

Thermodynamics and Oceanography in Iceland Application Spring 2008

Instructions:

1. Complete the items listed below which are included in this application. Submit the application materials to St. Thomas International Education, 44 N. Cleveland Avenue. Incomplete applications will not be accepted.

December 1

Application deadline

All UST-Sponsored Courses Require:

- A. Print and keep the *Short-term Policies & Procedures*. The signature on your application will state that you have read and understood the information contained in *Policies & Procedures*.
- B. Application for Short-term Off-Campus Programs (submit 2 copies)
- C. Short-term Off-Campus Programs Agreement
Parent signature required on page 2, if you are considered a dependant for income tax purposes. **Submit one copy with your application and keep one copy for your records.**
- D. Receipt for \$350 deposit
Use the deposit voucher when making your \$350 deposit to the Business Office.
- E. Two photos
Photos must be approximately 2"x2" in size with full-face view. Black and white or color photos are acceptable. There are various places around campus where photos can be taken. These photos are not for your passport. Students going on courses to a domestic location need only submit one photo.
- F. Faculty Director Signature
Bring all of your application materials to the faculty director for review and to obtain their signature.



Off-Campus Study Application

International Education

UST ID #		Name as it would appear on passport (Last, First, Middle)						
UST E-mail Address		Local Phone # ()		Mobile Phone # ()		Mail #	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 Yr _____		Cum GPA	Present Year in School 1 2 3 4 Grad		Year While Abroad? 1 2 3 4 Grad		Major, Minor or Grad Program	
Academic Advisor		Are you currently enrolled at an institution other than St. Thomas? If so, list _____			Do you plan on using any of the following toward program expense? <input type="checkbox"/> Grant <input type="checkbox"/> Loan <input type="checkbox"/> Scholarship			
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	
GRADUATE STUDENTS ONLY: Employer, Title						Work Phone		
What foreign languages have you studied and for how long? (Please specify high school or college instruction.)								
Where did you first hear about Study Abroad at St. Thomas?				What foreign countries have you visited and for how long?				
<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 International Education to register me, upon acceptance, for the above listed off-campus course or program.
4. I authorize International Education to bill my student account. 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.
7. I authorize St. Thomas to make public that I am studying off-campus. Yes No

Signature of Applicant		Date of Signature	
Signature of Faculty Director (only required when noted in application checklist)		Date of Signature	

This application must be completed and returned to International Education

On-campus address: 44 N. Cleveland, 1st Floor
 Mailing address: Mail #44C-1, 2115 Summit Avenue, St. Paul, MN 55105-1096

IEC USE ONLY	
Apply Date _____	
Received By _____	

Attach photos here



Short-Term Off-Campus Programs Agreement

University of St. Thomas

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 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; and other matters which may be described in brochures and other written information concerning this Program which I have received and reviewed. I have made my own investigation and 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 faculty 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 faculty 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 as a result of my participation in the Program.

3. Institutional Arrangements

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. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

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, faculty directors or any coordinating institution. It is within the faculty 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 anytime, (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 regarding my health and safety. I hereby authorize the

University and/or faculty 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.

8. Assumption of Risk and Release of Claims

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree on behalf of my family, heirs and personal representatives to assume all the risks and responsibilities surrounding my participation in the Program. I and my heirs and successors and assigns agree to release, indemnify and hold harmless the University of St. Thomas, its past and present trustees, officers, employees, agents and the heirs, successors and assigns of each from any and all loss, cost, damage, liability or expense (including reasonable attorney's 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 _____.

I have carefully read this Assumption of Risk and Release Form (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 Assumption of Risk and Release Form (this 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 Assumption of Risk and Release Form, and (d) agree for myself and for the student to be bound by its terms.

Parent/Guardian Signature:	Date:
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This signature is only necessary if the student is considered a dependent for federal income tax or financial aid purposes.
Make a copy for personal records.

STUDY ABROAD PROGRAM DEPOSIT VOUCHER

Program: Spring Term Abroad 2008

To the Student:

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. If you are not a current UST student, please submit your deposit check with your application to the International Education Center. **Non-St. Thomas Students:** submit your deposit check with your application to the International Education Center.

A receipt of this deposit must accompany your study abroad application.

Check payable to: University of St. Thomas

Deposit amount: \$350.00

For: Spring Term, 2008

To the Cashier:

Change the term to Spring 2008

Enter \$350 payment using detail code 2014

Print receipt and give to the student

Business Office Cashier Hours: St Paul (Aquinas 116) 11:00 a.m. – 4:00 p.m. Monday through Friday;
Minneapolis 11:00 a.m.-1:00 p.m. Monday through Friday

**Credit cards cannot be accepted for deposits.
Cash or check payment must be made at the Business Office.
We apologize for any inconvenience this may cause.**