

Study Abroad Application Instructions

Faculty-led Programs

1. This application is designed so that you can type your information/responses directly into the forms. (Please note: Depending upon your version of Adobe Acrobat, you may or may not be able to save this document to your computer.)
2. Choose your programs from the Study Abroad Program Finder (www.eiu.edu/~edabroad/programs.php). Go to each program's information page to find the correct program name, course number/ID, and approved EIU substitutes/IDs for the chosen program(s). (Note: Not every program/number has EIU substitutes. The total credits for the selected EIU substitutes CANNOT exceed total credits for the program/course number.)
3. Read **all** forms carefully and fill in all requested information **completely**. Once completed, print all forms and sign the signature fields on each form.
4. If you have any questions, please do not hesitate to contact the **School of Continuing Education** (581-5114, 2201 Blair Hall).
5. Return all completed forms to: **School of Continuing Education (OAPD)**
2201 Blair Hall
Eastern Illinois University
600 Lincoln Ave.
Charleston, IL 61920

A complete study abroad application consists of:

- > Student Data Form
- > Statement of Responsibility
- > Health/Emergency Form
- > Refund Policy Form
- > Insurance Policy Form
- > Copy of your Passport*
- > Copy of your Airline Reservation/Tickets (if you are not traveling with an EIU group)*
- > **For non-EIU students only:** A transcript from each college/university you have attended.
- > **For non-EIU students only:** You will need to fill out a *Summer Guest Application* through EIU's Office of Admissions. The application is simple and costs \$30.00. This application is not online. You can have the application sent to you by calling the EIU Admissions Office at 1-800-252-5711.

* **These items MUST be turned in before you leave to go overseas. If you do not have them when you are turning in the rest of your application materials, turn them in once you receive them.**

Student Data Form

Faculty-led Programs

Staple a 2"x2" photo
of yourself in this box

Any photo is fine, so long
as it clearly shows your
face.

It can be a copy of a
photo, too.

PROGRAM/COURSE INFORMATION

Program Name and Country _____

Please choose only ONE enrollment type: Undergraduate Graduate Honors Enrollment

| Course # | Course/Prog ID# (Course Finder) | Substitution # | Sub ID# (or Dept. Chair Signature) | Cr Hrs |
|----------|---------------------------------|----------------|------------------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Indicate the term during which you plan to study on this program: _____

Do you receive financial aid? Yes No If yes, check all that apply: State Federal
 Private

PERSONAL INFORMATION

Name (Last, First, M.I.): _____ SSN: _____ E#: _____

Birth Date (mm/dd/yy): _____ Gender: Female Male

U.S. Citizen? Yes No If no, country of citizenship: _____

Passport Number: _____ Expiration Date (mm/dd/yy): _____

Local/School Address: _____

Permanent Address: _____

Primary E-mail: _____ Secondary E-mail: _____

Local/School Ph.#: _____ Cell Ph. #: _____ Permanent Ph. #: _____

Are you an EIU student? Yes No If no, which university? _____

Optional Areas (Collected for statistical and tracking purposes only):

Ethnicity/Race (optional): Asian-American African-American Hispanic-American
 Native American White, non-Hispanic Multiracial

Marital Status (optional): Single Married Divorced Widowed

ACADEMIC INFORMATION

Class standing at Program Departure: Freshman Sophomore Junior Senior Graduate

Anticipated Graduation: _____ **Are you in the Honors College at EIU?** Yes No

Current GPA: _____ **Major:** _____ **Minor:** _____

Language Experience:

Language: _____ Level: Beginning Intermediate Advanced Fluent

Language: _____ Level: Beginning Intermediate Advanced Fluent

Other Relevent Coursework

Course(s): _____

Extracurricular Activities, Service, and Awards

Please list: _____

JUDICIAL/CRIMINAL INFORMATION

Have you been charged with any violations of the codes of conduct at any institutions that you have attended, including EIU? Yes No

If yes, please explain.

Excluding minor traffic violations, have you ever been arrested, charged, or convicted of a felony or misdemeanor? Yes No

If yes, answer the following questions: What were you arrested, charged, or convicted of? When did this occur? Where did it occur? What was the sentence? Have you completed your sentence? Explain.

