International Education Center

Application for Study Abroad

Fayetteville State University encourages students to take advantage of the wide array of study abroad options available to them. In addition to enriching and contextualizing a Fayetteville State University education, spending a term, semester, or year abroad can be an invaluable experience for personal growth. To qualify for study abroad, a student must have a minimum GPA of 2.5 and be in good academic standing.

The Application Process

1. Students should complete this application form including the following checklist of materials:
   - A transcript of all work completed at Fayetteville State University (this may be an unofficial transcript).
   - A typed two-page statement of purpose to study abroad.
   - Copy of passport information page.
   - First time passport applicants must apply in person at nearest Passport Agency or Acceptance Facility. The closest facility is the Main Post Office located at 301 Green Street. Bring with you the completed application form, original or certified copy of birth certificate, 1 photo 2x2 in size, copies of front and back of all documentation that you bring with you, Application Fee plus Execution Fee. To expedite the process will require additional charges. For more information on passports please go to the government website http://www.travel.state.gov/passport/.
   - Once you receive your passport, sign it, complete the Personal Data and Emergency Contact in pencil and make a copy of it and turn into the International Education Center. When you turn in your copy, please write your name, program, term, and student ID number on the copy. If you already have a passport, submit a copy with your application.
   - Copy of health insurance card. The insurance must be valid and adequate during the time you are abroad. Please double check with your provider to be sure. If you will not have valid and adequate health insurance while you are abroad, you must purchase study abroad health/travel insurance. Call 910-672-1957 for assistance.
   - Application Fee: $10.00. This application fee may be waived for participants in FSU’s faculty-led programs.
   - Medical Assessment from your family doctor and this may be waived based on the decision from the sponsor of the study abroad program.

3. Students are responsible for fulfilling all application requirements of the sponsoring study abroad program.

4. Students are further responsible for meeting all financial obligations to Fayetteville State University as well as the sponsoring program. For students receiving financial aid, a Consortium Agreement Form must be completed if study abroad is a semester or longer.

Questions

If you have any questions or comments, please contact the FSU Office of Continuing Education and Summer School for faculty-led study abroad or for other study abroad, contact the FSU International Education Study Abroad Advisor at:

FSU Office of Continuing Education & Summer School
Dr. Jane Smith, Director
Telephone: 910-672-2262
Email: jsmit101@uncfsu.edu

Office of International Education
Ms. Deborah Vasquez, Study Abroad Advisor
Telephone: 910-672-1957
Email: dvasque1@uncfsu.edu
Academic Year: _2018-19_ Dominican Republic NURSING_________________________

**Personal Data**

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**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: (____) _____________________________

Cellular Telephone: (____) ____________________________

E-mail: ___________________________________________

**Emergency Contact #2:**

Name(s): __________________________________________

Relationship to you: _________________________________

Street Address: _____________________________________

City/State/Zip: _____________________________________

Home Telephone: (____) _____________________________

Work Telephone: (____) _____________________________

Cellular Telephone: (____) ____________________________

E-mail: ___________________________________________
I give my permission to Fayetteville State University and its agents to contact the person(s) I have identified as my emergency contact in the event the program coordinator or agents of Fayetteville State University feel such action is justified.

Participant’s signature__________________________________________ Date________________________

Parent or Guardian’s signature (if under 18 years of age)

INTERNATIONAL EDUCATION CENTER, FAYETTEVILLE STATE UNIVERSITY, 1200 MURCHISON ROAD, FAYETTEVILLE, NORTH CAROLINA 28301 PHONE: (910) 672-1957 WEB PAGE: HTTP://WWW.UNCFSU.EDU/INTPROGS/

CONDITIONS OF PARTICIPATION STATEMENT

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

APPLICANT NAME__________________________________________________________

PARENT OR GUARDIAN NAME__________________________________________________

(Parent must sign this agreement if participant is under 18 years of age.)

