

**North Dakota State University
STUDY ABROAD APPLICATION**

Part II. 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) Name: _____ Gender: _____
- 2) Rate your overall health: Excellent / Good / Fair / Poor
- 3) Do you have any dietary restrictions or known food allergies? YES / NO
If YES, please explain:
- 4) Have you ever had any allergies to medication, plants, animals, insect stings, etc.? YES / NO
If you answered YES to the above question, please explain:
- 5) Are you currently undergoing treatment or taking medication? YES / NO
If YES, please explain:

Part III. Health Insurance Verification

It is required that you have adequate health insurance coverage while studying or traveling abroad on a North Dakota State University program. Failure to carry insurance can result in the delay or denial of treatment.

I will purchase the required study abroad health insurance through NDSU, provided by Rust & Associates. I understand the need for health insurance and will purchase the required policy and the necessary information will be provided to the Office of International Programs (OIP) 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

Note: All NDSU students studying abroad are required to purchase study abroad health insurance through NDSU for the duration of their program.

For OIP use only:

Rust insurance policy number: _____

Dates of coverage: _____

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Part IV. Emergency Information

The following information is intended to be of assistance to the program coordinator should an emergency situation occur. Be sure to inform the program coordinator should changes need to be made.

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

Passport number and issuing office: _____

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

Name:

Address:

City/State/Zip:

Telephone: ()

Fax: ()

E-mail:

I hereby authorize the program coordinator, in the event of medical emergency, to authorize emergency medical treatment on my behalf if I am unable to do so or if there is insufficient time to contact members of my immediate family or, if after a reasonable attempt to do so, they are unable to do so. In the event of such medical emergency,

Signature

Date

Part V. Consent to Contact Parents/Spouse

I give the Office of International Programs permission to discuss with my parents or spouse information about the program and my participation in the program.

Student Signature

Date

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Part VI. 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 North Dakota State University study or travel program.

WHEREAS I, (indicate full name) _____
am about to participate in the North Dakota State University 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 North Dakota, State
Board of Higher Education, North Dakota State University, 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

Parent/guardian signature if student is under 18

Date

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VII. Conditions of Participation

All applicants are asked to review and sign the following statement that constitutes conditions for participation in all North Dakota State University study abroad programs.

1. I understand and agree that, as a participant in a North Dakota State University study abroad program, I am subject to the student conduct regulations described in the Code of Student Behavior handbook (available from the Dean of Student Life's Office, Memorial Union 368, and on the World-Wide Web at <http://www.ndsu.edu/ndsu/vpsa/code/> and in the Rules and Regulations for North Dakota State University Students Abroad). I further understand that, if I am attending a foreign university as part of a North Dakota State University 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 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 North Dakota State University 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.
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.
7. I understand that North Dakota State University reserves the right to cancel programs in the case of insufficient participation or for other reasons deemed appropriate. North Dakota State University also reserves the right to make changes to the program (such as program leader) 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, North Dakota State University shall have no responsibility beyond the refund of all deposits made and monies paid to North Dakota State University by participants. Minor alterations in the programs will not result in refunds.
8. I understand that any responsibility that North Dakota State University has for students participating in North Dakota State University sponsored programs terminates once the program is finished.
9. I understand that students participating in NDSU programs need to be willing to learn about their host cultures and be open to new ideas even though they may be culturally challenging. I am aware that it is both inappropriate and culturally insensitive to use this time to promote religious or political agendas; further, such behavior can cause offense and potentially place me in harm's way. I understand that I cannot expect to change the society I am visiting and as a representative of North Dakota State University, I should not engage in such activities. I understand that, while the USA respects the right of freedom of expression, this is not a universal right and may not be protected by law in some countries. 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 NDSU 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.

Participant's signature

Date

if under 18 years of age:

Parent/guardian signature

Date

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VIII. Financial Agreement - STUDENT copy

Name: _____

I understand that the program expenses for _____ are in the amount of \$_____. I promise to pay this sum, as well as tuition, fees, and all other charges as a result of my attendance at North Dakota State University. I am aware that a finance charge will be applied if I do not pay the amount by the due date.

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 university account. I realize that a non-refundable deposit will be required of all participants. I also understand that if I should cancel my participation, this deposit will not be returned to me.

Further, I understand that in those instances when airline tickets and/or other services have been purchased by North Dakota State University 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.
- North Dakota State University 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 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 North Dakota State University Business Office of any address changes.
- I consent to communications by North Dakota State University 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 North Dakota State University 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 Parent's signature if student under 18 Date

Permanent address - Street Approved by the Office of International Programs Date
or Sponsoring Department

City State Zip

OFFICE OF INTERNATIONAL PROGRAMS COPY

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or Sponsoring Department

City State Zip

STUDENT COPY (please keep for your records)