

MUSKINGUM

U N I V E R S I T Y

Office of International Programs

Application to Participate in International Programs

Personal Information

Name: _____ ID# _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone number where you can be reached: _____ (cell/home/work)

Educational Information

Name of study abroad program: _____

Beginning date of program: _____ End date of program: _____

Number of credits you plan to take: _____ per _____ semester _____ quarter

Current major(s): _____

Current minor(s): _____

International Experience

Please describe any international experience you have. _____

Do you have a passport? NO YES (*a copy of the passport should be attached.*)

Passport #: _____ Issuing Country: _____

Expires: _____

Health Insurance Information

Health Insurance Company: _____

Group #: _____ Member #: _____

Member's Name: _____

Medical History

Primary Doctor: _____ Phone #: _____

Allergies: ___ medication(s): _____

___ food(s): _____

___ environmental (including animals or insect stings): _____

Please indicate if you currently have or have been treated in the past for any of the following conditions or health concerns.

- | | |
|--|---|
| <input type="checkbox"/> Alcohol/Chemical dependency | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV+/AIDS |
| <input type="checkbox"/> Chronic disease | <input type="checkbox"/> Psychological/Psychiatric issues |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Other medical concerns |

Surgical history: _____

Current Medication(s): _____

Additional information we should know: _____

Emergency Contacts

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # 1: _____ Phone # 2: _____

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # 1: _____ Phone # 2: _____

References

References may not be friends or family members.
At least one should be a Muskingum University faculty member.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

For Office Use Only

Good academic standing: _____ GPA: _____ Class rank: _____ Good conduct standing: _____

Immunization record received: _____ Valid passport: _____ Application Approved: _____ By: _____

MUSKINGUM

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Office of International Programs

AGREEMENT, WAIVER, AND RELEASE

Students must read and complete this Waiver and Release prior to participating in any travel associated with Muskingum University's International Programs. I, the undersigned, agree to the following:

- (1) I shall indemnify Muskingum University ("University") and hold harmless its agents and its employees from all liability, losses, costs, claims, damages, and expenses, including attorney's fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me as a result of participating in this academic, athletic, or University-supported activity, however caused, including, without limitation claimed sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability on the part of University employees, other participants, or third parties. In addition, I shall indemnify the University, its agents and employees from all liability, losses, costs, claims, damages, and expenses, including attorney's fees, relating to claims or injury arising from my own negligence or intentional acts during my participation in this International Program (including travel to and from any activity sites) and I hereby RELEASE and forever DISCHARGE the University and its agents and employees from all such liability, loss, costs, claims, damages, or expenses.
- (2) I understand that the employee(s) for the activity are acting in their respective capacities as agents of the University, not individually, and hereby waive any and all claims I may have or purport to have against the University or against employee(s) individually including but not limited to any losses occasioned by any changes in travel plans, weather, strikes, acts of God, force majeure, war, terrorism, quarantine, criminal activity, or for the failure of any of the companies providing transportation, lodging, meals, tour services, or other goods or services, as applies to the nature of this activity, to provide such services on a timely basis or for the failure to provide them at all.
- (3) I understand that most, if not all, of the premises, facilities, and/or equipment used as part of the program(s) are not owned, maintained, or controlled by the University, but rather by the premises owners. There may be other risks not known to the University and not reasonably foreseeable at this time. I waive any and all claims I may have or purport to have against the University including, but not limited to the following: (a) the use and condition of various modes of transportation, premises, facilities, and equipment; or (b) the inadequacy or unavailability of medical facilities, treatment, and/or professionals.
- (4) **Program Modifications/Cancellations.**
 - (A) The University has the right to make cancellations, changes, or substitutions in the course, agenda, program, assigned employee(s), travel arrangements, or arrangements for other services, in the event of causes beyond its reasonable control, significantly changed conditions, or changes in the interests of the group. Such causes may include, but are not limited to, travel alerts or warnings issued by the U.S. Department of State, suspicion of terrorist activities, or general health or safety concerns.

- (B) The University may, but is not required to, advise me of any health or safety concerns of which it may become aware. It is my responsibility to inquire about safety or health dangers prevalent at the site of the program activities or which may be encountered in travel to or from such location, including consulting a physician and/or the Center for Disease Control.
- (C) I assume the risk of any quarantine or incarceration while participating in the International Program. While the University may assist in any reasonable manner should such a condition exist, being released from any quarantine or incarceration is my responsibility, and the University bears no liability for any such circumstance.