PROGRAM NURSING faculty-led Study Abroad for Pediatric Clinical Experience in the Dominican Republic_____

I __________________________ am a student at Fayetteville State University and plan to participate in the Study Abroad program during Summer II 2019. In consideration for being permitted to participate in the program, I hereby agree and represent that:

1. PROGRAM ARRANGEMENTS
   I understand that although the university will attempt to implement the program as described in its documentation, it reserves the right to change the program at any time and for any reason it deems sufficient to promote program objectives, safety issues or institutional needs. ______ (please initial)

2. TRAVEL AND ACCOMMODATION ARRANGEMENTS
   I understand that I am expected to adapt to differences in physical accommodations which may be perceived as inconvenient or uncomfortable by U.S. standards. I further understand that changes in accommodations may be necessary in the best interest of the program or the best interest of the university. I further understand that the university does not represent or act as an agent for, and cannot control the acts or omissions of: any host institution, a host family, other host arrangements, land transportation, air transportation, carrier, hotel or similar accommodation, tour agent, tour organizer or other provider of goods or services related to the Program. I understand that the university is not responsible for matters that are not within its direct control. I understand and agree that the University shall not be liable for any injury, loss, damage, accident, delay, expense or inconvenience arising out of any such matters. I do therefore release the university from any such liability. ______ (please initial)

3. SITE SPECIFIC ISSUES
   I understand that there may be cultural, economic, political and societal factors which may impact this program and my participation. I agree to make reasonable effort to acquaint myself with these factors and to adjust my behavior accordingly. ______ (please initial)

4. COMMUNICATION REQUIREMENTS
   I understand that maintaining contact with program leaders, university officials and other program participants may be very important for safety, health and emergency purposes. I agree to select and utilize appropriate and ongoing

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5. **INDEPENDENT TRAVEL AND ACTIVITIES**

I understand that neither the University, any faculty member nor any other university representative or agent is responsible for any injuries, loss or damage I may suffer when I am traveling independently or am otherwise separated or absent from any university-supervised activities even if a faculty member or other university representative or agent accompanies me in any independent travel or activity not sponsored by or affiliated with the university. ______ (please initial)

6. **HEALTH AND MEDICAL ISSUES**

   a. I understand that travel abroad may expose me to certain conditions, diseases or illnesses. I have acquired all immunizations recommended by the U.S. Center for Disease Control and all other inoculations necessary for safe travel in the areas I am visiting. I agree to make reasonable efforts to acquaint myself with the health factors and issues endemic to these areas and to prepare myself accordingly for my study abroad travel and activities. ______ (please initial)

   b. I have or will secure health insurance through the university to cover my travel and study abroad activities. (Alternatively I have or will secure health insurance compatible to that offered by the university.) I understand that the university is not obligated to pay for medical treatment or hospital care in a foreign country or in the U.S. during my participation in the program. I further understand that the university is not responsible for the quality of such treatment or care. ______ (please initial)

   c. I have consulted with a medical doctor or comparable health care provider with regard to my personal medical status and needs. I certify that I am medically able and capable to participate in the program, in the activities associates with the program and in the travel incident to the program. I certify that I do not have a medical condition which would endanger the health of others associated with the program. ______ (please initial)

   d. I am aware of all of my personal medical needs and I certify that I am capable of and prepared to deal with those needs. I understand that the university is not obligated to attend to my medical or medication needs. ______ (please initial)

   e. I understand that there are health risks associated with the program and travel activities. I further understand that the university will not be responsible for the health risks, injuries, damages or loss beyond its direct control. ______ (please initial)

   f. I agree that if I am injured or become ill, the university or its agents may secure hospitalization and/or medical treatment for me and I agree to pay all expenses related thereto. I further agree that the university or its agents may release information to other persons who may need this information to assist me or to assist others in the program. ______ (please initial)

   g. I hereby release the university from all liability for any of its actions or its agents actions related to the activities listed above. ______ (please initial)

7. **SAFETY ISSUES**

I understand that there are safety risks associated with the program and travel incident thereto and that the university is not responsible for such risks or injuries, damages or loss caused by them. I agree that the university shall not be liable for such injuries, damages or loss except as may be caused by the gross negligence or willful misconduct of the employees, officials or agents of the university. I further agree that the university cannot prevent me or other individuals from engaging in illegal, dangerous or unsafe activities. I therefore agree that the university shall not be liable for injury, damages or loss caused by such activities. ______ (please initial)

