



UNIVERSITY OF MASSACHUSETTS
 AMHERST
 William S. Clark International Center
 111 Infirmary Way Ofc 3
 Amherst, MA 01003-9335

International Programs

Study Abroad: 413.545.2710
 International Students: 413.545.2843
 Fax: 413.545.1201
 Office Location: 467 Hills South

Short-Term Program Application Form

Program: _____ Dates of Program: _____
 (include country or countries) (start and end dates)

Your Name: _____
 Last First Middle

Participant Information

Student ID #: _____ E-mail: _____@student.umass.edu
 Permanent Address
 Street: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Birth Location: _____ Date of Birth ____/____/____ Male _____ Female _____
 Citizenship: _____
 Passport # (if available) : _____ Place of Issue: _____ Passport Expiration Date: _____

Academic/University Information

Home University or College: _____ If UMass, which campus? _____
 Anticipated academic standing when program begins: Sophomore____ Junior____ Senior____ Grad____
 Major (s): _____ Minor: _____
 Major Faculty Advisor: _____ Expected Date of Graduation (Month/Year): _____
 Cumulative Academic Average (GPA)____ Average in Major: ____ Commonwealth College/Honors: Yes____ No____

The following information is voluntary and will be used to help IPO conduct more effective outreach for education abroad and for statistical purposes. Please check all that apply:

- Native American/Alaskan Native
- Hispanic
- Black, Non-Hispanic
- Multi-racial
- Asian/Pacific Islander
- White, Non-Hispanic
- Cape Verdean
- Other (self identification) _____

**UNIVERSITY OF MASSACHUSETTS AMHERST INTERNATIONAL EDUCATION PROGRAM
CONDITIONS OF MEMBERSHIP AGREEMENT FOR STUDENTS PARTICIPATING IN UMASS AMHERST PROGRAMS**

Program: _____ Dates of Program: _____

Your Name: _____

PERMISSION TO SHARE INFORMATION. I give the Director (or his/her designee) of the International Programs Office of the University of Massachusetts Amherst and my host institution abroad permission to communicate with each other and my parents or other emergency contact person (specified below) regarding all issues surrounding my education-abroad experience. This may include but is not limited to student account information, student conduct issues, health and safety, or academics; such contact may occur before, during or after the program. I understand that, if I have any pending legal or disciplinary action, outstanding financial obligations to UMass, and/or am on academic probation, I may not be eligible to study abroad until these issues are resolved.

PAYMENT DEADLINES. I understand that a non-refundable deposit is due upon acceptance into my education abroad program and that this deposit will be billed by the Program Director. I understand that to secure my participation in the program, the remaining balance of the International Study-Abroad Program fee must be remitted to the Program no later than the date specified by the Program Director.

FINANCIALLY RESPONSIBLE PERSON (FRP) A Financially Responsible Person (FRP) is someone in the U.S. (parent, guardian, sibling, other) who is designated to handle your financial affairs while you are abroad. This person should be informed of your education abroad program fee payment deadlines so that your financial obligations can be promptly met in your absence. A joint bank account, listing both you and this "financially responsible person," will facilitate receipt of funds and payment of fees in your absence.

Name: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work: (____) _____ Cell: (____) _____ Email: _____

Relationship to Student: _____

REFUND POLICY. I also understand that should I withdraw from the University of Massachusetts education abroad program for any other than a medical reason (see below), my program fee will be refunded according to the following schedule: withdrawal on or before the payment deadline set by the Program Director: 100% of the fee paid beyond the non-refundable deposit and other non-recoverable costs; withdrawal after the beginning of the program: no refund. I further understand that my date of withdrawal is determined by the postmark on my written notification of withdrawal to the program.

If I must withdraw from the program for medical reasons, I understand that I must provide the program with a written statement of a medical doctor who examined me in the location where I became ill (whether in the U.S.A. before going abroad or in the country of my education abroad program). The physician must certify that for medical reasons I must withdraw. The only exception to this is in the case of life-threatening emergency. Both the certification and the existence of life-threatening emergency are subject to review by the University of Massachusetts Health Services. While we will try to handle refunds of program fees for certified medical reasons with consideration, especially those fees that are recoverable on a pro-rata basis, no guarantee of any refund is possible in advance. This review should not at all delay dealing with the said life-threatening emergency.

