

# Business Law and Ethics in the European Union Application Spring Term 2009

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## 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.**

## All UST-Sponsored Graduate Programs Require:

- A.** Print and keep the *Short-term Off-Campus Graduate Policies & Procedures*. The signature on your application will state that you have read and understood the information contained in this document.
- B.** *Off-Campus Study Application–Graduate Programs* (submit 2 copies)
- C.** *Short-term Off-Campus Programs Agreement* (keep a copy for your records)
- D.** **Unofficial Transcript** (submit 2 copies)
- E.** **Receipt** for \$400 deposit  
Use the *Study Abroad Program Deposit Voucher* when making your \$400 deposit to the Business Office.
- F.** **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.



# Off-Campus Study Application

## Graduate Programs

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| UST ID #  |  | Name as it would appear on passport (Last, First, Middle)                                |   |  |  |
| E-mail Address  | Local Phone #<br>( )   | Mobile Phone #<br>( )  | Birthdate (Mo/Day/Year)   | Sex <input type="checkbox"/> Female<br><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<br>FA JT SP SU Yr _____   |  | Cum GPA  | Graduate Program  |  |  |
| Academic Advisor  |  | Are you currently enrolled at an institution other than St. Thomas?<br>If so, list _____ |   |  |  |
| Are you a U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | U.S. passport number and expiration date:<br><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<br>( )  |   |  |  |
| 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><br>Ethnicity/Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> African-American <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Multiracial<br><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 |
|------------------------|-------------------|

**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: |
|--------------------|-------|

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 \_\_\_\_\_.

**STUDY ABROAD PROGRAM DEPOSIT VOUCHER**

Program: Spring Term Abroad 2009

**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.

**Non-St. Thomas Students:** Submit your deposit check with your application to the International Education Center @ 44 N Cleveland Ave. or Mail 44C

Check payable to: University of St. Thomas  
Deposit amount: \$400.00  
For: Spring Term, 2009

**To the Cashier:**

Change the term to Spring 2009  
Enter \$400 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

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

**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.**