

Study Abroad/NSE Application

(Canada Option)

Note: Exchange with Canadian schools is offered jointly through the Study Abroad and National Student Exchange (NSE) Programs. Students interested in exchanging to Canada will apply and be placed through the NSE program. If placed, students will then work with the Study Abroad Office to complete the application/exchange process.

Application Deadline: February 18, 2008

Date Application Submitted: _____

Nonrefundable Application Fee Received: _____

The application is not considered complete until the fee has been paid.

The University of Northern Iowa requests this information for the purpose of processing this form. All items are required: therefore, incomplete forms cannot be processed. Release of any information is governed by Iowa Board of Regents rules and applicable state and federal statutes.

RETURN THIS FORM TO: National Student Exchange Office
University of Northern Iowa
2637 Hudson Road
Cedar Falls, IA 50614-0285

Please type or print very clearly.

CONTACT INFORMATION

Name: First _____ Middle _____ Last _____

Current Address:

Street/Residence Hall and Room _____

City, State/Province, and Zip/Postal Code _____

Permanent Address:

Street _____

City, State/Province, and Zip/Postal Code _____

Current Phone _____ / _____ extension _____ Permanent Phone _____ / _____

Alternate Phone/Cell Phone _____ / _____

E-mail _____ Alternate E-mail _____

Social Security Number _____ Campus I.D. Number _____

DEMOGRAPHIC INFORMATION

Date of Birth (MM/DD/YYYY): _____ Gender: Female Male

Are you currently living in on-campus housing? Yes No

Are you a resident of the state/province in which your home campus is located? Yes No

Country of Citizenship: United States Canada Other _____

Non-resident alien — If non-resident alien, visa type _____ Resident alien

Residency: Iowa Resident Non-resident

Predominant Racial/Ethnic Group (optional): Native American/Alaskan Native Black/Non-Hispanic

Asian/Pacific Islander White/Non-Hispanic Hispanic

SCHOLASTIC AND OTHER INFORMATION

Current Class Level: Fr So Jr Sr UNI grade point average: _____ Total grade point average: _____
 Major: _____ Minor: _____

** Your UNI gpa will determine your rank (priority number) in the placement process.

Will you need courses in your major while on exchange? Yes No
 Are you currently receiving financial aid? Yes No
 Where do you plan to reside at the exchange school? Residence hall Sorority/Fraternity Off-campus
 Are you currently enrolled in the honors program? Yes No
 Marital Status: Single Married
 Will you be accompanied on exchange by: spouse Yes No children Yes No
 Do you wish to go on exchange with another student(s): Yes No
 If yes, name of the student(s) _____
 Name of campus at which the student is enrolled: _____

EDUCATIONAL BACKGROUND

Credits completed to date: _____ Credits enrolled in current term: _____ = Total Hours: _____
 Expected graduation date: _____
 Do you have any incomplete grades, missing grades, or other deficiencies (e.g. failure to complete required proficiency tests)? Yes No
 If yes, please explain: _____
 Activities, positions, honors while in college: _____

OTHER CONSIDERATIONS

Have you ever been convicted of a felony? Yes No
 Are you, or have you ever been on academic probation? Yes No
 Are you on probation, parole, or have any legal judgments pending against you either inside or outside campus?
 Yes No If yes, please explain:
 Are you currently under any campus disciplinary action for violation of codes of academic or student conduct?
 Yes No If yes, please explain:
 Do you have any outstanding indebtedness to the campus? Yes No

EXCHANGE REQUESTS

List in order of preference the institutions you wish to attend. Check the appropriate box indicating how long you wish to exchange. This is for placement year 2008-2009.

CHOICES	SEMESTER		QUARTER		
	Fall	Spring	Fall	Winter	Spring
First Choice					
Second Choice					
Third Choice					
Fourth Choice					

SPECIAL CIRCUMSTANCES

Do you have any physical handicaps or emotional problems which would require special consideration or facilities by the host institution? ___ No ___ Yes (If so, please attach a separate sheet indicating the nature and extent of the problem.)

Are there circumstances, such as grades or finances, which might cause you to drop out of the exchange program? ___ No ___ Yes (If so, please attach a separate sheet describing such circumstances. To apply and then drop out of the program may prevent another qualified person from exchanging.)

ADVISOR'S SIGNATURE IS REQUIRED

I certify that the above-named student has discussed plans to participate in Study Abroad/NSE, and that some or all of the credits may be applied toward the student's degree requirements, as indicated on the Preliminary Transfer Credit Evaluation Form. I support my advisee's plans to participate in the Study Abroad/National Student Exchange Program.

Advisor's Signature _____ Date _____

Print Advisor's Name _____ Department _____

*A \$230 application fee must accompany this form. Please make your check payable to UNI/NSE. \$130 will go to the NSE Office and is **non-refundable**. The remaining \$100 will go to the Study Abroad Office as a deposit for the cost of the program. This amount (\$100) will be refundable if you are **not placed** at a Canadian school.*

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

Please read this document carefully. It affects any rights you may have if you are injured or otherwise suffer damages on a study and travel program.

WHEREAS I, (print full name) _____ am about to participate in the study abroad program known as _____ 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 Iowa, Board of Regents, State of Iowa, the University of Northern Iowa, and all their officers, faculty, employees, and agents (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 or relating to 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.

MEDICAL AUTHORIZATION

If incur or develop any injury or illness, then I hereby give my consent for medical treatment and permission to study program personnel to supervise and/or perform, as deemed necessary by study program personnel, on-site first aid for minor injuries, and to a licensed physician or physician assistant to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for me. I agree to assume all costs related to any such treatment.

