

Tennessee Tech University

Application for Participation in Approved Study Abroad Programs

WE'LL TAKE YOU THERE...

Tennessee Tech encourages all students to take advantage of the many international and multicultural opportunities offered through its study abroad programs. Students may also be considered for placement in non-affiliated study abroad programs with prior approval.

In order to be selected to participate in study abroad programs applicants must:

- A. be a full-time enrolled student at TTU in good standing
- B. have a minimum G.P.A. of 2.5
- C. have junior or senior standing. Sophomores must have consent of their academic advisor
- D. have a commitment to abide by the rules and regulations of the study abroad program

Please use the checklist below in preparing your application and check off (✓) each item as it is completed.

- Completed Application. Fill out the application form carefully and completely. Incomplete or missing information will delay the review of your application.
- TTU Transcripts and transcripts from other universities if necessary
- Personal statement. On a separate sheet of paper write a brief statement explaining your reasons for wanting to participate in the Study Abroad Program.
- One Academic Reference. (Included in application)
- Sign and date all documents
- Return all application documents to the International Student Affairs office. (Address and Fax listed below)

CONDITIONS OF TRAVEL REIMBURSEMENT

Students awarded a Study Abroad Travel Reimbursement will be provided with the cost of round-trip air transportation to and from the exchange site up to \$1000. Students agree to provide the Office of International Student Affairs with all pertinent receipts. Recipients of the TTU Study Abroad Travel Reimbursement must:

- I. Complete 10 hours of service with the Office of International Student Affairs in promoting study abroad opportunities
- II. Submit an evaluation of your study abroad experience
- III. Serve on the study abroad or international affairs committee, if asked

Check One Statement:

- I accept, understand, and agree to abide by the conditions outlined in this form and accept the TTU-Study Abroad Program placement offered.
- I do not accept the TTU-Study Abroad Program placement offered and do not wish to be considered for an alternate placement because:

Participant Signature

Date

I have reviewed the complete application and discussed it with the applicant. I support this nomination and I am satisfied that the applicant has received approval for participation in the TTU Study Abroad Program from all required faculty members and administrative officials.

Magellan Coordinator

Date

TTU Study Abroad Coordinator

Date

Tennessee Technological University, Office of International Student Affairs Box 5093, Cookeville, TN 38505-0001 USA

Tel: (931) 372-3634 Fax: (931) 372-3674 · <mailto:ALMiller@tntech.edu> · URL: www.tntech.edu/studyabroad

Tennessee Technological University is a Constituent University of the Tennessee Board of Regents TTU 430-963-00/EEO/AA/Title IX/Section 504/ADA Employer

Tennessee Tech University

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This application form is to be completed by students applying for participation in approved study abroad programs through Tennessee Technological University. All information except for the signature should be typed or printed clearly. Please complete all requested information.

STUDY ABROAD PROGRAM:

APPROXIMATE EXCHANGE DATES:

HOST INSTITUTION:

From:

To:

Last Name		First Name		Middle Name		Other/Preferred Name	
Date of Birth		Gender		T#		E-mail Address	
Citizenship		Do you have a U.S. Passport?		Passport Number (if available)		Passport Expiration Date:	
Permanent Home Address:				Local Address and/or TTU Box			
City				City			
State/Province		Postal Code		State/Province		Postal Code	
Telephone:		Cell phone:		Telephone:		Cell phone:	
Parent/Guardian Name:				Emergency Contact:		Relationship:	
Address				Address			
City		State/Province	Zip Code	City		State/Province	Zip Code
Home phone		Cell phone		Home phone		Cell phone	
ACADEMIC INFORMATION				If you have had any correspondence or contact with any department or person at TTU regarding this program, please list here:			
Classification: Fresh. Soph. Junior Senior Grad				Name:			
Major:				Department			
Concentration:							
Expected Grad Date (Sem/Yr):							
Cumulative GPA:							

CONSENT FOR RELEASE OF INFORMATION

Name _____ T# _____
 Program for which you are applying _____

To THE STUDENT: The information released by your signature on this form will be reviewed by the Office of International Programs along with your completed application packet to determine your suitability for study abroad; it will be shared with program staff, faculty, or appropriate professionals only if pertinent to the study abroad program or the safety of related personnel or participants. A minor infraction may block your selection to study abroad.

By signing below, I authorize the release of my information contained in my student records. I understand that this includes any judicial records I may have and financial aid information related to the payment of my study abroad program fees.

Applicant's Signature

Date

APPLICANT'S DECLARATION

I understand that withholding information requested in the application or by giving false information may make me ineligible for admission to, or continuation in the Tennessee Technological University approved Study Abroad Program. With this in mind, I certify that the above statements are correct and complete. Further, if I am admitted to the exchange program, I agree to abide by the rules and regulations of the Exchange Program and the University. My permission is given to the university to obtain additional information pertinent to my social and academic record at other schools. **(Notice:)** If you are accepted as a student for this program, there may be prerequisite language courses that you will be required to take prior to your participation in the program.

