



Faculty-led Study Abroad

8/1/2006

Application Instructions

Kansas State University•Office of International Programs
304 Fairchild Hall•Manhattan, KS 66506
Phone (785) 532-5990•Fax (785) 532-6550
oip@ksu.edu•www.ksu.edu/oip

Program Costs

- The following items are included in the cost for all faculty-led programs: administrative fee, lodging, entrance fees to scheduled activities, health insurance for duration of program.
- Round-trip airfare from Kansas City International Airport, transportation on-site, and meals may or may not be included. Please see your program description.
- KSU tuition is billed separately.
- The following items are not included: books, personal expenses and travel, passport and visa fees, and international student ID card.
- Applicants who have a disability and wish to request accommodation are asked to contact the Office of International Programs in a timely manner.

Special Conditions and Medical Conditions

Application and Attachments

- This application form: completed, signed and dated.
- Copy of passport
Once you receive your passport, *sign it*, and bring a copy of the front page to 304 Fairchild. Write your name, program, term, and ID number on the copy. If you do not have a passport at the time of application, apply immediately. Attach a copy of visa if not a U.S. citizen.

You can apply for a passport at any post office. Visit <http://travel.state.gov/passport/> for an application form, and information on required documentation and fees. Passport applications are by appointment only at the Manhattan Post Office, Monday to Friday, between 11 am and 2 pm. Call 776-8851 or 776-4202 to make an appointment and for fee information. Passports take about 6 weeks to arrive.

Passport photos can be purchased at the International Student Center (532-6448), Walgreen's, Wal-Mart, etc.

Acceptance

- Kansas State University is committed to nondiscrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other nonmerit reasons, in admissions, educational programs or activities and employment (including employment of disabled veterans and veterans of the Vietnam Era), as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries concerning Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act of 1990, has been delegated to Clyde Howard, Director of Affirmative Action, Kansas State University, 214 Anderson Hall, Manhattan, KS 66506-0124, (Phone) 785-532-6220; (TTY) 785-532-4807.

Required Orientations

As CONDITIONS OF PARTICIPATION, students must

- attend the pre-departure orientation.
- attend a reentry workshop upon return and complete a program evaluation and assessment.

Personal Travel Arrangements

- Personal travel arrangements are not the responsibility of Kansas State University. For those programs that include group travel arrangements, travel arrangements will only be provided on the program dates and for the program itinerary. Kansas State University, the State of Kansas, their agents, officers and employees will not be responsible for any personal travel occurring before, after or during this tour.

Notice of Photograph Policy

- The Office of International Programs reprints pictures taken during Faculty-led Study Abroad Programs in promotional material. If you do not wish to have a picture of you included, please check no in the appropriate box on the "Applicant Profile".

Notice of Refund Policy

- Refunds are limited to program cancellation and/or recoverable costs. Except in the case of program cancellation, the administrative fee (\$150) is non-refundable.



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Applicant Profile

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Program to which you are applying	Term/Year
Name of program: _____	<input type="checkbox"/> Winter Break 20__
City and country of program: _____	<input type="checkbox"/> Spring Break 20__
	<input type="checkbox"/> Summer 20__

Personal data

Name: _____ Male Female
Last First Middle

Student ID (SSN for non-KSU applicants): _____ Ethnicity/race: _____

Date of birth: ____/____/____ Place of birth: _____ Citizenship: _____
month / day / year city, state, country

If you are not a U.S. citizen, what is your residency status or what type of visa do you have? _____

Academic data

KSU student Non-KSU student: _____
Institution where you are currently enrolled

Status: Undergrad Grad Other: _____ Credit hours completed: _____
by start of program

Field(s) of study: _____
major school/college secondary major/minor school/college

Academic advisor: _____ GPA: _____ as of ____/____/____ Graduation date: ____/____/____
month / year month / year

Languages studied and number of semesters of training: _____

Have you ever been involved in any legal or disciplinary action while attending KSU? Yes No
 If yes, please explain.

Contact information

Current Address (Valid until ____/____/____)	Permanent address (Where mail always reaches you)
Address: _____ _____	Address: _____ _____
Telephone (with area code): _____ Cell Phone (with area code): _____	Telephone (with area code): _____
E-mail: _____	Note: All notices regarding the program will be sent by e-mail.

Person(s) to contact in case of an emergency

Name(s): _____

Relationship to you: _____ Telephone: _____ E-mail: _____

Address: _____

Photograph policy

Please read the "Notice of Photograph Policy" on the "Application Instructions" and check a box below.

No, I do not wish to have my photos reprinted.

Yes, I authorize the Office of International Programs to use photos of me in promotional material.



Faculty-led Study Abroad Application

Health Information and Special Needs

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The purpose of this form is to help the Study Abroad Office assist you in choosing the best program for your needs and in case of an emergency, provide you with appropriate help. It is important that the program be made aware of any medical or emotional issues, past or current, or special needs, which might affect you in a foreign study context. Mild physical or psychological disorders can become serious under the stress of life in another country and culture. Any information provided will remain **confidential** and will only be shared with program staff, faculty or appropriate professionals if pertinent to your safety and well-being. **The information on this form and the acceptance to any program are independent of each other.**

Name: _____ Male Female
Last First Middle

Study abroad program: _____

Country/countries of program: _____ Program dates: _____

Medical History

Yes No Have you ever been or are you currently being treated for a physical health condition? If yes, please explain.

