Faculty-Led Study Abroad Student Packet

Getting Started

1. Attend the faculty-led study abroad meeting for your specific course. Complete the faculty-led study abroad student application packet. Return the packet along with 2 copies of your passport photo page to your instructor or the Office of International Programs. **With the exception of some airline data the entire packet must be completely filled out, including signatures.**

2. Retain a copy of the Student Checklist and check items off as completed.

3. Payments must be made to the **Student Service Center** located in the Hedgcock Building. **Payments will not be accepted by The Office of International Programs or faculty members.** Be sure to identify the name of your course, instructor, and the country in which the course will be conducted.

4. Attend required course meetings prior to your trip, including mandatory pre-departure general orientation.

Please address any questions and comments regarding this package to International Programs Office or call the Education Abroad Coordinator at 227-2510.

Student Checklist

**Keep This Page and Check Each Item When Completed**

- Complete and Return FLSA Student Application Packet to the Office of International Programs located in room 145A Whitman Hall
- Get a passport (www.travel.state.gov) (The process can take between 30-90 days. NMU holds a passport day each year in the month of November during International Education Week)
- 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). Go to the host country embassy web site in Washington D.C. to get an application.
- Deposit Initial Program Fee
- Register for Course
- Make Airline Reservations if Appropriate
- Deposit Final Program Fee
- Pay Tuition
- Complete Embassy Registration information at U.S. Department of State: https://travelregistration.state.gov/ibrs/ (Note: Write in “Northern Michigan University, 1401 Presque Isle Ave. Marquette, MI 49855” in the “other” category. This will allow the State Department to disclose information about your status to NMU)
STUDENT INFORMATION

Name: ______________________________ IN number: ____________________________
(Exactly as it appears on your passport)

Home Phone: __________________ Work Phone: __________________ Cell Phone: __________

Birth date: ____________________

Current Address: ________________________________________________________________
______________________________________________________

Permanent Address: _______________________________________________________________
______________________________________________________

Email address: _________________________________________________________________

Name of study abroad program: __________________________________________________

Country/countries of program: __________________________________________________

Dates of program

Departure: __________________________

Return: __________________________

Course Number: _______________________

Course Title: ________________________

Number of Credits: ______

Faculty Leader: _______________________

Are you planning to use financial aid? _____ yes _____ no

References

List two faculty references who may be contacted regarding your participation.

Name: ____________________________ Phone: ___________ Email: ______________

Name: ____________________________ Phone: ___________ Email: ______________

Name: ____________________________ Phone: ___________ Email: ______________
Emergency Contact Information

List two different contacts to be notified in case of an emergency:

Name: ____________________________________________
Last First
Relationship to you: ____________________________________________

Home Phone: __________________ Work Phone: ________________ Cell Phone: ________________

Email address: ____________________________________________

Name: ____________________________________________
Last First
Relationship to you: ____________________________________________

Home Phone: __________________ Work Phone: ________________ Cell 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)
Public Safety Information

Name ___________________________________________ Student IN number: ________________________
(As it appears on your passport)

Residence Phone ___________________________ Cell Phone ___________________________

Current Address:
________________________________________________________________________________________

Permanent Address:
________________________________________________________________________________________

Parent / Guardian Phone Number: ______________________________________ (If participant is under 18 years old)

Emergency Contact ___________________________ Relationship to you ___________________________

Residence Phone Number ___________________________ Cell Phone ___________________________

Email address ________________________________________

Departure

Date ___________________________

Flight Number ___________________________

Time ___________________________

Airport ______________________________________

Return

Date ___________________________

Flight Number ___________________________

Time ___________________________

Airport ______________________________________

On-site phone number (host country) ______________________________________

On-site address (host country) ______________________________________
________________________________________________________________________________________
Student Statement of Rights and Responsibilities

I, ____________________________, have been accepted to participate in an NMU study abroad program. I accept my admission to the program and 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 will 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 in a timely manner may result in my removal from the program. **The initial $600.00 (six hundred dollars) deposit is non-refundable.**

10. **Tuition Refund.** 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: ________________

(Parent or guardian if subject is under 18 years old)
NMU PHOTO/AUDIO/VIDEO RELEASE

I authorize Northern Michigan University to record my image/voice (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. I understand that the images 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 and 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: ______________ (Please Print)

Signature: ____________________________________________
(Parent or guardian must sign here if subject is under 18 years old)

Address: ____________________________________________
________________________________________________________

Phone: ______________________________________________________________________

NMU Affiliation (check one):
_____ Student
_____ Staff
_____ Faculty
_____ Alumni
_____ Other (Explain: ______________________________________________________)

Remain Abroad Agreement

Program Title: ____________________________ Program Dates: ______________________

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 Office of International Programs of my decision to stay abroad prior to the program departure date.

2. Northern Michigan University and the instructor’s responsibilities and liabilities end when the program group’s return travel begins.

3. I am not eligible for reimbursement of any part of my program fee.

Participant Signature: ____________________________________________ Date: __________

Parent/Guardian Signature: ____________________________________________ Date: __________
(Parent or guardian if subject is under 18 years old)