8. **STANDARDS OF CONDUCT**

   a. I understand that each foreign country has its own laws and regulations and has standards of acceptable conduct in the areas of dress, manners, morals, politics, alcohol use, drug use and behavior. I recognize that behavior or conduct which violate those laws or standards could harm the program’s effectiveness and the university’s relations with those countries in which the program is located. I also understand explicitly that behavior or conduct which violates those laws or standards could harm my own health and safety as well as the health and safety of other participants in the program. I take full responsibility for my behavior and conduct and agree that the University and its agents will be released and indemnified for any claim, loss, injury or liability that may be caused by my behavior or conduct. This
b. I agree to make reasonable and good faith efforts to become informed of all laws, regulations and standards for each country to or through which I travel during my participation. I further agree that I will abide by and comply with those laws, regulations and standards. _____ (please initial)

c. I also agree to comply with all university rules, standards and instructions for student behavior including but not limited to those set forth in the Student Information Handbook on the World-wide Web at: http://www.uncfsu.edu/handbook/. I further agree to comply with any supplemental rules or standards adopted by the university for the programs in which I am participating. _____ (please initial)

d. I agree that the university has the right to enforce all of the standards of conduct, rules or regulations described above. I further agree that if I violate those standards, rules or regulations, I may be sanctioned including immediate exclusion from the program. I recognize that due to the circumstances of foreign travel and foreign study programs, normally applicable procedures for notice, hearing and appeal in student disciplinary proceedings may not be practicable and therefore may not apply. I explicitly waive all claims based on alleged inadequate disciplinary procedures. _____ (please initial)

e. If I am excluded from the program, I consent to being sent home at my own expense with no refund of fees or expenses. I further understand that I may be subject to further disciplinary, civil and/or criminal action upon my return to the university. _____ (please initial)

f. I also recognize that if my behavior is determined to be detrimental to or incompatible with the interest, harmony and welfare of the university, or program or program participants, my acceptance of responsibility, my waiver of process and my consent to being sent home also apply if I engage in such detrimental or incompatible behavior. _____ (please initial)

g. I agree that I am fully responsible for any legal problems that I have. I also agree that I am responsible for any encounters that I have with any foreign government or any individual. I understand and agree that the university is not responsible for providing any assistance under such circumstances. _____ (please initial)

9. PROGRAM CHANGES
I understand that the program is subject to modification or cancellation because of natural disasters, political instability, insufficient participation or other causes. I understand that if one of these occurs, I may not have any fees or expenses refunded. I understand that program fees and charges are based on current airfares, lodging rates and travel costs, which are subject to change and for which I am responsible. I understand that if I leave or am excluded from the program for any reason there will be no refund of fees paid or expenses incurred. I agree that if I lose connections or become detached from the program group or if I become sick or injured, it will be at my own expense contact and reach the program group. If I decide to stop the program and return home, I am responsible for all the expenses. _____ (please initial)

10. OTHER EXPENSES OR INSURANCE
I understand that I am responsible for my own accident, travel, baggage, missed flight and life insurance coverage. I also understand that I am responsible for all debts and expenses I incur abroad other than those covered by the required program fees. _____ (please initial)

11. ACKNOWLEDGEMENT OF MY RESPONSIBILITY AND ASSUMPTION OF RISK
I fully understand that this program will expose me to many risks associated with foreign travel and participation in a program abroad. I fully accept this possibility of risks and assume all risks associated with this program. I therefore agree to release, hold harmless, discharge and indemnify Fayetteville State University, the UNC Board of Governors, University officials, employees, agents and volunteers from any present or future liability, claim or demand that may be asserted in connection with (a) emergencies, accidents, illnesses, injuries or other consequences or events arising from my participation in the program, (b) any cause, event or occurrence beyond the direct control of the University or its agents including, but not limited to, natural disasters, wars, civil disturbances, terrorist acts or the negligence of other persons, and (c) events or occurrences caused by my behavior or conduct while traveling or participating in the program. Further, I understand and agree that this acknowledgement, discharge, hold harmless agreement, release, indemnification and
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assumption of risk shall be binding on me, my heirs, my assigns, members of my family, my executors and administrators and my personal representatives. _____ (please initial)

12. VOLUNTARY ACKNOWLEDGEMENT

I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the advisor, counselor or attorney of my choice. _____ (please initial)

13. INTERPRETATION OF AGREEMENT

I agree and acknowledge that the laws of North Carolina govern this agreement and that North Carolina shall be the forum for any lawsuit, hearings or adjudications filed under or incident to this agreement or to the program. I further agree that should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement shall remain in full force and effect. _____ (please initial)

I have carefully read, understand and fully agree with this agreement. This agreement represents my complete understanding with the university concerning the university’s or its agents’ responsibility and liability for my participation in the program. This agreement supercedes any previous or contemporaneous understandings I may have had with the university or its agents, whether oral or written. I represent that I am at least eighteen years of age or if not that I have secured below the signature of my parent or guardian as well as my own.