IN SIGNING THIS AGREEMENT AND AUTHORIZATION I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreements, and Medical Authorization and 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 Agreement and Authorization for full, adequate and complete consideration fully intending to be bound by same.

Participant's signature _____ Date _____

_____ Date _____

CONDITIONS OF PARTICIPATION STATEMENT

All applicants are asked to review and sign the following statement. It constitutes conditions for participation in all University of Northern Iowa sponsored or co-sponsored study abroad programs.

1. I understand and agree that, as a participant in the University of Northern Iowa study abroad program, I am subject to the student conduct regulations described in the Student Information Handbook on the World-wide Web at: <http://uni.edu/vpress/handbook.html>. I further understand that if I am attending a foreign university as part of the University of Northern Iowa 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 coordinator.
3. I agree that the program coordinator may terminate my participation in the program if: 1) I engage in actions endangering to myself or to 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 the University of Northern Iowa 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. I shall be responsible for all financial obligations related to my participation in the program.
6. I agree to notify the program coordinator 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 the University of Northern Iowa reserves the right to cancel programs in the case of insufficient participation or for reasons deemed appropriate. The University of Northern Iowa also reserves the right to make changes to the program. I further understand that should the program, or any portion of the program, is changed or cancelled, the University of Northern Iowa shall have no responsibility beyond the possible refund of deposits made or monies paid to the University of Northern Iowa by the participants. Minor alterations in the program will not result in refunds.

I have read, understand, and agree to the conditions governing my participation in the UNI Study Abroad Program. I further understand the possible actions that will be taken should I act in a manner that is inconsistent with these conditions.

Participant's name (print) _____

Participant's signature _____

Date: _____

Parent or guardian signature (if under 18 years of age):

Date: _____

Name _____ UNI ID: _____
Last First Middle

Because overseas study programs can be both physically and emotionally demanding, we ask that you provide candid evaluation of your health. This information will not be used as part of the selection process.

Please rate your overall health (Please check one): Excellent Good Fair Poor

Do you have any: Pre-existing medical conditions? YES NO

Dietary restrictions or known food allergies? YES NO

Known allergies to medication, plants, animals, insect stings, etc.? YES NO

Physical limitations or disabilities? YES NO

If YES, please explain:

Have you ever had:

A major surgical operation or been advised to have one? YES NO

Treatment in a hospital or mental institution? YES NO

A major illness (rheumatic fever, etc.)? YES NO

If YES, please explain:

Are you currently undergoing treatment or taking medication? YES NO

If YES, please explain:

EMERGENCY CONTACT INFORMATION

The following information is intended to be of assistance should an emergency situation occur either home or abroad before, during or after the program. Inform the program coordinator of any changes to be made.

Person to contact in case of emergency:

Name(s): _____

Relationship to you: _____

Street Address: _____

City/State/Zip: _____

Home Telephone: (_____) _____

Work Telephone: (_____) _____

Fax: (_____) _____

E-mail: _____

Emergency Contact #2: _____

Name(s): _____

Relationship to you: _____

Street Address: _____

City/State/Zip: _____

Home Telephone: (_____) _____

Work Telephone: (_____) _____

Fax: _____

E-mail: _____

I give my permission to University of Northern Iowa and its agents to contact the person(s) I have identified as my emergency contact in the event the program coordinator or agents of University of Northern Iowa feel such action is justified.

Signature of applicant _____ Date _____

HEALTH INSURANCE VERIFICATION

It is required that you have adequate health insurance coverage while studying or traveling abroad. Failure to carry insurance can result in the delay or denial of treatment. Adequate health insurance provides coverage for:

- 1) Treatment and medications administered abroad;
- 2) Emergency evacuation should you need to be rushed to a hospital abroad or back to the US; and
- 3) Repatriation of your remains in the event of your death.

Please check to see if your current health insurance provides adequate coverage while you are abroad. If you need additional coverage, the Study Abroad Center has information on insurance policies specifically designed for students participating in study and travel abroad programs.

My current policy will provide adequate medical coverage while I am abroad: YES NO

Name of Carrier Company: _____

Policy Number: _____ Toll-free number in the U.S.: _____

Briefly state coverage provided:

Emergency evacuation provided: YES NO

Repatriation of remains provided: YES NO

_ I understand the need for health insurance and will, if not already covered, purchase a policy for the duration of my program and provide the necessary information regarding proof of coverage to the program coordinator 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 _____

The International Student Identity Card (ISIC) provides supplementary coverage as well as repatriation expenses up to \$7,500 and emergency evacuation up to \$25,000. The ISIC policy is not a substitute for basic medical insurance. UNI students studying abroad are strongly encouraged to purchase an International Student Identity Card (ISIC) for the duration of their program. An ISIC may be purchased at the Study Abroad Center or directly from Council Travel.

CONSENT FOR EMERGENCY MEDICAL TREATMENT (Optional)

In the event that I/we cannot be reached to give consent, I/we the undersigned parent/legal guardian/spouse of _____ hereby authorize University of Northern Iowa’s representative to consent for me/us to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care deemed necessary or advisable by a qualified physician during the period this student is enrolled in a University of Northern Iowa study abroad program. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University of Northern Iowa to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a qualified physician is deemed necessary.

I certify that I am the parent/legal guardian/spouse of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

Parent/Guardian/Spouse name (please print)

Parent/Guardian/Spouse signature Date