EXPULSION POLICY. I agree that upon the decision of the director of the program and/or the Director of the International Programs Office, my participation in the program may be terminated if I engage in action endangering me or others or jeopardizing the success of the program or do not abide by the rules set forth by the program director, the education abroad institution, and the laws of the host country(ies). I further agree that if expelled from the program, I will be responsible for all expenses associated with my early withdrawal from the program and incurred in returning to my point of origin. In the event of such expulsion, I further agree that no refund of the International Study-Abroad Program fee will be given. Decisions to expel may be appealed by the student concerned to the International Studies Council (ISC).

PROGRAM PARTICIPATION. I agree to participate fully in all parts of the education abroad program (instructional, cultural, social) organized for the Program, as set out in the program information and by the host institution (s). I understand that I must fully participate in the program coursework, and that any deviation from the normal course schedule and/or program design must be approved in advance in writing by the director of the Program.

HOST COUNTRY/INSTITUTION REGULATIONS. I agree to abide by all rules, laws and regulations of the destination country/ies and to abide by all rules and regulations as set out by the program and the host institution(s). I understand that should I violate the laws and regulations of any country/institution visited as part of this educational program, the University of Massachusetts may not be held liable for such conduct and reserves the right (to be exercised by the Program Director or the administrative official responsible for the program) to terminate my participation in the program and to return me to the United States at any time without remission of any unused portion of fees paid in the event.

HEALTH STATEMENT: I state that I am free of medical conditions that would endanger my life, health, or well-being while traveling or living abroad, or that would impede my ability to fully participate in all aspects of the Program. I will follow my doctor's advice on travel medicine, etc. and will follow the recommendations of the Centers for Disease Control (<http://www.cdc.gov/travel/>), provided that they do not conflict with my doctor's advice, in order to help ensure that I will remain healthy on the program. I agree to take any medications, as prescribed, that are necessary to stay healthy, including medicines needed to manage mental illnesses or other chronic medical condition.

MEDICAL INSURANCE: I state that I have accident and illness insurance coverage that is valid in all countries I will be visiting overseas during the period of the education abroad program. I state that I also have accident and illness insurance coverage for the time periods before and after the official starting date of my education abroad program. I understand that medical emergencies may arise requiring my return to the United States or some other country (medical evacuation or repatriation). I recognize that not all medical insurance plans include these provisions automatically and will inquire to insure that I have such coverage. I state that I have or will obtain prior to departure insurance coverage for such contingencies. As a standard, Medical Evacuation insurance should cover at least \$100,000 and repatriation of remains should cover at least \$20,000.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OR SURGERY

I understand that while I am enrolled in a University of Massachusetts Education Abroad Program occasions may arise when sickness or accident require routine or emergency medical or surgical treatment. I hereby grant permission for my submission to emergency medical care, including anesthetic, blood transfusion and surgery, during the period of the Program, as recommended by medical authorities. I authorize the release of my medical records to attending physicians. I further understand that a physician or medical or surgical treatment facility often will require that some adult person be in a position to give an authorization to render the medical or surgical service, and to give reliable assurance that payment for such services will be made. Accordingly, to help ensure that I am not precluded from receiving needed treatment, I authorize the University of Massachusetts and its agents and employees to obtain needed medical and surgical services for me. I agree to pay such fees and charges as may result from the provision of such medical and surgical services and to reimburse the University of Massachusetts, its agents and employees, for any fees or other expenses it or they might reasonably incur should it or they be required to pay any such fees or charges or other costs incidental to the providing of such services. Also, I desire to assure the University of Massachusetts that I will pay the charges for such services that may be arranged for by the University, or its Program Director, if my medical insurance does not fully cover all such charges. I also understand that normally the University will notify my emergency contact in advance of any unusual medical or surgical procedure that may be required, but agree that no such advance notice is expected unless it may be practically and conveniently given.

