

**STUDY ABROAD APPLICATION
FOR UNI GROUP PROGRAMS**

Please type or print legibly.

Application Received: ___/___/___

Name: _____ UNI ID: _____ SSN: _____
Last First Middle
UNI in-state student UNI out-of-state student Non-UNI student. Current university: _____
Gender: Male Female Current Phone #: _____ E-mail: _____

Program Information

Name of program abroad: _____ City/Country: _____/_____
Program Dates: _____ Semester/Year: _____/_____
Program Duration: Semester Year Summer Short-term Other (please specify) _____
Sponsoring UNI Unit(s) College: _____ Department: _____ Other: _____
Program Director: _____ Office Phone: _____ Fax: _____
Campus Address: _____ Mail code _____ E-mail: _____
Transcript Issuing Institution: UNI Foreign University Number of credits you will take abroad: _____

Applicant Information

Local address: _____ Phone: () _____
Street City/State/Zip
Permanent address: _____ Phone: () _____
Street City/State/Zip
Academic status during program: FR SO JR SR GRAD Other _____
Major(s): _____ Minor/Certificate: _____ UNI College: _____
GPA (cum): _____ GPA (major): _____ Expected graduation (Mo/Yr): _____/_____/_____ Date of Birth: ___/___/___
Predominant Racial/Ethnic Group (optional): Native American/Alaskan Native Black, Non-Hispanic
Asian/Pacific Islander White/Non-Hispanic Hispanic
Country of citizenship: U.S. Other: _____ Do you have a passport? Yes No
Will you use financial aid (grants, scholarships, loans) to help pay for your program? Yes No
Have you filed a FAFSA for the study abroad period? Yes No (If not, complete one as soon as possible.)
Do you intend to apply for the Study Abroad Scholarship? Yes No (Applications are available in 59 Baker Hall.)

To the best of my knowledge, the information in this application is correct. I will notify the Study Abroad Office of any changes.

Applicant signature _____ Date: _____

ADVISOR APPROVAL

I am aware of the above-named student's plan to study abroad and support his/her application. I will provide the necessary assistance with transfer credit evaluation and registration for classes while the student is abroad.

Advisor signature: _____ Date: _____

Mr/Ms/Dr. _____ Title: _____ Department: _____ College: _____

Campus Address & Mail code: _____ Phone _____ E-mail: _____

**Return completed application to: Study Abroad Center, 59 Baker Hall, UNI, Cedar Falls, IA 50614-0520
Phone: (319) 273-7652; Fax: (319) 273-2921; Web page: <http://fp.uni.edu/studyabroad/>**

HEALTH INSURANCE VERIFICATION

It is required that you have adequate health insurance coverage while studying or traveling abroad. Failure to carry insurance can result in the delay or denial of treatment. Adequate health insurance provides coverage for: 1) treatment and medications administered abroad; 2) emergency evacuation should you need to be rushed to a hospital abroad or back to the US; and 3) repatriation of your remains in the event of your death.

Please check to see if your current health insurance provides adequate coverage while you are abroad. The Study Abroad Center has information on insurance policies designed for students participating in international programs.

My current policy will provide coverage while I am abroad: YES NO (*Attach proof of coverage*)

Emergency evacuation provided*: YES NO

Repatriation of remains provided*: YES NO

Name of Carrier Company: _____

Policy Number: _____ Toll-free number in the U.S.: _____

Briefly state coverage provided: _____

* The International Student Identity Card (ISIC) provides supplementary coverage as well as repatriation expenses up to \$7,500 and emergency evacuation up to \$25,000. The ISIC policy is not a substitute for basic medical insurance. All UNI students studying abroad are required to purchase an International Student Identity Card (ISIC) for the duration of their program. An ISIC may be purchased at the Study Abroad Center or directly from Council Travel.

I understand the need for health insurance and will, if not already covered, purchase a policy for the duration of my program and provide the necessary information regarding proof of coverage to the program coordinator 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 _____

EMERGENCY MEDICAL TREATMENT

In the event that I/we cannot be reached to give consent, I/we the undersigned parents(s)/spouse of _____ hereby authorize University of Northern Iowa's representative to consent for me/us to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care deemed necessary or advisable by a qualified physician during the period this student is enrolled in a University of Northern Iowa study abroad program. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University of Northern Iowa to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a qualified physician is deemed necessary.

I certify that I am the parent or legal guardian of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

Parent/guardian name (please print) _____

Parent/guardian signature _____

Date _____

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WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

Please read this document carefully. It affects any rights you may have if you are injured or otherwise suffer damages on a study and travel program.

WHEREAS I, (print full name) _____ am about to participate in the study abroad program known as _____ 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 Iowa, Board of Regents, State of Iowa, the University of Northern Iowa, and all their officers, faculty, employees, and agents (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 or relating to 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 INDENMNIFY 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.

MEDICAL AUTHORIZATION

If I incur or develop any injury or illness, then I hereby give my consent for medical treatment and permission to study program personnel to supervise and/or perform, as deemed necessary by study program personnel, on-site first aid for minor injuries, and to a licensed physician or physician assistant to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for me. I agree to assume all costs related to any such treatment.

IN SIGNING THIS AGREEMENT AND AUTHORIZATION I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreements, and Medical Authorization and 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 Agreement and Authorization for full, adequate and complete consideration fully intending to be bound by same.

Participant's signature _____ Date _____

Parent or Guardian's signature (if under 18 years of age) _____ Date _____

CONDITIONS OF PARTICIATION STATEMENT

All applicants are asked to review and sign the following statement. It constitutes conditions for participation in all University of Northern Iowa sponsored study abroad programs.

1. I understand and agree that, as a participant in the University of Northern Iowa study abroad program, I am subject to the student conduct regulations described in the Student Information Handbook on the World-wide Web at: <http://uni.edu/vpess/handbook.html>. I further understand that if I am attending a foreign university as part of the University of Northern Iowa 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 coordinator.
3. I agree that the program coordinator may terminate my participation in the program if: 1) I engage in actions endangering to myself or to 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 the University of Northern Iowa 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. I shall be responsible for all financial obligations related to my participation in the program.
6. I agree to notify the program coordinator 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.
7. I understand that the University of Northern Iowa reserves the right to cancel programs in the case of insufficient participation or for reasons deemed appropriate. The University of Northern Iowa also reserves the right to make changes to the program. I further understand that should the program, or any portion of the program, is changed or cancelled, the University of Northern Iowa shall have no responsibility beyond the possible refund of deposits made or monies paid to the University of Northern Iowa by the participants. Minor alterations in the program will not result in refunds.

I have read, understand, and agree to the conditions governing my participation in the UNI Study Abroad Program. I further understand the possible actions that will be taken should I act in a manner that is inconsistent with these conditions.

Participant's name (print) _____

Participant's signature _____

Date: _____

Parent or guardian signature (if under 18 years of age):

Date: _____