

# COLLEGE OF CHARLESTON PROGRAMS

## STUDY ABROAD APPLICATION

<b>Program :</b> _____
<b>Semester(s)/Year:</b> _____ / _____

### **Participant Information**

Legal Name: \_\_\_\_\_ Gender: M / F SID: \_\_\_\_\_

Local address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
street city/state/Zip

Permanent address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
street city/state/Zip

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ e-mail: \_\_\_\_\_  
mo/da/yr

Academic status: fr / so / jr / sr / grad Major: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

GPA (cum): \_\_\_\_\_ GPA (major): \_\_\_\_\_ Expected graduation date: \_\_\_\_ / \_\_\_\_

\*\*Have you ever been subject to disciplinary action by the College of Charleston? YES / NO. This information will be verified through the Office of Student Affairs.

Previous international experience: list country, purpose (study, travel, etc.), and length of stay.

**List the courses for which you hope to register:**

*I certify that, to the best of my knowledge, the information in this application is correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Conditions of Participation**

All applicants are asked to review and sign the following statement that constitutes conditions for participation in all College of Charleston sponsored study abroad programs.

1. I understand and agree that, as a participant in a College of Charleston sponsored study abroad program, I am subject to the student conduct regulations described in the Student Handbook and in the Rules and Regulations of the College of Charleston. I further understand that, if I am attending a foreign university as part of a College of Charleston program, I am also subject to the conduct regulations of that institution.
2. I agree to participate fully in all portions of the program and agree that any deviation I will make from the program design must be approved in advance in writing by the program director.
3. I agree that the program director may terminate my participation in the program at any time if: 1) I engage in actions endangering to myself or others, or 2) my conduct is considered to be detrimental or incompatible with the best interest and welfare of the program. I further agree, if expelled from the program, to be responsible for all expenses incurred in returning to the United States.
4. I understand that I am subject to the laws of the host country and agree to abide by those laws. It is further understood that College of Charleston may be limited in its ability to provide assistance in the event of arrest and may also institute disciplinary proceedings.
5. I am aware of the nature and the cost of the program and will guarantee that all financial obligations will be met in the time specified.
6. I agree to notify the program director if I am planning extended individual travel during the program. Where possible, I will provide the director with details of the proposed trip including plane, bus, and train schedules. I understand that the College of Charleston will not be held liable in any event.
7. I understand that College of Charleston reserves the right to cancel programs in the case of insufficient participation or for other reasons deemed appropriate. College of Charleston also reserves the right to make changes to the program (such as program director) or alterations in the program's proposed schedule and itinerary. I further understand that should the program, or any portion of the program, be cancelled, College of Charleston shall have no responsibility beyond the refund of all deposits made and monies paid to College of Charleston by participants. Minor alterations in the programs will not result in refunds.
8. I understand that any responsibility that College of Charleston has for students participating in College of Charleston sponsored programs terminates once the program is finished.
9. I understand that students participating in College of Charleston programs need to be willing to learn about their host cultures and be open to new ideas even though they may be culturally challenging. Consequently, I will demonstrate a respect for the host culture even though I may not agree with all aspects of that culture, and I understand that behavior that is inconsistent with this statement may lead to my removal from the program.

I have read and understand the conditions governing my participation in College of Charleston study abroad programs. I further understand the possible actions that will be taken should I act in a manner that is inconsistent with these conditions.

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Participant's signature

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Date

## **Emergency Information**

The following information is needed to assist the program director should an emergency situation occur. Be sure to inform the program director of any changes.

Country of citizenship: \_\_\_\_\_ If U.S. Permanent Resident, visa number: \_\_\_\_\_

Passport number and issuing office: \_\_\_\_\_

Parent/guardian/person to contact in case of an emergency:

Name:

Telephone: ( )

Fax: ( )

E-mail:

I give my permission to College of Charleston and its agents to contact the person I have identified as my emergency contact in the event the program director or agents of College of Charleston deem such action necessary. I further grant permission for information about the program and my participation in the program to be disclosed to my parent/guardian/spouse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Medical History**

Because overseas study programs can be both physically and emotionally demanding, we ask that you provide a candid evaluation of your health. This information will not be used as part of the selection process.