EMERGENCY CONTACT PERSON (parent or other while you are abroad):

Name: _____

Relationship: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work: (____) _____ Cell: (____) _____ Email: _____

EMERGENCY INFORMATION RELEASE: In the event of any emergency during the time that I am a participant in the program, (for example if I should suffer any physical injury or other threat for my mental or physical well-being), I hereby give permission to representatives of the University of Massachusetts and this program to notify the following named persons of my whereabouts and/or my condition:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event of an emergency during the time that I am a participant in the program, I give permission to representatives of the University of Massachusetts and this program to provide the following information to the news media: to confirm or deny my status as a student of the University of Massachusetts; to confirm or deny my status as a participant in the above specified study abroad program; and to confirm or deny information concerning my whereabouts, health and safety.

RELEASE

The University of Massachusetts recognizes the _____ Program as a proper educational academic and experiential activity for those students desiring to participate. This program will require travel to locations off the campus of the University of Massachusetts with the usual potential for risk of personal injury or damage to property associated with such travel.

I acknowledge that this program will require travel to locations off the campus of the University of Massachusetts, and that I have been made aware of the risks of international travel including, but not limited to crime, terrorism, war, serious bodily injury or death, property damage and other risks that may not be foreseeable. I further understand that the risks of travel include transportation delays, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, and other circumstances beyond the control of the University.

I understand that if I should confront a legal problem, the University of Massachusetts cannot officially represent me or my legal interests in dealing with a foreign legal system; nor can the University assume any direct responsibility for the actions of a foreign government.

I know that I am voluntarily participating in the Education Abroad Program in _____ (country) despite the above risks. I understand that the University of Massachusetts is not responsible for my safety, and by my signature below I RELEASE the University (and its Trustees, officers, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with my participation in this activity. I understand that this RELEASE covers liability, claims and actions caused entirely or in part by any acts or failures to act of the University (or its Trustees, officers employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the University.

I recognize that this RELEASE means I am giving up, among other things, rights to sue the University, its Trustees, officers, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I have read the above Conditions of Membership and Release, fully understand their terms and agree to be legally bound by them.

Applicant Signature/

Date

Witness Signature

Witness Print First Name, Last Name

Witness Street Address

Witness City, Zip, State

Witness Phone Number

Important: While this agreement must be witnessed, it need not be notarized.

You will not be allowed to participate in your Education Abroad Program unless this signed form is returned!

International Programs Office, 111 Infirmary Way Ofc 3, Amherst, MA 01003- 9335, tel. (413) 545-2710, fax (413) 545-1201

UNIVERSITY OF MASSACHUSETTS AMHERST INTERNATIONAL EDUCATION PROGRAM

HEALTH INFORMATION SHEET

It is important to the success of your period abroad that UMass International Programs (IPO) and your host program/institution be aware of your health-related needs and/or concerns. We encourage you to consider the importance of these matters as you plan to go abroad. This information is not used to determine eligibility for program/exchanges.

Name: _____

Program: _____

Period Abroad: _____

1. Your general state of health: Excellent Good Fair Poor
2. Please describe any general health concerns you have at this time.

3. Please list any serious medical conditions for which you have been (or are currently being) treated.

4. Have you ever had: (if "yes", please give details of the condition and treatment on back)
 YES NO Heart trouble or blood pressure problems?
 YES NO Asthma or any other respiratory ailment?
 YES NO Stomach or intestinal problems (ulcers, etc.)?
 YES NO Allergic reaction to any medications?
5. Do you require any regular medication? If yes, please describe conditions and requirements.

6. Have you ever been or are you currently being treated for any mental, emotional, or nervous disorder? If yes, please describe.

7. Name, address, and telephone of your physician or practitioner: _____

You will need health insurance coverage for the period you are away from your home institution. You should check the information provided by your program to confirm whether coverage is offered by the program/exchange. Remember that program coverage may not start until the program begins and will probably end when it completes. Please list below any policy or health insurance program, which will cover you from the time you leave your home university until your time abroad is over.

Coverage provided through program: _____

Other Coverage: _____

Policy holder (parent, etc.) _____

Company name and Policy # _____

I understand that pre-existing health conditions may impact the quality and safety of my education abroad experience. I also realize that it is my responsibility to contact my physician or health practitioner about conditions, which may be affected by my change of location

Signature of Applicant

Date