(5) **Financial.**

- (A) The University may charge a reasonable fee to compensate itself for any significant change in currency exchange rates or for unanticipated increases in the cost of providing the full services of the International Program. At the election of the University, it may declare any exchange rate to be commercially impracticable and may cancel any program at any time without liability to participants or prospective participants.
- (B) I know all deadlines for payment and cancellation. I understand that if I cancel my anticipated participation in the program after those dates, I will not be entitled to a refund of any money I have deposited or paid. All cancellations must be submitted in writing to the Director of International Programs.
- (C) If I do not have a current passport, valid within six months of travel, 12 weeks before the start of the program, the University may cancel my participation in the program, and I will be refunded according to the program guidelines.
- (D) If I am participating in a non-exchange program, I must pay all fees to the host institution or a third-party provider. I will not pay any fees to Muskingum University during the time I am enrolled in a non-exchange International Program.
- (E) I understand that my financial aid package may change based on the International Program that I select. I will discuss financial aid with the Director of International Programs.

- (6) **Personal Property.** I am solely responsible for obtaining and keeping safe my personal possessions, documents, money, travel tickets (as needed), and other property. I hereby WAIVE and RELEASE the University, and any assigned employee(s) from any and all claims for expenses or losses of any nature and amount due to my failure to do so.

(7) **Medical.**

- (A) In the event of illness or injury requiring medical care, I hereby authorize the University's employee(s) to contact emergency services, if needed, or transport me to an appropriate

medical facility, if requested, and to release health and medical information disclosed on my Application to Participate in International Programs.

- (B) I authorize University employee(s) to notify my emergency contact(s).
- (C) I assume both physical risk associated with, and responsibility for the cost of, any medical treatment. I am responsible for obtaining and keeping in force adequate health insurance while traveling, which provides coverage for illnesses or injuries I sustain or experience while abroad; and, more specifically, in the countries where I will be living and/or traveling. By my signature below, I certify that I have confirmed that my health insurance policy will adequately cover me while I am outside of the United States. In addition, I agree to provide the University with written proof of such insurance if it is requested. I understand and agree that I am financially responsible for my own medical expenses, and that any advance medical payment made by the University through the employee on my behalf shall be reimbursed to the University immediately.
- (D) I am responsible for obtaining and paying for any immunizations required for travel. I will provide proof that all required immunizations are up to date to the Director of International Programs and understand that my travel and program may be canceled if I do not provide adequate documentation.

(8) **Behavioral Expectations.**

- (A) While participating in an International Program, I am personally responsible for the success of the program. I will exercise good judgment, respect the rights of others, and abide by the laws and customs of the host country and any other country that I visit or travel through.
- (B) I will adhere to the policies of the host university.
- (C) I will review the International Programs Handbook and understand that I remain subject to all of its provisions, as well as all of Muskingum University's rules and policies, including, but not limited to, the Code of Student Conduct, the Gender-Based and Sexual Misconduct Policy, and all Academic Policies and Procedures from the Muskingum University Catalog.
- (D) I understand that violating conduct policies may result in my removal from the International Program, as well as disciplinary action upon my return to Muskingum University. I am responsible to pay any expenses incurred because of my actions and/or as the result of my removal from the International Program.

(9) **Academic Expectations.** I will participate in all classes and scheduled activities unless I am ill. I will keep the Registrar or Director of International Programs informed about my academic progress. I will request a transcript to be sent from the host institution to Muskingum University in a timely manner.

(10) **Applicable Law and Severability.** I agree that this Agreement is to be construed under the laws of the County of Muskingum, State of Ohio, United States of America; and that if any portion of the Agreement is held invalid, the balance of the Agreement shall, notwithstanding, continue in full legal force and effect.

I have read and understand this Agreement, Waiver, and Release and agree that it will legally bind me, my heirs, successors, assigns, personal representatives, and my estate.

Applicant's printed name

Date

Applicant's signature
(or parent on behalf of minor Applicant)

by: Director of International Programs
Muskingum University

MUSKINGUM

U N I V E R S I T Y

Office of International Programs

Faculty Form

Personal Information

Name: _____ ID# _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone number where you can be reached: _____ (cell/home/work)

Medical History

Primary Doctor: _____ Phone #: _____

Allergies: ___ medication(s): _____

___ food(s): _____

___ environmental (including animals or insect stings): _____

Please indicate if you currently have or have been treated in the past for any of the following conditions or health concerns.

___ Alcohol/Chemical dependency

___ Heart disease

___ ADD/ADHD

___ Hepatitis

___ Anxiety/Depression

___ High blood pressure

___ Asthma

___ HIV+/AIDS

___ Chronic disease

___ Psychological/Psychiatric issues

___ Diabetes

___ Tuberculosis

___ Headaches/Migraines

___ Other medical concerns

Surgical history: _____

Current Medication(s): _____

Additional information we should know: _____

Emergency Contacts

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # 1: _____ Phone # 2: _____

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # 1: _____ Phone # 2: _____

MUSKINGUM

U N I V E R S I T Y

Office of International Programs

Registrar's Form

Personal Information

Name: _____ ID# _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone number where you can be reached: _____ (cell/home/work)

Educational Information

Name of study abroad program: _____

Beginning date of program: _____ End date of program: _____

Number of credits you plan to take: _____ per _____ semester _____ quarter

Current major(s): _____

Current minor(s): _____