

Programs Abroad Application:

Poland—Summer 2008

Office of International Services
University of Arkansas at Little Rock
Stabler Hall 105
2801 South University Avenue
Little Rock, AR 72204

(501)683-7566 (phone)
(501)683-7567 (fax)

Heather Binder, Programs Abroad Coordinator
Email: hxbinder@ualr.edu

Application Deadline—April 1, 2008

UALR Office of International Services

Programs Abroad *Application Packet*

IMPORTANT INSTRUCTIONS

Welcome! Travel and study abroad are richly rewarding experiences, and are essential ingredients of your overall education at the University of Arkansas at Little Rock. If you have any questions about this application packet, please contact the Coordinator of Programs Abroad, Heather Binder, at hxbinder@ualr.edu or (501) 569-3376. Thank you

This application packet consists of the following:

- Student Information
- Release Form
- Course Credit Signature Sheet
- Release and Waiver of Liability and Assumption of Risk
- Programs Abroad Participant Contract
- Medical Self-Assessment
- Academic Recommendation

In addition to submitting a completed application packet, you'll need to do the following:

1. Purchase an International Student Identity Card (ISIC)¹.
2. Apply for your passport **well in advance**—allow 2 months to have it processed and mailed back to you. (Passport application and information is available at: http://travel.state.gov/passport/passport_1738.html).

Do not return the passport application to the Office of International Services. After you receive your passport, bring it to OIS to have it photocopied for your file.

¹ This card may be purchased online at www.myisic.com for \$25.00, or in the Office of International Services for \$30.00. If ISIC card is purchased at OIS, you will need to provide an **additional** passport photo, and have a photo ID to verify identity.

Student Information

Please provide the following information:

Name: _____ Student ID: _____

Date of Birth: _____

Local Mailing Address _____

Local Telephone: (____)-_____ Alternate Number (____)-_____

Email: _____ Fax (if you have one) (____)-_____

In Case of Emergency: Please provide the name, address, and telephone numbers of someone close to you that we can contact in case of an emergency.

Name _____

Address: _____

Home Phone:(____)-_____ Work Phone:(____)-_____ E-mail _____

Health Matters:

Please describe any allergies or other health-related or dietary restrictions:

List the Program and Semester you are applying for:

Declared Major: _____ # of hours completed towards degree: _____

Declared Minor(s): _____

Transcript: You are not required to submit an official transcript if you are a UALR student; your signed application authorizes OIS to obtain a worksheet of your academic record. If you are not a UALR student, please arrange to have an official transcript mailed directly to OIS.

Past Experience Abroad:

Have you ever traveled abroad before? _____ Where, how long and for what purpose?

Language(s) previously studied:

Language Years of High School study Semesters of College study

_____ _____ _____

Applicant's Signature _____ Date _____

RELEASE FORM

Programs Abroad

Release executed by:

NAME _____

ADDRESS _____

In consideration of being permitted to participate under UALR auspices in a program sponsored by UALR in _____ (fill in country), I, the undersigned, in full recognition of the risks and hazards inherent in living and studying in a foreign country to which I may be exposed during my participation in the program between _____ and _____, 2008, or any independent research or activities undertaken as an adjunct thereto, and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge all of its officers, agents and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property or personal injury or death which may result from my participation and which result from causes beyond the control of and without the fault or negligence of the University of Arkansas at Little Rock, its officers, agents or employees, during the period of my participation as aforesaid. In witness whereof, I have caused this release to be executed this _____ day of _____.

Signature

Printed name

Co-signature of parent or guardian if student is under eighteen years of age

Printed name of parent or guardian

The UALR Office of International Services reserves the right to cancel, postpone, or change aspects of any or all programs abroad for reasons deemed necessary by said office (including price) should significant changes in the world situation occur.

Course Credit Signature Sheet
Summer Programs Abroad

Please fill this out in conjunction with your Academic Advisor

Student Name _____ Student ID Number _____

Summer Program Abroad: Poland

By the end of the current Spring semester, I will be a: Sophomore Junior Senior

Student will be enrolled in (circle one):

INTS 3321

or

POLS 3301

Comments:

I have read the above and understand the terms and conditions. Any questions concerning my enrollment will be directed to the UALR Office of International Services.

