

FACULTY STUDY ABROAD PACKET

This is the official application for the faculty sponsor in charge of a study abroad program at Northeastern State University. Please complete this application in full, including **all** supplemental materials listed below, and return to the Office of International Programs three weeks before the trip is to depart.

Supplemental material required **3 weeks prior to departure**:

- Proof of Health Insurance
- Color copy of Passport
- Flight Itinerary
- All Student Study Abroad Packets
- List of All Student Names enrolled in program
- Agenda of Trip
- Contact Information Overseas

Full Name:			
Faculty ID#:			
Address:			
City:			
State:		Zip:	

Program Location:			
Tour Provider Name:			
Dates of Program:			

Please review and sign this application stating your compliance with the terms and conditions.

1. I understand I am an ambassador of Northeastern State University and represent the entire institution during all of my time of travel, and am expected to act accordingly.
2. I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that NSU cannot provide supervision or support during periods of independent travel.

Faculty name (please print) _____

Faculty signature _____ Date _____

Faculty Personal Information

Please complete this form. This will allow the Office of International Programs to contact you in case of any pertinent situation arising before, during, or after your trip. Please fill out this form to the best of your ability.

Full Name:			
Cell Phone #:			
Work Phone #:			
Email:			
Address:			
City:			
State:		Zip:	
Birthdate (mm/dd/yyyy):			

Preferred way of communicating during the trip: _____

Please make sure that you turn in a copy of your passport and health insurance card. If the passport and health insurance card information is not given in due time, the Office of International Programs will contact you directly to receive those records before you leave.

By signing below, you are acknowledging that all of the information provided above is correct and if any of said information changes prior to departure, you will contact us and reveal said changes.

Participant's signature (If under 18 years of age,
MUST be signed by parent or legal guardian)

Date

Emergency Contact Form

Please complete this form. This will allow the Office of International Programs to contact any family or friends if needed during your Study Abroad trip.

Emergency Contact

Name: _____

Cell Number: _____ Work Number: _____

Address: _____

Relationship with Contact: _____ Email: _____

Emergency Contact

Name: _____

Cell Number: _____ Work Number: _____

Address: _____

Relationship with Contact: _____ Email: _____

Emergency Contact

Name: _____

Cell Number: _____ Work Number: _____

Address: _____

Relationship with Contact: _____ Email: _____

Emergency Contact

Name: _____

Cell Number: _____ Work Number: _____

Address: _____

Relationship with Contact: _____ Email: _____

**NORTHEASTERN STATE UNIVERSITY
STATEMENT OF RESPONSIBILITY, RELEASE,
AND AUTHORIZATION TO PARTICIPATE IN**

I, _____ (print name) hereby indicate my desire to participate in the _____ study abroad program sponsored by Northeastern State University (*NSU*) during the period of _____ 20__ to _____ 20__. My participation in this program is completely voluntary. If and/or when I am offered and accept a place in the above-named study abroad program, I agree as follows:

I understand that this is an academic program, and agree to follow the requirements set forth for class attendance and participation by the faculty member(s) conducting the program, including completing all assigned work and taking all examinations. I realize that noncompliance with these requirements may result in my being prohibited from participating in the travel portion of the course/program and/or a failing grade.

I agree to abide by the *NSU* tuition and fee schedule as published in the semester class schedule. I further acknowledge that I have read and understand that tuition charges and cancellations are based upon tuition commitments for the full semester. If I withdraw from this course, the effective date of withdrawal and cancellation will be the date when formal application is filed with the Office of Admissions and Records. I agree to be responsible for **ALL ASSOCIATED** program costs, including but not limited to travel and related expenses. I understand that program costs are in addition to tuition and fees and are subject to a separate withdrawal and refund policy.

I realize that accident and illness insurance, as well as insurance for medical evacuation and repatriation that are applicable outside of the United States are required for my participation in the program and that I am responsible for obtaining appropriate insurance coverage for the duration of the program. I also understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad, even during independent travel before or after the program period.