Do you have any pending criminal charges? Yes No

If yes, answer the following questions: What were you charged with? When did this occur? Where did it occur? What is the current status of the case? Explain.

STATEMENT OF INTEREST

Please describe why you are interested in studying abroad on this program and your goals for the experience.

FERPA INFORMATION/RELEASE

The **Family Educational Rights and Privacy Act** (FERPA) protects the educational records of students. The term "education records" means those records, files, documents and other materials which contain information directly related to a student and are maintained by an educational agency or institution or by a person acting for such agency or institution. This act prevents the University from sharing anything about you other than directory information. Directory information includes: name, local and home telephone numbers, local and home addresses, dates of attendance, degrees earned, majors, and photographs for internal University use, including the University Police Department. If you would like for us to be able to discuss your educational records, and not only your directory information, with anyone other than you (a parent, a spouse, a friend, etc.), then please indicate their names below.

I, _____ give my consent for EIU to release information concerning my participation in the Study Abroad overseas program to:

| Name | Relationship to Student |
|-------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

AGREEMENT

I affirm that the information given in all parts of this form is true, correct, and complete to the best of my knowledge. I authorize the Office of Study Abroad and the School of Continuing Education to access and review my academic/judicial records at any higher education institution that I have attended. I understand that approval and participation in this study abroad program is contingent on receipt by the EIU Office of Study Abroad of this completed and signed form.

Signature: _____ **Date:** _____

Statement of Responsibility

I, _____ have applied to participate in the following study abroad program(s)
as a student of Eastern Illinois University:

Program Name and Country _____

Indicate the term during which you plan to study on this program: _____

I am fully aware that participating in the program/institution/country listed above is completely voluntary and will expose me to situations over which and people over whom Eastern Illinois University has no control. While a goal of international education is to give me an opportunity for cultural immersion, I understand that I will be exposed to risks including illness, loss, and death. If I participate in this program (or these programs), I agree to assume and take on myself all of the risks and responsibilities in any way associated with this program (or these programs) and its activities and accept the following responsibilities:

Standards of Conduct

I understand and will abide by the rules governing student responsibility and behavior as stated in the Student Conduct Code and all other applicable policies established by Eastern Illinois University (EIU) and the program/institution/country, including those stated in this agreement. I agree to comply with standards of good behavior, maturity, responsibility, and courtesy at all times. I agree to respect cultural differences between the United States and the host culture(s) and abide by each host country's social and cultural norms.

I understand that each host 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 of each country to or through which I will travel during the program. I understand that I will be subject to the laws of each host country.

I understand that many countries have different attitudes about the consumption of alcohol and a younger legal drinking age than the United States. Most foreign countries allow persons over the age of 15 or 16 to drink all types of alcoholic beverages, and beer and wine are commonly served with meals. In spite of this, I understand that being drunk is not socially acceptable and is sometimes illegal in these countries. Drunk driving, besides obvious dangers, carries heavy penalties abroad, including loss of license, large fines and imprisonment.

I understand that laws concerning illegal or contraband drugs are much more severe in foreign countries than in the United States, and that the United States can do nothing to assist Americans who have been charged with drug use or possession, besides providing a list of attorneys to work with and putting them in touch with a family member or friend. Americans who are caught buying, selling, using, or carrying any type of controlled substance, have typically faced:

- Interrogation and delays before trial, including mistreatment and solitary confinement under primitive conditions.
- Lengthy trials conducted in a foreign language, with delays and postponements.
- Two years to life in prison if found guilty, and some countries include hard labor and heavy fines.
- Mandatory jail sentences (including Mexico, Jamaica, the Bahamas, and the Dominican Republic).
- The death penalty in a growing number of countries (including Saudi Arabia, Malaysia, Turkey, and Thailand).

I understand that once I leave the United States, I will no longer be covered by U.S. laws and constitutional rights. Bail may not be allowed, the burden of proof may be on me to prove my innocence, evidence obtained illegally by local authorities may be admissible in court, there may be no jury trial, and my presence may not be required in court. Many countries have mandatory prison sentences of seven years or more without parole for drug violations. In the event that I break the law, I understand that neither Eastern Illinois University nor the host institution can assist me or exert any pressure for leniency. The U.S. Consular Officer cannot demand my immediate release or get me out of jail or out of the country; cannot represent me at trial or give legal counsel; and cannot pay legal fees and/or fines with U.S. Government funds.