- 1) Rate your overall health: Excellent / Good / Fair / Poor
- 2) Do you have any dietary restrictions or known food allergies? YES / NO  
If YES, please explain:
- 3) Have you ever had:
  - A major surgical operation or been advised to have one? YES / NO
  - Treatment in a hospital or mental institution? YES / NO
  - A major illness (rheumatic fever, etc.)? YES / NO
  - Allergies to medication, plants, animals, insect stings, etc.? YES / NOIf you answered YES to any of the above questions, please explain:
- 4) Are you currently undergoing treatment or taking medication? YES / NO  
If YES, please explain:

*I understand the need for health insurance and will, if not already covered, purchase a policy and provide the necessary information to the program director before I am allowed to participate in the study abroad program. I certify that this policy will be maintained for the duration of the study abroad program. I further certify that the information I have provided is correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Financial Agreement**

Social Security Number: \_\_\_\_\_ Name: \_\_\_\_\_

I, THE UNDERSIGNED (DEBTOR), HEREBY ACKNOWLEDGE my indebtedness for program expenses in the amount of \$\_\_\_\_\_ (program fee) that I will incur as a result of my intention to participate in this College of Charleston study abroad program. I promise to pay this sum, as well as tuition, fees, and all other charges as a result of my attendance at College of Charleston.

I understand and agree that although I will not be billed for this amount until financial aid is released for the relevant semester, there are penalties for withdrawing from this study abroad program and these will appear on my College account. Depending on the date my withdrawal notification is received by the Office of International Education and Programs, these penalties are:

Sixty-one days prior to departure or earlier:	\$50 plus expenses already incurred on my behalf
Thirty-one to sixty days prior to departure:	\$100 plus expenses already incurred on my behalf
One to thirty days prior to departure:	\$500 plus expenses already incurred on my behalf
Date of or after departure:	Full program fee

Further, I understand that in those instances when airline tickets and/or other services have been purchased by College of Charleston on my behalf, I will be responsible for any cancellation penalties arising out of my withdrawal from the program. I further understand that I will be responsible for negotiating directly with the appropriate agencies regarding any penalties or refunds caused by my withdrawal from the program.

I also understand and agree that if I do not make timely payments:

- A hold will be placed on my records. Therefore, I will be prevented from graduating, registering for future semesters, and/or securing an official transcript until the amount is paid in full along with any other charges which may occur in the meantime.
- College of Charleston may report this delinquency to a credit bureau.
- My account will be placed at a collection firm and/or litigation will be pursued if my entire indebtedness is not paid by the above indicated deadline date, in which case I will pay all collection firm fees, attorneys' fees, and other costs and charges necessary for the collection of my debt.
- I shall immediately inform the College of Charleston Treasurer's Office of any address changes.
- I consent to communications by College of Charleston with my spouse, parents, and/or other references concerning this transaction.
- I hereby assign my current or prior semester student financial aid, including Stafford Direct Loan proceeds, yet to be received, as satisfaction toward my indebtedness.
- I agree that College of Charleston may use any funds or other monetary credits which may come due to me to reduce my indebtedness.

**I certify that I have read, fully understand, and agree with the entire contents of this financial repayment agreement. I hereby acknowledge receipt of a copy of this financial agreement.**

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**Waiver of Liability and Hold Harmless Agreement**

*Please read this statement carefully. It affects any rights you may have if you are injured or otherwise suffer damages on a College of Charleston study abroad program.*

WHEREAS I, (indicate full name) \_\_\_\_\_ am about to participate in the College of Charleston study abroad program called \_\_\_\_\_ and I acknowledge that I understand that in consideration for my being permitted to participate in said study program, I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, acknowledge and assume the risk of participation in the program and do hereby RELEASE AND FOREVER DISCHARGE the State of South Carolina, Board of Trustees, College of Charleston, and all their officers, faculty, or employees (hereinafter referred to as "Releasees") whether accompanying said program or otherwise, from any and all claims, demands, actions or causes of action on account of any injury to me or my property or on account of my death which may occur from any cause during the said study program, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of said bodies or persons on account of any and all such claims, demands, actions or causes of action.

I further AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorney's fees, that they may incur due to my participation in said program.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent (if not eighteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such); and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

**\*\*Must be signed before a Notary Public:  
My signature below attests that I understand and agree with the terms of this application to participate in the study abroad program.**

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date