above Student (B) have read the foregoing Release (including such parts as may subject me to personal financial responsibility), (C) am and will be legally responsible for the obligations and acts of the Student as described in the Release Form, and (D) agree, for myself, for the Student, for Student's family, estate, heirs, administrator(s), personal representative(s), or assigns, if Student is deceased, to be bound by its terms.

PARENT(S) OR GUARDIAN(S)

PARENT(S) OR GUARDIAN(S)

Signature: _____

Signature: _____

Relationship to Student _____

Relationship to Student _____

Printed Name _____

Printed Name _____

Date _____

Date _____