Student Signature: _____ *Date:* _____

Academic Advisor Signature: _____ *Date:* _____

Participant Contract Programs Abroad

1. As a UALR program abroad participant, I understand that possession of basic health and accident insurance-valid outside the U.S. is a requirement for participation. I agree to demonstrate proof of such coverage to the UALR Office of International Services. _____
(initial)
2. All UALR program abroad participants must conduct themselves in a manner that shows respect and consideration for their host country. Any member of a study abroad program whose behavior is deemed detrimental to the functioning of the program or offensive to the host culture will be subject to dismissal. Disruptive conduct or inappropriate sexual behavior similarly merits dismissal. _____ **(initial)**
3. Students expecting to earn UALR credit must maintain the same standard of academic work as would be required on the home campus. Students are responsible for arriving on time for classes, required meeting, cultural excursions and for following the program schedule set forth by the UALR program abroad coordinator or accompanying instructor. _____ **(initial)**
4. UALR program abroad students agree to show courtesy and respect to their fellow group members, their instructors, and host institution. Students will not disrupt others who are sharing housing accommodations during the program. _____ **(initial)**
5. Students understand that the program itinerary/schedule is subject to change at the final decision of UALR or its partner host institution. Due to insurance regulations, only those students officially enrolled in the UALR study abroad program may participate in organized site visits or cultural excursions. _____ **(initial)**
6. Students who travel independently during free time while participating in a UALR-sponsored program are required to notify the UALR Program Abroad Coordinator and Instructor of their whereabouts, and give the names of persons with whom they are traveling. Students assume responsibility for their personal safety and conduct when engaging in non-UALR organized travel and/or activities, and release UALR and any agent acting in its behalf from any liability.
_____ **(initial)**
7. Students should understand that services taken for granted in the U.S. (such as telecommunications) might be more difficult to access when abroad. It is also understood that citizens of other countries are strongly committed to the concept of energy conservation. The cost of electricity abroad is extremely high. Students agree to use electrical appliances with discretion and hot water sparingly. Air conditioning should not be expected. _____
(initial)
8. Your in-country program host will try to accommodate special requirements (such as vegetarian meals) however, the ability to meet such requirements or provide special services as at home may not be possible. Students agree to make an effort to adapt to the host culture and customs as much as possible. _____ **(initial)**

9. In other countries, the sale of wines, liquor, and other alcoholic beverages may not be restricted. Students are expected to exercise personal responsibility and limit their use of alcoholic beverages. . _____ **(initial)**

10. The use of, possession, or commerce in illegal drugs of any form is in violation of the rules of the program and a violation of the laws of the host country. Program participants found with any illegal substances will be immediately dismissed from the program and are subject to the laws of the host country, host institution, the United States Federal Laws, the State of Arkansas and the University of Arkansas at Little Rock. _____ **(initial)**

11. UALR study abroad programs involve a full schedule requiring students to maintain an active pace. By signing this agreement, students attest to the fact that they are in good physical/mental health and capable of adapting to the rigors of traveling in a foreign environment. _____ **(initial)**

12. Students understand that they are responsible for any and all costs arising out of withdrawing from the program before its completion, including withdrawing caused by illness or disciplinary action. Early withdraw or dismissal may result in academic penalty. _____ **(initial)**

I understand that as a UALR student, I will be viewed as a representative of my country and my university. I agree to abide by the above stated rules of participation and conduct.

Printed Name

Program Abroad Location

Student Signature

Date

Student ID Number

MEDICAL SELF-ASSESSMENT
Programs Abroad

Confidentiality Statement: *All information provided will be held in confidence and will not be released to any individual who is not associated with the Office of International Services.*

This medical self-assessment is optional; however, it is mandatory that participants sign in order to release UALR and any agent acting in its behalf from liability.

1. General State of Health: ____ Excellent ____ Good ____ Fair ____ Poor

2. Do you have any specific physical and/or mental condition or general health concerns that might limit your activity? If so, please describe these:

3. Do you require any regulated medications? If so, please explain. Do you have a sufficient supply for the entire trip?

4. Have you been in good health during the past 12 months?

5. In case of an emergency, we need to know how to help you. Are there any other precautions or requirements that the programs abroad coordinator should know about?

6. Person to contact in the event of a medical emergency?

Name _____ (Relationship) _____

Address of Contact _____

Home Phone of Contact _____

Work Phone of Contact _____

By signing this document, participants release UALR and any agent acting on its behalf from liability. Any failure by the participant to disclose any potentially serious medical (physical and/or mental) condition to the Office of International Services hereby releases the University of Arkansas at Little Rock and any agents acting in behalf of the University of Arkansas System.

Participant Signature _____ Date _____

Name of Program Abroad _____ Dates of Program _____

Academic Recommendation
Programs Abroad

Instructions: Please fill out the top portion of this form and ask an instructor or professor that you have taken a course from during the last academic year to fill out the bottom portion of the form.

To be filled out by the student:

Applicant's Name: _____ Study Abroad Program in _____
Name of Reference: _____ Title: _____

To be filled out by instructor/professor: (please use additional page if needed)

. This recommendation is prepared with the understanding that my comments will/will not (circle one) be held in confidence.

How long and in what context have you known the applicant?

3. Please comment on the applicant's motivation, emotional maturity, stability, self-reliance, and whatever other qualities you believe are significant in evaluating her/his likelihood of success in a study abroad program. If you are familiar with the applicant's academic record, please feel free to comment on it as well:

Please return this form to the UALR Office of International Services, Stabler Hall 105.
If you have any questions, please call Heather Binder at (501)-683-7566 or hxbinder@ualr.edu.