FLSA STUDENT CHECKLIST –
Keep this page and check off items as completed.

Getting Started

1. Attend a faculty-led study abroad meeting for your specific course.
2. Complete the attached faculty-led study abroad student application packet. The entire packet must be completely filled out, including signatures.
3. Return the packet to International Programs, 2101 Hedgcock. Your faculty leader will approve your admission, and a follow-up packet of materials, including fee payment slips, will be e-mailed to your NMU e-mail account. Upon acceptance to the program, you must pay a deposit to secure your place in the program.
4. The deposit and remaining international program fees must be made to the Student Service Center located in the Hedgcock Building. Payments will not be accepted by the International Programs office or by individual faculty members.
5. Attend required course meetings prior to your trip, including mandatory pre-departure general orientation.

Getting Ready:

- Arrange financial aid, if necessary. Your cost-of-attendance for the FLSA course is on-file with the Financial Aid office. Call for an appointment to discuss eligibility: 227-2327.
- Get a passport. Applications available at: www.travel.state.gov. The process can take between 30-90 days.
- If required for entry to the host country, apply for a visa. You can learn more about which countries require visas and the visa process by visiting (http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html).
- Make regular payments according to the schedule printed on your acceptance materials.
- Register for Course – Your instructor will arrange registration in the appropriate section. You are required to remain registered throughout the duration of the course, including travel portion, and will be held responsible for tuition and fees associated with the course(s).
- Make airline reservations – For your program, IPO will book flights, ONLY AFTER YOUR PROGRAM IS FULLY ENROLLED AND YOU ARE NOTIFIED BY YOUR LEADER.
- Arrange mandatory Travel Health appointment at NMU Vielmetti Health Center. Instructions at: http://webb.nmu.edu/HealthCenter/SiteSections/Travel/TravellInformation.shtml. This appointment is REQUIRED for all participants on NMU faculty-led study abroad programs and must be completed within six months prior to travel portion of the FLSA course.
- Pay Tuition according to regular NMU schedule.
- Return all pre-departure forms, to International Programs office, 2101 Hedgcock.
- Attend MANDATORY pre-departure orientation session, coordinated by International Programs.
Please fill out all required information, including signatures. Incomplete applications can not be accepted for review. Completed packets must be returned to the International Programs Office – 2101 Hedgcock.

<table>
<thead>
<tr>
<th>Full Name – exactly as it appears on your passport</th>
<th>NMU ID #</th>
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<tbody>
<tr>
<td>Passport #</td>
<td>Date of Issue</td>
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<td>(Write “pending” if you have not yet received a passport.)</td>
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<tr>
<td>Local address</td>
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<tr>
<td>NMU e-mail address</td>
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<tr>
<td>Permanent address (include city, state, zip code)</td>
<td>Permanent phone</td>
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List 2 NMU faculty members who may be contacted as references
1) _____________________________
2) _____________________________

Name of Study Abroad Course/Program | Host City and Country/ies |
------------------------------------|---------------------------|
FLSA Course # (s) and Titles (for example LG295: Mysteries of Paris) | Number of credit hours |
Faculty leader(s) | Dates of FLSA program |

Are you planning to use financial aid? yes no

How did you hear about this program? Please check all that apply.
- Friend/NMU student
- Faculty leader
- Other faculty (name): _____________________________
- Student announcements
- Study Abroad Fair
- Classroom presentation
- Study abroad general session
- Other: _____________________________

For IPO Office Use Only – Do not complete

NOTES:

Cumulative GPA ____________
Dean of Students ____________
Faculty approval ____________
initials / / date
Emergency Contact Information
List two different contacts to be notified in case of an emergency:

Name #1: ____________________________ Relationship to you: ____________________________
First       Last
Home Phone: __________________ Work Phone: __________________ Mobile Phone: ________________

Email address: ____________________________________________________________

Name #2: ____________________________ Relationship to you: ____________________________
First       Last
Home Phone: __________________ Work Phone: __________________ Mobile Phone: ________________

Email address: ____________________________________________________________

Health and Emergency Agreement
In the event of an emergency, I authorize a representative of NMU to seek available medical care, hospitalization, or surgery while participating in the program. I authorize Northern Michigan University, through its representatives, to attempt to secure any necessary treatment. If coverage is not provided through insurance, I understand that such treatment shall be solely at my expense, and I shall reimburse Northern Michigan University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of an emergency abroad, Northern Michigan University may notify my emergency contact(s) listed on the Study Abroad Application.