Applicant's Signature

Date

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Medical History Form

Name _____ Program _____

1. What illnesses, conditions or injuries have you had medical treatment for in the past five years?

2. Are you currently under treatment for any physical or emotional condition? Please explain.

3. List any ongoing physical or emotional conditions, which might require immediate treatment abroad due to changes in climate, diet or exercise. What treatment is recommended?

4. Are you currently taking any medications on a regular basis? If so, please name.

Please describe for what purpose the medication is prescribed (e. g. Claritin for allergies)

5. Which medications are you allergic to?

_____ Aspirin _____ sulfa drugs _____ penicillin _____ other

(Please name) _____

6. What other substances are you allergic to? (i.e. bee stings, foods, plants, animals, etc.)

7. Do you have any condition or disability, which might prevent you from climbing steps, participating in excursions or other activities? If yes, please describe.

8. Are you on a restricted diet? If so, give details.

Your physician _____

Name _____

Address _____

Telephone _____

Please note that failure to disclose any and all medical conditions may result in removal from the program. A doctor's letter releasing you to participate may be required.

Student's Signature

Date

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Designation of Medical Surrogacy

In the event that I become ill or injured and my decisional capacity is impaired, I hereby designate:

Name	Telephone (home)	(office or cell)
Address	Relationship to undersigned	

as my medical surrogate to act on my behalf to make decisions regarding my care.

*** The surrogate must be a relative or someone with legal responsibility (e.g. spouse) Girlfriends and boyfriends are not acceptable surrogates. ***

• In addition to the above named, as an alternate contact, I hereby designate:

Name	Telephone (home)	(office or cell)
Address	Relationship to undersigned	

• In the event that the above-named designee(s) cannot be reached, I hereby designate the program director(s) or his/her/their representative to act on my behalf in an emergency should my decisional capacity be impaired.

Participant's Signature

Date

Proof of Insurance

ALL STUDENTS PARTICIPATING IN STUDY ABROAD PROGRAMS MUST HAVE REGULAR HEALTH INSURANCE COVERAGE.

Name of Insured _____

This is to state that policy number: _____ has been issued to _____

By _____

(Name of Insurance Company)

providing insurance protection for medical emergencies during travel abroad. This policy will be in full force and effect during the time of enrollment in your study abroad program.

Does the above policy cover these expenses incurred in another country:

Medical evacuation Yes No

Repatriation of Remains Yes No

ALL STUDENTS ARE ALSO REQUIRED TO HAVE REGULAR HEALTH COVERAGE ABROAD IN ADDITION TO THE TWO THINGS LISTED ABOVE. IF YOU DO NOT HAVE APPROPRIATE COVERAGE, WE CAN GIVE YOU A LIST OF COMPANIES THAT OFFER APPROPRIATE COVERAGE WHILE STUDYING ABROAD OR YOU CAN APPLY FOR COVERAGE THROUGH THE SCHOOL THAT YOU WILL BE ATTENDING.

* Please indicate your medical insurance carrier's procedure for handling claims in the event that you require medical care while overseas:

Participant's Signature

Date

*It is important to be aware of what procedures for payment/reimbursement will be required by your particular medical insurance company. Most U.S. companies will not make payment directly to a foreign doctor or hospital. In the event of illness or accident, students must be prepared to pay cash to the foreign doctor or hospital, and be responsible for obtaining receipts to submit for reimbursement by their U.S. medical insurer. BE PREPARED BY KNOWING YOUR INSURER'S GUIDELINES!

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CONDITIONS OF PLACEMENT

I. My exchange placement is limited to the academic term indicated on the application. An extension will only be considered if I secure written approval from both TTU and my Host Institution.

II. I will have the status of non-degree student at my Host Institution unless another status is indicated.

III. My exchange placement may be terminated early by TTU or my Host Institution if:

1. I fail to remain enrolled full-time at my Host Institution,
2. I fail to maintain minimum academic standards as defined by my Home or Host Institution, or
3. I am found in violation of the laws or regulations of my Host country.
4. I am found in violation of the Disciplinary Policies and/or other Policies of my Home or Host Institution.

IV. I will pay TTU the designated academic fees and any applicable room/board costs covering the full period of my exchange placement. If I withdraw from the program anytime after accepting this placement, or if my exchange placement is terminated after I take up placement at my Host Institution:

1. I may still be obligated to pay the full academic fee and any applicable room/board costs at the discretion of TTU in collaboration and agreement with my Host Institution,
2. I will be obligated to pay any non-recoverable costs incurred by my Host Institution based on my acceptance,
3. I will forfeit my right to receive benefits as a study abroad participant and must reimburse Tennessee Tech University for any money advanced to me to cover benefits (such as housing and meals) after the date of my withdrawal or termination, and
4. I understand that I may lose financial aid or scholarships due to loss of full-time student status.