Eastern Illinois University shall have the right to dismiss me from any international education program at any time if (i) my conduct violates the Student Conduct Code; (ii) I violate laws, rules and regulations, or customs of my host country, community, institution and program; or (iii) the University has reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons, including me, or property or threatens the future viability of the program. The following behaviors are among those that may result in immediate dismissal from a program: alcohol abuse; physical or sexual assault; harassment; possession, use or distribution of illegal drugs; setting a fire or possession of explosives; possession of a weapon, including BB guns, knives; and theft.

I understand and agree that I, the student, am solely responsible for my behavior, health, and safety while abroad and do not expect Eastern Illinois University to carry any responsibility in this respect. I understand that I will engage in independent activities while studying abroad and that University representatives will not be in a position to supervise those activities. I understand that the Office of Study Abroad at Eastern Illinois University, the international office at the host institution, or the staff of the program provider will offer advice and assistance to a reasonable degree before departure from the United States and during the study abroad experience. However, Eastern Illinois University has no liability for such advice and assistance or lack thereof.

Administrative Logistics

I will submit all completed and signed materials, forms and payments by the due date specified. Failure to do so by the indicated date may result in my not being registered at Eastern Illinois University for the semester(s) during which I study abroad. I shall comply with the *Steps to Successful Study Abroad at EIU*, including course approval and pre-departure procedures.

It is my responsibility to obtain a passport, any visa(s), and to register with the embassy prior to departure: <https://travelregistration.state.gov>. I further understand that I may not be able to enter the host country(ies) with a passport due to expire within 6 months and/or without proper visa documentation. I am responsible for making a copy of my passport, visa, and travel itinerary and turning it into the Office of Study Abroad prior to departure.

It is my responsibility to drop any non-study abroad courses for which I am registered during the semester(s) of study abroad and to make sure that my account is free of any "holds" so that the Office of Study Abroad or the School of Continuing Education can register me. I understand that if the Office of Study Abroad is unable to register me, I will not receive credit for studying abroad.

I understand that I am required to attend all pre-departure orientations. These orientations will cover information on safety, health, legal, environmental, political, cultural, and religious conditions in the host country(ies), as well as planning logistics. It is my responsibility to make arrangements to participate. Failure to participate in this required orientation can result in dismissal from the program and forfeiture of all program fees.

Students who plan to bring accompanying non-participants must receive special permission from the Office of Study Abroad. The University will not provide any administrative support (housing, childcare, etc.) or assume any responsibility for accompanying non-participants (spouses, partners, children, etc.). I understand that if such individuals interfere with or become disruptive to the program, it may be grounds for my dismissal.

If studying abroad on an independent program, or a faculty-led program with independent travel/accommodation arrangements, I am responsible for getting my international contact information to the Office of Study Abroad before departure. I can do this by submitting the online *Contact Verification Form* or by sending this same information in writing by fax or email.

It is my responsibility to consult with my academic advisor. Registering for EIU classes for upcoming semesters is also my responsibility while abroad. If for some reason I cannot register online at <http://www.eiu.edu/paws>, I will ask my academic advisor to do it for me.

If I am planning to go on a program for longer than four weeks, I will maintain and routinely check a primary email address that will be used by the Office of Study Abroad to contact me while overseas. If I change this email address, I MUST inform the Office of Study Abroad immediately, so that I can be contacted in the event of an emergency.

Health and Safety

I have accurately and thoroughly informed the Office of Study Abroad of any disability as defined by law, which requires reasonable accommodation, and any pre-existing medical condition that may impact my study abroad experience. Other countries may not have the same laws requiring access to programs and facilities.

I understand that Eastern Illinois University cannot guarantee the same level of access and accommodation of physical or medical concerns as what may be available on the home campus. I understand that in certain circumstances the Office of Study Abroad may require written certification from the appropriate medical expert that I am medically fit to participate in the program and that my participation may be conditional to such certification.

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. I have made arrangements to bring a complete supply of any and all prescription medications with me and have a note from my doctor prescribing their use. I am responsible for verifying such medications that may be brought through or into foreign countries.