I certify that all responses made on this form are complete, true and accurate. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to undisclosed information, I will be responsible for all incurred costs.

Participant Signature: ____________________________ Date: ____________________________

Parent/Guardian Signature: ____________________________ Date: ____________________________
(If subject is under 18 years old)

Remain Abroad Agreement
If I choose to remain abroad at the end of my FLSA program I understand and agree that:
1. I must inform the faculty leader and the International Programs office of my decision to stay abroad prior to the program’s end date.
2. Northern Michigan University and the instructor’s responsibilities and liabilities end on the program’s end date.
3. I may request enrollment in additional international health insurance coverage, with prior notice and at my own expense.
4. I am not eligible for reimbursement of any part of my program fee.

Participant Signature: ____________________________ Date: ____________________________

Parent/Guardian Signature: ____________________________ Date: ____________________________
(If subject is under 18 years old)
I authorize Northern Michigan University to record and/or duplicate my original photo(s)/ image/voice/text (or that of my minor child named below). I give NMU and any persons or entities acting in accordance with NMU’s authority all rights to use these images/text. I understand that the images/text will be used for educational, advertising, and promotional purposes in all conventional and electronic media, as well as any future media.

I understand and agree that these images/text and/or recordings may be duplicated, distributed, with or without charge, and/or altered in any manner without future/further compensation or liability.

Name of Subject: ___________________________ Date: _____/_____/_______

Signature: ______________________________________

(Parent or legal guardian must sign here if subject is under 18 years old.)

Address: _____________________________

________________________________________

________________________________________

Phone: _____________________________

e-mail: __________________________________

NMU Affiliation (please check one):

☐ Student
☐ Staff
☐ Faculty
☐ Alumni
☐ Other (explain)
Student Statement of Rights and Responsibilities

I, ___________________________, have applied to participate in an NMU study abroad program. I accept the terms of my admission to the program and, if approved, I promise to abide by the following statement of responsibilities:

1. **Alcohol.** As a participant in the NMU study abroad program, I must abide by host country laws and local institutional regulations with respect to alcohol. Unless permitted by host country law and local institutional regulations, I will not possess, consume, furnish, or distribute any alcoholic beverages.

2. **Drugs.** I understand that Northern Michigan University has a zero-tolerance policy with respect to the possession, use, manufacture, production, sale, exchange, or distribution of illegal drugs. I am responsible for knowing and obeying drug laws of the state of Michigan, United States of America, the host country, and all local institutional regulations. I understand that violation of law or policy may result in (i) immediate dismissal from the program; (ii) academic withdrawal from the University for the semester in progress; and (iii) disciplinary action upon my return to campus.

3. **University Policies.** I must abide by Northern Michigan University policies, including the NMU General Student Regulations, while enrolled in the program, and I may be subject to disciplinary action for violations of those policies upon my return to campus.

4. **Host Country Customs.** I will abide by the laws and customs of my host country, community, institution and program. I understand I need to be sensitive to the social mores of the host culture. I am also subject to the disciplinary codes and processes of the host institutions.

5. **Dismissal.** If I seriously disrupt the group learning process, or if my behavior gives the Faculty Leader(s) reasonable cause to believe that my continued presence in the program poses a danger to the health or safety of persons or property, or impedes, disrupts or obstructs the programs in any way, I will face immediate dismissal. Alcohol, drugs and weapons related violations, assault and sexual or racial harassment, will make dismissal highly likely. Before I may be removed from the program, I will have an opportunity to explain my conduct to the Faculty Leader(s). A decision to dismiss me from the program would be final and no refund would be made. My emergency contact will be notified.