V. I will purchase health insurance coverage.

VI. I agree that the official academic records of my work undertaken at my Host Institution will be released to TTU for evaluation of transfer credit.

VII. I will complete a TTU-Study Abroad Program Participant Evaluation form.

VIII. I understand that I am subject to the laws of the country or state where I am studying as well as the rules and regulations of my Host Institution. I also understand that it is my responsibility to be informed about the laws of the country or state and to conduct myself in a manner that complies with those laws.

IX. I understand that course prerequisites at the Host Institution must be met and that course registration at the Host Institution is based on the availability of offerings and cannot be guaranteed.

X. I understand that both the Host Institution and TTU are not responsible for the possible disruption of studies while I am on exchange to my Host Institution.

XI. I understand that TTU reserves the right to cancel or alter any placement or amend the conditions of participation should unforeseen circumstances make this advisable. TTU shall not be liable for any loss resulting from such cancellation or change. TTU is not responsible for penalties assessed by air carriers that may result from itinerary changes. Any additional expense resulting from itinerary changes or cancellations are the responsibility of the participant.

XII. I understand that TTU and my Host Institution cannot guarantee my health and safety while on exchange. I am responsible for acting prudently and exercising caution and common sense at all times. I also understand that I may be using different forms of transportation to participate in this program. I agree that TTU and my Host Institution are not responsible for any personal injury, death, and/or loss or damage to property suffered by me during my exchange or during periods of travel with, and independent of, the exchange program.

Participant's Signature

Date

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LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

Release executed by _____, whose address is
(your name)
_____, to Tennessee Technological University.
(your address)

1.0 I desire to participate in the study abroad activity sponsored by
Tennessee Technological University to be conducted on _____ at
(Dates of Program)
_____. I fully understand and appreciate the dangers,
(Location of Program)

hazards, and risks inherent in the activity, in the transportation to and from the activity, and in any independent research or activities I undertake as an adjunct to the activity, which dangers include but are not limited to personal injury or death as a result of an accident, act of God, or physical exertion or damage to personal property.

2.0 Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the activity, on behalf of myself, my family, heirs, and personal representatives(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the activity, the transportation, and in any independent research or activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue Tennessee Technological University, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the 'Releasees'), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the activity, or any adjunct to the activity, occurs or is being conducted.

3.0 I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary. I understand and agree that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

4.0 It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a 'Release, Waiver, Discharge and Covenant' not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in the study abroad activity sponsored by Tennessee Technological University to be conducted on _____.
(Dates of Program)

5.0 In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that Tennessee Technological University does not require me to participate in the study abroad activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full,

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adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

6.0 I further agree that this Release shall be construed in accordance with the laws of the State of Tennessee. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

IN WITNESS WHEREOF, I have executed this release this _____
day of _____, 200__.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

STUDENT/PARTICIPANT

WITNESS

Signature

Signature

Printed Name

Printed Name

Signature of Parent/Guardian (if applicable)

Printed Name

IF THE PARTICIPANT IS NOT 18 YEARS OF AGE OR OLDER, THIS DOCUMENT MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

Please submit this form to:

TTU Office of International Student Affairs
Box 5093, Cookeville, TN 38505
Or Fax to 931-372-3674

If you have any questions please Call 931-372-3634 or
Email Amy Miller at ALMiller@tntech.edu

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ACADEMIC REFERENCE FORM

STUDENT AUTHORIZATION:

I, _____ Authorize _____
(print name as it appears on your application) (name of person providing reference)
to provide the information requested, as a part of my application for participation in

(Name of Study Abroad Program and Host Institution, Country)

Under the US federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 4389a(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below.

Signature:

Date:

TO BE COMPLETED BY INDIVIDUAL PROVIDING THE REFERENCE:

The applicant named above is applying for study abroad through a TTU-approved study abroad program. Since participants usually directly matriculate into their host institutions and in all cases serve as representatives of their nation and institution, TTU is concerned with the applicant's academic and personal suitability for study abroad. The willingness of host institutions to accept future participants will be affected by this applicant's performance.

1. How long and in what capacity have you known the applicant?

2. Please indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below Average	Average	Above Average	Inadequate opportunity to observe
Knowledge in area of specialization				
Motivation and seriousness of purpose				
Ability to plan & carry out research/independent study				
Ability to express thoughts in speech and writing				
Emotional stability and maturity				
Self-reliance and independence				

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ACADEMIC REFERENCE FORM

3. Please comment specifically on the applicant in terms of the following: (a) academic suitability for study at an institution abroad; (b) personal suitability for living abroad; (c) how participation in this program will be of benefit, both academically and personally; (d) weaknesses; (e) linguistic preparation, if applicable; and (f) any other factors which you believe may affect a successful experience on this exchange program.

Please attach any additional comments

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Campus Address: _____

Telephone: _____ Email: _____

Please return this form to:

TTU Office of International Student Affairs
Box 5093, Cookeville, TN 38505