I agree to abide by the *NSU* Student Code of Conduct during and in connection with my participation in the program. I understand that violation of the Student Code of Conduct may result in removal from the study abroad program, in addition to any action outlined in the Student Code of Conduct policy, and I agree to act responsibly and appropriately at all times. I also agree to conform to all applicable policies, rules, regulations, and standards of conduct of any host institution and/or foreign affiliate. I accept termination of my participation in the program by *NSU* and full responsibility for transportation costs home if I fail to maintain acceptable standards of conduct. In addition, I agree that I will only receive a refund of tuition and fees, if appropriate, pursuant to both *NSU* and the program's policies. I understand that the faculty and /or staff member(s) conducting the program has the designated authority to remove a student from the program in accordance with this provision.

I understand that as a visitor in a foreign country, I will be subject to the laws of that country. I agree to comply with those laws. I understand that being charged with any infraction of the laws of the host country is grounds for immediate removal from the program, with refund of tuition and fees, if appropriate, pursuant to *NSU's* and program's policies. In addition, I understand that should I have any legal problems in the host country, I will be responsible for legal costs incurred as a result. *NSU* cannot provide legal counsel in such circumstances. I also understand I will be subject to all State (Oklahoma) and Federal (United States) laws as a visitor in a foreign country, and furthermore, agree to abide by such laws.

At all times during my travel with the program, I agree to be in possession of a valid United States passport and if not a United States citizen, a valid foreign passport, or official travel document and any visas (e.g., tourist or student visa) or other immigration documents (e.g., U.S. "green card", Form I-20) required for entry into a foreign country and re-entry into the United States. In the event that I am prevented from traveling with the group at any time due to my failure to be in possession of all necessary documents, I understand that I shall bear responsibility for all costs incurred to seek out, contact and reach the group, obtain accommodations during periods of delayed departure from any location or return home. I have attached a photocopy of each and every necessary travel document referenced above that is required for my participation in this trip.

I understand that activities or independent travel conducted when I have free time before, during, or after the program, shall be unsupervised by *NSU*, its agents or employees. I agree that *NSU*, its agents and employees shall have no responsibility or liability for any injury, damage or loss suffered by me during such periods of independent activity or travel, and this Release shall remain in full force and effect during such times.

I agree that in the event I become detached from the group or am unable to remain with the group for any reason not within the control of *NSU*, I will bear all responsibility and costs incurred to seek out, contact and reach the group at its next available destination.

I understand that *NSU* reserves the right to make cancellations, changes or substitutions to the program at any time and for any reason, with or without notice, and that *NSU* shall not be liable for any loss whatsoever to program participants as a result of such changes. I understand that *NSU* has the right to cancel and/or discontinue the program due to hostile activity, acts of war or terrorism, or in the event of social or civil unrest. Any refund of tuition and fees, if appropriate, shall be issued pursuant to both *NSU's* and program's policies.

I understand that if I voluntarily leave the program for any reason, including illness, I will be responsible for any and all costs associated with my return home and that there will only be a refund of tuition and fees, if appropriate, pursuant to both *NSU's* and program's policies.

I agree that if I require an accommodation due to disability and/or religious observances in order to fully participate in the study abroad program, I will follow (or have already followed) the proper procedures for assessment and approval of such accommodation by the

necessary **NSU** parties as reasonable. Such approval of accommodations must be granted prior to participation in the program.

I authorize **NSU**, its employees, agents and representatives to act in any attempt to safeguard and preserve my health and/or safety during my participation in the program, including authorizing medical treatment on my behalf and at my expense, and returning me to the United States at my own expense for medical treatment in case of an emergency.

I agree for myself, my heirs and my personal representatives, to hold harmless, and forever release and discharge **NSU** and all its officers, agents and employees from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation and transportation activities in connection with the study abroad program.

I agree to disclose any and all relevant information, including but not limited to limitations or conditions (i.e. health, financial, academic, etc.) which could affect and/or prohibit my participation.

I acknowledge that I have read this entire document and understand its terms.

This Release shall be construed in accordance with, and governed by, the laws of the State of Oklahoma. Any litigation regarding this Release or the study abroad program shall be brought in a court of competent jurisdiction in Cherokee County, Tahlequah, Oklahoma.

Participant's signature (If under 18 years of age,
MUST be signed by parent or legal guardian)

Date