6. **Travel.** The University may make changes to the program itinerary, including cancellation, at any time and for reasonable cause. I will be responsible for any loss due to such cancellation or change. The University is not responsible for penalties assessed by air carriers or any other associated costs based on operation and/or itinerary changes. If I travel independently and arrive after the start of the program, I am responsible for all academic consequences such as lost class time and assignments. The University may substitute hotel accommodations or housing. Specific room and housing assignments are within the University’s sole discretion. Because of the short duration of faculty-led programs, the faculty leader has the right to restrict student activities during non-program times.

I must confirm departure and arrival times and locations with my Faculty Leader. If I incur a delayed arrival, I will notify my Faculty Leader or International Programs personnel. My property is transported at my risk. The University is not responsible for travel delays.
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.

7. **Spouses/Partners and Children.** The university is not responsible for providing support for accompanying non-participants, i.e., spouses/partners and children. Such persons cannot attend classes or other activities formally associated with the program. If such a person disrupts the program, it may be grounds for my dismissal.

8. **Health.** I will be responsible for my own health maintenance. In the event of serious illness, accident or emergency, I will inform my Faculty Leader, so that assistance may be secured and so that my designated emergency contact may be notified.

9. **Non-Refundable Payments.** I understand and agree that I am responsible to pay all non-refundable payments made by NMU on my behalf and that any unpaid balance may be charged to my student receivable account. I understand that my withdrawal after enrolling in the course and making an initial deposit may be costly, and that my failing to turn in all completed acceptance materials and payments by program deadlines may result in my removal from the program; unrecoverable expenses paid on my behalf will be charged to my NMU student account and may become subject to collection procedures.

10. **Tuition Refund.** I understand that I must remain enrolled in the FLSA course(s) during the duration of the course, including travel, and that I am responsible to pay tuition associated with the course(s) as approved by the NMU Board of Trustees. If I withdraw from the program prior to the program’s first day, I will be required to withdraw from my course(s) and refunds for recoverable tuition and fees will be based on the University calendar.

11. **Release of Claims and Indemnity.** For myself and all those who may claim through me, I release the University (and its employees and representatives) from liability for all injuries, illnesses, and losses, including death, I may sustain to my person and/or property, which are in any way connected to my program participation, except as regards any claim of “gross negligence” that is actionable under Michigan’s Governmental Tort Liability Act. I further agree to defend and hold the University harmless with respect to any loss, claim or expense it may sustain by reason of my behavior as a program participant.

12. **Release of Information.** I authorize the Office of International Programs to obtain my personal information from the Dean of Students Office related to any past or present university imposed judicial action. Information from that report may result in my not being allowed to obtain admission into the program.

13. **Governing Law.** Any dispute arising from this Statement will be determined according to Michigan law.

In signing this document I acknowledge that I have had an opportunity to ask questions about the Faculty-Led Study Abroad in which I will participate, I have read and understand this document, that I accept its terms, and that I have signed it voluntarily.

Signature: ____________________________________________ Date: ______________

Parent/Guardian Signature: ________________________________ Date: ______________
DEAN OF STUDENTS RELEASE FORM

Northern Michigan University policy states that you must be in good academic standing with a cumulative GPA of at least 2.5 (or the minimum GPA as determined for the program) at the time of application. Meeting this minimum GPA does not, however, guarantee acceptance; additional eligibility criteria may be applied, including a review of Student Code violations and adjudication records. By signing this form, you give the Dean of Students office permission to release confidential information to the International Programs Office which may influence admission decisions concerning your study abroad program. Please complete and sign the top portion of this form and deliver it to the Dean of Students Office – 2001 Hedgcock.

Student Name: ________________________________________ NMU I.N.: ____________________________

Study Abroad Program/Course #: ___________________________ Program Date(s): __________________________

Faculty Leader(s): ______________________________________

I give the Dean of Students office permission to release information concerning my conduct records to the International Programs Office.

Student Signature: __________________________ Date: __________________

Parent/Guardian Signature: __________________________ Date: __________________
(if applicant is under 18 years of age)

Do Not Write Below This Line.

Dean of Students Office: Please complete this portion of the form and return to the Office of International Programs, 2101 Hedgcock.

☐ This student has no conduct file.

☐ This student has a conduct file.

☐ This student has a pending student conduct issue awaiting adjudication by the Dean of Students office.

Name of D.S.O. representative completing this form: __________________________________________

Signature: __________________________ Date: __________________