I have consulted or will consult with EIU Health Services, my personal physician, and/or the Centers for Disease Control and Prevention (CDC) Travelers' Health internet site (www.cdc.gov/travel) for required or suggested vaccinations and other health related information and warnings pertaining to my travel and study abroad destinations. I understand that I should begin the vaccination process at least six months to a year prior to departure.

I will be responsible for my own health maintenance. In the event of serious illnesses, accident or emergency, I will inform an appropriate program official so that assistance may be secured and so that my designated emergency contact(s) may be notified.

Academic Credit

I understand that all courses taken during an approved study abroad program will be evaluated by and will transfer to Eastern Illinois University. Courses that are not approved may transfer as elective credit.

The number of credit hours taken and grades received at a foreign educational institution is not necessarily equal to the number of credit hours and grades which will be posted to my transcript at Eastern Illinois University. I understand that I should verify with my Study Abroad Advisor how foreign credit hours and grades are evaluated at Eastern Illinois University for my particular program.

Study abroad courses cannot be evaluated or processed without an official transcript from the sponsoring program/institution, unless they were taught by an Eastern Illinois University faculty member. It is my responsibility to request this transcript from the host institution and ensure that it is sent to the Office of Study Abroad. The Office of Study Abroad does not request transcripts on behalf of students.

I will comply with the course credit requirements and with EIU's academic policies and procedures. I will maintain full-time enrollment for the duration of the program (credits or equivalent EIU credits), unless I am participating in a short-term program. If I do not comply with this policy, I may be dismissed from the program.

Travel Arrangements

I understand that I am responsible for my own travel arrangements to and from the study abroad site, and for any other personal travel during or following the study abroad program, even when a travel agency is used by Eastern Illinois University. The University assumes no responsibility or liability, in whole or in part, for any cancellations, delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel or transportation reservations, missed carrier connections, sickness, injuries (including death), losses, damages, weather, strikes, acts of God, public health risks, criminal activity, terrorism, act of war, expense, accident or damage to property, inconveniences, failure or negligence of any nature in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or common carrier beyond the University's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other factors, I am required to spend additional nights, the University will not be responsible for my hotel, meals, or other expenses. When included in the program's itinerary, the University may substitute transportation carriers, hotel accommodations or housing at any time; specific room and housing assignments are within the University's sole discretion.

It is my responsibility to confirm departure and arrival times and locations with my program leader or the Office of Study Abroad. Should I incur a delayed arrival, I will notify my program leader or the Office of Study Abroad to advise them of this. I will be responsible for any inconvenience, cost, lost reservations, lost class time and assignments, etc. associated with not arriving at the time and place designated by my program advisor. My baggage and personal property is transported at my risk entirely. No compensation, monetary or otherwise, will be granted by Eastern Illinois University under any of these circumstances.

I will notify my program leader and/or the Office of Study Abroad of my itinerary when I leave the site for longer than a day. The University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated from any University-sponsored activities. If I become separated from the program group, for any reason, I will rejoin, at my own expense, the group at the first opportunity.

Program Changes

Eastern Illinois University, in its sole discretion, may alter, change, or cancel any of its own sponsored programs or any aspect of its programs prior to departure and, in its discretion, the University may cancel its programs or any aspect of its programs after departure, requiring that all participants return to the United States, if the University believes that any person is or likely will be in danger if a program or any aspect of a program is continued. Eastern Illinois University may also deny or cancel participation in a non-EIU sponsored program if circumstances are such that EIU considers participation in the program to be unsafe or dangerous. In the event of such change, alteration, or cancellation, Eastern Illinois University shall not be responsible for any costs, expenses, charges, or fees incurred by me as a result of said change, alteration or cancellation. The University will provide as much advance notice as possible of its intention to cancel a program.

If I decide to drop or extend my study abroad program, I must complete and submit a *Drop Program Form* or *Extend Program Form* as soon as possible. I may also submit this information in writing by fax, email, or postal mail; however, the information is processed based on the date that it is received. The Office of Study Abroad cannot process any program changes over the phone; they must be received in writing.

