



# Graduate Application UST-Sponsored Spring Term 2011

Study abroad program application for: **Business, Law & Ethics in the European Union (BLAW 615)**

## Instructions:

- A complete application for the Opus College of Business short-term study abroad courses includes all items listed below. Incomplete applications will not be accepted.
- **Priority consideration will be given to all applications submitted by August 2, 2010.** Subsequent applications will be accepted, reviewed, and approved on a first-come, first-served basis to fill the program. Submit your application as soon as possible to the office below.
- **A waitlist of approved students will be established once 20 students are approved.**
- **The final deadline to submit applications is Tuesday, February 1, 2011.**

## Application Requirements Checklist:

- Print, review, and keep the *Short-Term Off-Campus Programs: Graduate Policies & Procedures*.** The signature on your application will state that you have read and understood the information contained in Policies & Procedures.
- Complete the *Off-Campus Study Application* form**
- Read and sign the Short-term Off-Campus Programs Agreement**
- Essay Questions** (submit on separate document)  
Please answer the following questions in your essay responses:
  - Why you wish to participate in the course?
  - How does the course match your degree program, career or interests?
  - What are your expectations; what do you hope to gain from the experience?
- Print and submit your UST unofficial transcript via Murphy Online**
- Receipt for \$400 deposit:** Use the Deposit Voucher to make your deposit at the Business Office or online. You must submit a deposit receipt with your other application materials.
- Passport Requirement:** For the application, submit one copy of your valid passport photo & signature page. Passports must be valid at least six months beyond your return date. (Actual submittal of your passport application to the passport agency is not required until acceptance into the course. Please visit [http://travel.state.gov/passport/passport\\_1738.html](http://travel.state.gov/passport/passport_1738.html).)

**SUBMIT COMPLETE APPLICATION TO:**  
**Evening UST MBA Program Office**  
 Attn: Tanisha Watley-Winston  
 1000 LaSalle Avenue, TMH 100  
 Minneapolis, MN 55403

## IMPORTANT: Cancellation and Refund Policy

Through Mar. 14, 2011.....	Refund of \$400 deposit
Mar. 15 - Program Start Date.....	No refund; 100% of program costs will be charged to your student account and \$400 deposit applies as credit

**\*All cancellations must be submitted in writing to [studyabroad@stthomas.edu](mailto:studyabroad@stthomas.edu)**

**Questions?** Start at [eveningmba@stthomas.edu](mailto:eveningmba@stthomas.edu) or 651-962-4200



# Off-Campus Study Application

## Graduate Programs • International Education

UST ID #		Name as it would appear on passport (Last, First, Middle)			
E-mail Address		Local Phone #	Mobile Phone #	Birthdate (Mo/Day/Year)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Local Address			City	State	Zip Code
Off-Campus Course/Program Title			City(ies)	Country(ies)	
Academic term you plan to participate FA JT SP SU YYUF.		Cum GPA	Graduate Program		
Academic Advisor		Are you currently enrolled at an institution other than St. Thomas? If so, list			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. passport number and expiration date: <input type="checkbox"/> Do not have one yet <input type="checkbox"/> N/A		If you are a holder of a non-U.S. passport, which country is it from?		
Emergency Contact Name			Phone Number		
Address			City	State	Zip Code
Employer, Title				Work Phone	
<i>Response to the following is voluntary. Please check one to describe yourself. This information is used for general statistics.</i> Ethnicity/Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> African-American <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian-American or Pacific Islander <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Do not know <input type="checkbox"/> Refused					

**If you have a disability and will request on-site accommodations, you must contact the UST Enhancement Program as soon as possible.**

**Your signature verifies the following:**

1. I have completed the necessary prerequisites to enroll in this program.
2. International Education programs require that applicants and participants are in good academic and disciplinary standing at the university, and I authorize the staff of International Education at the University of St. Thomas access to my academic and disciplinary records.
3. I authorize the appropriate UST office to register me, upon acceptance, for the above listed off-campus course or program.
4. I authorize International Education to bill my student account for the required program fees. I understand that all cancellations must be submitted in writing.
5. I have read, understood and will abide to the terms of *Policies & Procedures*, included with this application.
6. I understand that the Family Education Rights and Privacy Act of 1974 (FERPA), as amended, affords students the right to authorize the release of education information to third parties. I also understand that studying off-campus may involve circumstances which require the University of St. Thomas to release certain information to third parties, but for which it may be difficult to obtain my prior written permission. For these reasons, I herewith authorize university officials to release my education information to parties who, in their judgment, have an interest in the program contemplated by this document provided that those officials, in their judgment, are acting in my interests as well. This authorization is valid from the time I submit this signed document to International Education through a period of one semester after my course/program ends abroad.