Yes No Have you ever been or are you currently being treated for a mental health condition (psychological or emotional)? If yes, please explain.

Yes No Do you have any allergies? If yes, please explain.

Yes No Are you taking any medications? If yes, please explain.

Yes No Have you had any major injuries, diseases or ailments in the past five years? If yes, please explain.

Yes No Are you a vegetarian or are you on a restricted diet? If yes, please explain.

Yes No Is there any additional information that would be helpful for the program to be aware of during your study abroad experience? Please include learning disabilities or other special needs.

I certify that all responses made on this Health Information and Special Needs form are true and accurate, and I will notify the Study Abroad Office hereafter of any relevant changes in my health that occur prior to the start of the program.

X _____
Applicant signature

Date



Faculty-led Study Abroad Application Conditions of Participation Agreement and Release

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As a participant in a Kansas State University International Program, I understand and agree to the following:

Personal Conduct

Within our own cultural context, we generally know what manner of conduct is expected of us. Travelers in foreign cultures, however, often find themselves in situations where the appropriate behavior is not immediately obvious to them. It is Kansas State University's expectation that your conduct be appropriate to the culture and country you are visiting. You are an unofficial ambassador of your city, state, university and country. Use your best judgment in all situations.

I will obey the laws of my host country, the rules of my host university and strive to follow the social expectations of my host family or host housing center.

I will respect the cultural differences I find and represent my country and my university with dignity.

Grounds for dismissal from the study abroad program and immediate repatriation at my expense—as well as loss of program costs and potential credit—include **ANY** behavior determined by either the Kansas State University Office of International Programs (OIP), the faculty group leader, or the host institution to be inappropriate. These behaviors include breaking the laws or rules of the host country and institution, particularly in the following aspects: alcohol consumption, drug abuse, sexual harassment, disorderly conduct or behavior that endangers or disrupts the peace of any person or institution abroad.

Assumption of Risk and Release

I acknowledge and assume the risks associated with studying and traveling abroad, including the possibilities of property loss or damage; physical injury, sickness or death; mental trauma; dangers arising from natural disasters, political unrest or war; or other existing or potential situations. In consideration of being permitted to participate in the study abroad program, I hereby release Kansas State University, the State of Kansas, and their agents, officers, and employees, from any and all claims, demands, or causes of action of any kind, including claims for negligence, which may arise from said participation, including travel to, from, and/or during the program.

Health and Accident Insurance

I confirm that I will have adequate health, accident and/or travel insurance for the length of my stay abroad, as well as necessary legal proof of identity (passport), and that I have provided the office with copies of this information.

I confirm that I have provided the OIP and host university with specific health information that includes any limiting conditions, allergies or medical history that a foreign physician should be aware of.

Financial Obligations

I understand and agree to the costs associated with this program, and realize my particular experience may be more or less expensive than estimated by the Study Abroad Office, depending on my personal expenses and choices.

I understand that if I am dismissed from the program for violations of conduct, I will still be charged the full cost and will not receive any refund.

I understand that all application fees and deposits are non-refundable. I also understand that if I withdraw from a program my \$150 (Faculty-led Study Abroad Administrative Fee) will not be refunded.

I understand that refunds are limited to recoverable expenses based on the structure of the program and the date of withdrawal.

I have read and understand the program description and agree to the conditions of participation.

X _____
Applicant signature

Date

Applicant agreement and release

I affirm that the information given in this application is true and correct to the best of my knowledge. I agree to allow the K-State Office of International Programs access to academic, disciplinary and financial records available through Kansas State University and authorize the Office of Student Financial Assistance to share information from my file regarding my application to study abroad.

I have read all application requirements and understand that **INCOMPLETE** applications for study abroad and for study abroad scholarships **WILL NOT BE CONSIDERED**.

X _____
Applicant signature

Date

Applicant name

ID number



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KSU Study Abroad Insurance Registration Form

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As a participant in a Kansas State University International Program, I understand and agree to the following:

All students are required to have special study abroad insurance while they are studying abroad. According to K-State university attorneys, it is not sufficient for a student to be covered by a parent's policy. The policy chosen by K-State includes benefits such as emergency medical evacuation, airfare for a family member to fly to the study abroad location if a student requires hospitalization for more than seven days, and more. We will provide you with a copy of this policy at orientation, and we will gladly provide you with a copy of the policy upon request. This policy, provided by T.W. Lord Associates, is very reasonable; it costs \$1 per day you are abroad and is included in your group study abroad program cost.

If your study abroad program includes insurance, you will not be required to purchase this insurance. Here is a list of programs that include or require their own insurance: ISA.

Name: _____ Male Female
last first middle

Enrollment dates: _____ until _____
departure date return date

Total number of days of coverage: _____

Beneficiary: _____
last first middle

Relationship to you: _____

Please inform us if you have dependents to be insured.

X _____
Applicant signature

Date