Financial Obligations

I agree that I shall be solely responsible for all financial obligations or liabilities that I may incur while participating in a study abroad program, including living and transportation expenses. I shall be solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal or dismissal from a program after departure, including but not limited to, withdrawal or dismissal for reasons of health, family emergency, illegal drug use or alcohol abuse, legal detention, or disciplinary action by a representative(s) of the University. Costs incurred on my behalf include, but are not limited to, the program fee, tuition and matriculation fees, airfare and other transportation, legal documents, visa and application fees, library fines, and housing. I understand the refund policy of the Office of Study Abroad for my program and agree to abide by it.

I understand and acknowledge that program fees and financial aid budgets are set six to eighteen months in advance of the program commencement date. The Office of Study Abroad uses its best effort to set the fees so that they will correspond to the actual cost of the program on the commencement date. However, events and circumstances beyond the control of Eastern Illinois University, including but not limited to fluctuation in exchange rates, civil unrest, curricular changes in host country or institution, changes in service providers, etc. may render it necessary to adjust the actual program fee charged to my student account. Thus, the program fees are subject to adjustment due to changes in the condition at the time of program commencement or at the time of receipt of billing for services provided.

If going on a non-EIU sponsored program, I understand that my program provider or host institution must complete a financial aid consortium agreement in order for aid to be released to me for study abroad purposes. I understand that it is my sole responsibility to obtain this consortium agreement and I will not hold Eastern Illinois University responsible for delays or defaults in this process.

Early Departure

If I withdraw, depart or am dismissed from a program for any reason prior to its formal completion, I may not be eligible for any academic credits. Should I receive permission to return home early, I may be eligible to receive a grade of "W" on my University academic transcript if withdrawal is approved within the appropriate timeframe pursuant to university policy as stated in the Eastern Illinois University undergraduate and graduate catalogs for the semester in which I am enrolled.

The University bears no liability for any losses or claims incurred by me in connection with my own early departure or termination from the program, the University's termination of the program, or the University's termination of my 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, or my participation in the program, I bear complete responsibility and liability for my own care and safety.

Waiver

In the case of an emergency in which I cannot be reached, I authorize U.S. Embassies and Consulates to release information concerning my welfare and whereabouts to Eastern Illinois University. In authorizing this release of information, I hereby waive 5 USC Section 522 (b) (8).

Releases

In the event of illness, adjustment difficulties, or academic/behavior problems that directly concern or involve me in any way, shape, or form, I authorize the foreign host institution and the third party provider (if applicable) to inform and discuss such circumstances with the Director of Study Abroad or any representative of the Office of Study Abroad at Eastern Illinois University.

I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives from any and all liability whatsoever for any and all injuries, illnesses, damages, losses (including death) I sustain to my person or property or both, including but not limited to, any claims, actions, damages, expenses, and costs, including attorney fees, which arise out of, result from, occur during or are connected in any manner with my participation in the program and/or any related travel.

I understand that Eastern Illinois University does not represent or act as an agent for, and cannot control the acts and omission of, any host institution, host family, transportation carrier, hotel, 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.

This agreement is to be construed under the laws of the State of Illinois, USA; and if any portion of this Agreement is held invalid, the balance of this Agreement shall, notwithstanding, continue in full legal force and effect.

SIGNATURE OF STUDENT/PARTICIPANT:

In signing this document, I acknowledge that I have read this entire document, have been advised that I may consult my own attorney, had an opportunity to ask questions, understand its terms, agree to the terms stated, am giving up substantial legal rights I might otherwise have, and have signed it knowingly and voluntarily.

I understand that approval and participation in this study abroad program is contingent on receipt by the EIU Office of Study Abroad of this completed and signed form.

I certify that I am older than 18 years of age, OR I have had my parent(s)/legal guardian(s) sign below.

Signature: _____ **Date:** _____

SIGNATURE OF PARENT(S)/LEGAL GUARDIAN(S) (All parent/legal guardian signatures are required):

I/We certify that I am/we are the parent(s) or legal guardian(s) of the above student/participant, that I/we have read this entire document, have been advised that I/we may consult my/our own attorney, have had an opportunity to ask questions, understand its terms, agree to the terms stated, am giving up substantial legal rights I/we might otherwise have, and have signed it knowingly and voluntarily.