Participant’s Name (Print) ________________________________________________________________

Participant’s signature ___________________________ Date: __________________________

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

MEDICAL SELF-ASSESSMENT

Please complete this section. 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. This information will be kept confidential. Indicating your special needs allows us to make arrangements that will best serve you. It does not affect your eligibility for admission. If you answer “yes” to any of these questions, please attach a separate page describing the condition and the treatment you receive.

Name ___________________________________________________ Banner ID #: ___________________________

Last                                           First                                            Middle

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

Program Location (Country): _Dominican Republic______________________________________________

Do you have any pre-existing medical conditions, currently taking medication, or under medical treatment for any reason? ☐ Yes ☐ No

When did you last consult a physician and why? _________________________________________________

Do you have asthma? ☐ Yes ☐ No    If yes, do you take medication or have an inhaler? ______________

Have you had any diseases, ailments, or injuries in the past 5 years? ☐ Yes ☐ No

If yes, please explain_______________________________________________________

Are you currently or in the past 5 years, been treated by a mental health practitioner (psychologist, social worker, or psychiatrist) for any of the following (please provide additional information if necessary):

☐ Depression    ☐ Drug addiction or abuse    ☐ Family Concerns    ☐ Alcohol addiction or abuse
☐ Bulimia    ☐ Anorexia    ☐ Anxiety    ☐ Panic Disorder

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☐ Other: (please explain) ________________________________________________________

Blood Type____________________

Do you have allergies to medications? Please list: _________________________________________________________

Do you have allergies, dietary restrictions or physical or learning disabilities about which we should be aware?  ☐ Yes ☐ No

Have you ever had a major surgical operation or been advised to have one?  ☐ Yes ☐ No

Do you have or have you ever had a major illness (rheumatic fever, etc.)?  ☐ Yes ☐ No

Please explain: _____________________________________________________________________________________

Are you physically fit to travel abroad?  ☐ Yes ☐ No

☐ I certify that this Medical Assessment will be maintained for the duration of the study abroad program.  I certify that all information I have provided above is true and correct.

Signature of Student: ________________________________________________  Date____________________

MEDICAL AUTHORIZATION

If I 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________________

Parent or Guardian’s signature (if under 18 years of age)

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. The State of North Carolina Department of Insurance has worked with the UNC system to provide affordable and comprehensive health coverage. The premium for study abroad insurance is approximately $1.50 per day for students.

To obtain the health insurance coverage, contact: Mrs. Deborah Vasquez at 910-672-1957 at least four weeks in advance of your departure. You will be advised on how to obtain coverage and receive proof of coverage. 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.
I understand the need for health insurance and will 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.

Participant’s signature: ____________________________ Date: ______________

Demographic Information

- Native American or Alaskan Native
- Asian or Pacific Islander (including Indian subcontinent)
- Black, African American (non-Hispanic)
- Hispanic (including Puerto Rican)
- White (non-Hispanic)
- Other (please specify) ____________________________

How did you first learn about FSU Study Abroad programs?
- Advertisement
- Brochure
- Poster
- Faculty Member
- Study Abroad Advisor/Office
- Campus Visit from FSU Staff
- Website
- Other Student

Fayetteville State University Record

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Study Abroad Program Information

Dr. Stephanie Hodges and Ms. Christy Swinson, School of Nursing
Faculty Members and/or Department Leading Study Abroad Program

Sponsored by FSU Office of Continuing Education and Summer School
Name of Host School or Organization Sponsoring Program

EF Tours
Host School or Organization Contact Person Address
Academic Year:  _2018-19_ Dominican Republic NURSING_________________________

Phone Number ___________________________

Dominican Republic

Host Location (Country and City)

Indicate the semester(s) for which you plan to study abroad:

☐ Fall  ☐ Spring  ☐ Summer I  ☐ Summer II  2019

Applicant's Certification

I hereby certify that the information I have provided in and included with this application is complete and accurate.

Signed ________________________________  Date __________________________