Signature of Applicant	Date of Signature
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**IEC USE ONLY**

Apply Date \_\_\_\_\_  
 Received By \_\_\_\_\_

Attach photos here

***This is a Release of Legal Rights -- Read and Understand Before Signing.***

Name of Student: \_\_\_\_\_

Name of Program/Course: \_\_\_\_\_

I, \_\_\_\_\_ (Student's Name) will participate in a cross-cultural off-campus program ("Program") in \_\_\_\_\_ for \_\_\_\_\_ term, \_\_\_\_\_, offered through the University of St. Thomas International Education Center. I understand that participation in the Program is voluntary, and in consideration of being allowed to participate in the Program, I hereby agree as follows:

### 1. Risks of Off-Campus Study

I understand that participation in the Program involves risks not found in study on-campus, these risks include: traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; risk of pandemic and possible quarantine; housing that may be located in an area that is dangerous to my health and safety; and other matters which may be described in brochures and other written information concerning this Program which I have received and reviewed. I understand that these and other risks are further described in the U.S. Department of State Consular Information Sheet and Travel Warning, accessible at <http://www.travel.state.gov/travel/>. I have made my own investigation and, knowing the dangers, hazards and risks involved in my participation in the Program, I am willing to accept these risks.

### 2. Independent Activity

Although the University of St. Thomas ("University") sponsors this program, I understand that neither the University nor any of the Program Directors or travel arrangers will supervise me at all times. I will have the opportunity and the right to independently leave the group periodically, subject to the Program Director's requirements for participation in and attendance at classes and other activities that are a required part of the Program. Therefore, I will be responsible for my own safety and cannot hold the University liable for any injuries to my person or property or any other losses that occur during my participation in the Program.

### 3. Disclaimer of Institutional Liability

I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, home stay, hotel, transportation carrier, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. The University, its Board of Trustees, employees and agents are not responsible or liable for any injury, damage, loss, expenses, or delay which I incur as a result of my participation in the Program including, but not limited to: (1) any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any host institution, home stay, of

goods or services involved in the Program; (2) any losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters or other such causes; or (3) any disruption of travel arrangements, or any consequent additional expense that may be incurred therefrom.

### 4. Early Departure

If I decide to leave the Program before completing my course of study, I will provide the University with advance written notice of my intention to leave the Program. If I leave the Program prior to its completion, the University has no liability to provide or arrange for transportation, housing, dining or other services to me in connection with my early departure.

### 5. Standards of Conduct

A. I understand that each country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior violating those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.

B. I will comply with all rules and regulations issued by the University, Program Directors or any coordinating institution. It is within the Program Director's discretion to determine that my violation of such rules and regulations warrants my termination from the Program. **In that event, I may be sent home at my own expense.** I agree that the University has the right to enforce its rules and regulations, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these rules and regulations or for any behavior detrimental to or incompatible with the interests, harmony and welfare of the University, the Program or other participants. I recognize that due to the circumstances of off-campus study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees. **I also agree that I will: (a) not buy, sell or use illegal drugs at any time, (b) not engage in abusive use of alcohol, (c) participate in all classes and scheduled activities unless ill, and (d) abide by dress and cultural codes suitable in the countries visited.**

6. Program Changes

The University may, in its sole discretion, determine that circumstances within a foreign country may require the cancellation of the Program within that country. The University will provide me with as much advance notice as possible of its intention to cancel the Program in which I will participate. I also understand that the University, the on-site coordinators or the foreign government may prematurely terminate the Program. I understand that the University's fees and Program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, computer problems or other unforeseen causes. If I become sick or injured, I will, at my own expense, seek out, contact and reach the Program group at its next available destination. The University bears no liability for any losses or claims incurred by me in connection with my own early termination from the Program or the University's termination of its participation in the Program. If I decide to remain in the foreign country after receiving notice of the University's intent to terminate the Program, I bear complete responsibility and liability for my own care and safety.

7. Health and Safety

A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program.

B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, the University is not responsible for the cost or quality of such treatment or care.