Signature: _____ **Signature:** _____

Typed/Printed Name: _____ **Typed/Printed Name:** _____

Street Address: _____ **Street Address:** _____

City, State, Zip: _____ **City, State, Zip:** _____

Phone Number: _____ **Phone Number:** _____

Health/Emergency Form

Name (Last, First, M.I.): _____ SSN: _____ E#: _____

Birth Date (mm/dd/yy): _____ Sex: Female Male Term: _____

Program Name and Country: _____

The purpose of this form is to help EIU be of maximum assistance to you should the need arise. Mild physical or psychological problems can become serious under the stresses of life while studying abroad.

1. Are you being treated for any major medical problems/conditions? Yes No

If yes, please explain the nature of the problems or conditions, and how you are being treated.

If yes, will you be in need of continuing treatment while away? Yes No

2. Are you receiving mental health treatment/counseling? Yes No

If yes, please explain the nature of the problems or conditions, and how you are being treated.

If yes, will you be in need of continuing treatment while away? Yes No

3. Please indicate any past medical problems/conditions AND mental health treatment/counseling:

4. List all medications you are currently taking (prescription or over-the-counter)

| Drug Name #1 | For What Condition? | Dosage (amount/frequency) |
|----------------------|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Drug Name #2 | For What Condition? | Dosage (amount/frequency) |
|----------------------|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Drug Name #3 | For What Condition? | Dosage (amount/frequency) |
|----------------------|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Drug Name #4 | For What Condition? | Dosage (amount/frequency) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please list side effects for the above medications or anything else you'd like us to know about the medications

5. Do you have any allergies? Yes No

If yes, please explain the allergy, the reaction, and necessary treatment if exposed.

6. Are you registered with the Office of Disability Services? Yes No

If yes, do you authorize the Office of Disability Services to exchange information with the Office of Study Abroad? Yes No

7. Will you be requesting accommodations for disability while abroad? Yes No

If yes, you must discuss options with the Office of Disability Services (581-6583) in a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation.

8. Do you have any special dietary restrictions or needs? Yes No

If yes, please explain.

9. Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, etc.) that may need special consideration before or during your experience or may affect your participation in the program? Yes No

If yes, please explain.

PRIMARY PHYSICIAN

Physician's Name (last, first): _____

Physician's Address: _____

Office Phone #: _____ Emergency Phone #: _____

SPECIALIST What type of specialist? _____

Physician's Name (last, first): _____

Physician's Address: _____

Office Phone #: _____ Emergency Phone #: _____

EMERGENCY CONTACTS**Primary Contact:**

Name(s): _____ Relationship to you: _____

Address: _____

Home Ph.#: _____ Work Ph. #: _____ Cell Ph. #: _____

Email Address(es): _____

Secondary Contact:

Name(s): _____ Relationship to you: _____

Address: _____

Home Ph.#: _____ Work Ph. #: _____ Cell Ph. #: _____

Email Address(es): _____

Other Contact:

Name(s): _____ Relationship to you: _____

Address: _____

Home Ph.#: _____ Work Ph. #: _____ Cell Ph. #: _____

Email Address(es): _____

Release: I authorize the release of information contained in this Health/Emergency Treatment Authorization Form for access and review by the Office of Study Abroad at Eastern Illinois University (EIU), my primary physician at home, the appropriate health professionals in Health Services at EIU, all health professionals treating me abroad, my emergency contacts, my program leaders, my host family or resident director, and any host/provider affiliates. I give these individuals permission to discuss my health conditions and emergencies with each other and with any physician, psychologist, or counselor who treated me during the past four years.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Eastern Illinois University, its representatives, and its designated health insurance/travel assistance providers to secure any necessary treatment. If coverage is not provided, I understand that such treatment shall be solely at my expense, and I shall reimburse EIU or its representatives for any expenses that they might incur on account of my condition or treatment. I further understand that EIU may not be able to accommodate all my needs or circumstances.

I understand that I will be enrolled in Eastern Illinois University's designated health insurance/emergency assistance policy for study abroad, and that this policy is required for all students who study abroad.

I certify that all responses made on this form are complete, true, and accurate, and I will notify the Office of Study Abroad immediately of changes in the state of my health. I understand that approval and participation in this study abroad program is contingent on receipt by the EIU Office of Study Abroad of this completed and signed form.

Signature: _____ **Date:** _____

Refund Policy

Faculty-led Programs

I understand that by submitting this application package, that I am signing up for a study abroad program. I understand that I may be denied participation due to not meeting eligibility requirements, due to having significant judicial/criminal infractions, or due to other circumstances such as the program being full. Unless I am denied participation, or the program is cancelled, I understand EIU program fees and other applicable charges will be billed to my student account, and I am responsible for paying them in a timely manner. I understand that I will incur additional expenses not included in the EIU program fees. Program-related expenses are outlined on the program budget. Go to the program's information page on the study abroad website, and click on budget for the program.

If I wish to cancel my participation, I understand that I must send a written, signed notice of cancellation to the School of Continuing Education (OAPD) or submit the *Drop Program Form*, accessible from the web site. If either of these acceptable forms of cancellation is received on or before the application deadline of December 5, 2008 (for Spring Break) or February 2 (for Summer), then I will be charged only for a \$50 processing fee. If either of these acceptable forms of cancellation is received after the application deadline above, then I will be charged for all fees normally charged by EIU in association with this program. See your program's approved budget (online) for details regarding these fees (i.e. program fee, tuition, and administrative fees), as well as what is included and not included in the cost---www.eiu.edu/~edabroad/programs.html.

UNLESS YOU ARE DENIED PARTICIPATION, OR YOUR PROGRAM IS CANCELLED DUE TO INSUFFICIENT ENROLLMENT, YOU ARE SUBJECT TO THIS REFUND POLICY/PROCEDURE. IF YOU DECIDE NOT TO GO ON THE PROGRAM AFTER SUBMITTING THIS PAPERWORK, THEN YOU MUST FOLLOW THE ABOVE REFUND POLICY/PROCEDURE FOR DROPPING. YOU CANNOT DROP THE PROGRAM BY REMOVING YOURSELF FROM THE STUDY ABROAD COURSE, AND YOU CANNOT SIMPLY FAIL TO APPEAR AT THE PROGRAM SITE, OTHERWISE YOU WILL PAY THE FULL PRICE OF THE PROGRAM AND RECEIVE A "NO CREDIT" OR A FAILING GRADE FOR THE NUMBER OF CREDITS YOU WERE SIGNED UP TO TAKE ON THE PROGRAM. DO NOT FORGET! IT IS CRITICAL TO YOUR CHECKBOOK AND YOUR EIU CREDENTIALS.

EIU takes no part in or responsibility for refunds of anything that it does not charge. Before paying any entity outside of EIU, students are advised to read and comprehend its refund policy.

I understand that approval and participation in this study abroad program is contingent on receipt by the EIU Office of Study Abroad of this completed and signed form.

Signature: _____ **Date:** _____

Insurance Policy Faculty-led Programs

Eastern Illinois University requires a health insurance/emergency assistance policy for all study abroad students. Regardless of whether or not you already have insurance coverage, you will be enrolled by the University and the cost of this policy will be your responsibility at a rate of \$1 per day, plus \$1, for the length of your study abroad program. The total amount will be billed included in your program fee or billed separately to your student account. You can find more information about this policy on the study abroad website: <http://www.eiu.edu/~edabroad/insurance.html>. After you are enrolled, you will receive a detailed policy description defining all items covered and not covered along with an insurance card. If you do not receive this information within a week of your departure date, then notify the Office of Study Abroad immediately.

Keep in mind that this international health insurance coverage is only active outside of the United States. For coverage in the United States, you must purchase or maintain a separate policy. We recommend that you consider retaining your US health insurance, including hospitalization, even while overseas. This will cover you both before you leave and after you return from your program, and should you have an accident or illness overseas that requires long term care, you will have insurance upon your return to cover these expenses. You may find it difficult to purchase a health plan if you return with what the insurance companies consider a pre-existing condition. Keep in mind that if you have special insurance needs, or if you plan any personal travel before, during or after the program, you are responsible for the coverage.

I agree and will accept this coverage if I am admitted to the study abroad program.

Signature: _____ **Date:** _____