C. The University may (but is not obligated to) take any action it considers to be warranted under the circumstances

I have carefully read this Short-Term Off-Campus Programs Agreement (this "Agreement") before signing it. No representations, statements or inducements, oral or written, apart from the foregoing written statement have been made.

This Agreement shall be effective only upon receipt of my application by the University of St. Thomas, and shall be governed by the laws of the state of Minnesota, which shall be the forum for any lawsuits filed under or incident to this Agreement or to the Program.

Student Signature:	Date:
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I, (a) am the parent or legal guardian of the above student; (b) have read the foregoing Agreement (including such parts as may subject me to personal financial responsibility), (c) am and will be legally responsible for the obligations and acts of the student as described in this Agreement, and (d) agree for myself and for the student to be bound by its terms.

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:

Each of the student's parents/guardians must sign this Agreement if the student is **under** 18 years old.

Check here \_\_\_\_\_ if the student has only one parent/guardian.

regarding my health and safety. I hereby authorize the University and/or Program Directors to procure all necessary medical assistance while I participate in this Program and to authorize any competent medical person to do all things reasonably necessary to treat any injury or illness that occurs during my participation in the Program. I agree to pay all expenses relating thereto and release the University from any liability or any actions.

D. In the event of an emergency, the University is authorized to contact and release information to: \_\_\_\_\_ (person and relationship to me) at: \_\_\_\_\_ (current phone number) about any and all aspects of my participation in the Program. Such information may include, without limitation, information about my medical condition, my behavior while participating in the Program, and payment of expenses and other costs associated with my participation in the Program. This authorization is valid for two months beyond my participation in the Program, unless another date is specified as follows: Ending Date: \_\_\_\_\_.

8. Indemnification

I agree for myself and on behalf of my heirs and successors and assigns agree to release, indemnify and hold harmless the host institution, the University of St. Thomas, the past and present trustees, officers, employees, students, and agents of each from any and all loss, cost, damage, liability or expense (including reasonable attorneys' fees) resulting in or arising from my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

9. Program Charges

I am responsible for any and all required payments and charges applicable to the Program. I understand the Program's cancellation policies and fees and agree to abide by them. I have read, understand and will abide by the terms of the **Short-term Off-Campus Programs Policies and Procedures** book included with the application.

10. Health Insurance

I am insured for any medical expenses, which I may incur while I participate in the Program. This policy is with \_\_\_\_\_ and my policy number is \_\_\_\_\_.

## SPRING TERM 2011 STUDY ABROAD DEPOSIT

Use **one** of the two methods below to make your Spring 2011 deposit when applying.  
**Applications without deposits will NOT be considered.**

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### **Online**

Pay online using your checking account or credit card via ePay:

1. Login to Murphy Online: <https://banner.stthomas.edu/>
2. Navigate to *Student Services > Student Accounts > View bill and/or Make a payment*
3. Select the *Deposits* tab
4. In the term dropdown menu select *Spring 2011*
5. In the deposit dropdown menu select *BLAW Spring Study Abroad 2011*
  - Select *Make Deposit Payment*
  - Follow the steps to make your \$400 payment
  - **Be sure to double-check your information!**
6. Congratulations! Your payments will show up in your *Recent Payments and Credits*
7. Print a copy of the confirmation page of your deposit and submit this with your application.

\*MasterCard, Discover, American Express only. Payments made via credit card carry an extra 2.75% fee.

**-OR-**

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### **On Campus**

Make your Deposit at the Business Office on Campus:

#### **STUDY ABROAD PROGRAM DEPOSIT VOUCHER**

Program: Spring Term Abroad 2011

UST Students: You must provide this form with your payment to the Business Office cashier's window. If this form is not included with your payment, a delay in processing may result and could affect your program eligibility. ***A receipt of this deposit must accompany your study abroad application.***

Non-St. Thomas Students: Please submit your deposit check with your application to the International Education Center; Mail 44C, 2115 Summit Ave.; St. Paul, MN 55105.

Check payable to: University of St. Thomas  
Deposit amount: \$400.00  
For: Spring 2011

To the Cashier: Change the term to Spring 2011  
Enter \$400 payment using detail code 2014  
Print receipt and give to the student

Business Office Cashier Hours: St Paul (Aquinas 116) 9:00-3:30 Monday through Friday;  
Minneapolis (TMH 201) 12:00-3:00 Wednesday

**Credit cards cannot be accepted for deposits made on campus at the Business Office.**