

Program Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

**Application Packet**  
**For**  
**Appalachian Overseas Education Programs (AOEP) 2009/2010**

Congratulations on your decision to study abroad during the academic year 2009/2010! It will be an experience to remember. However, before that experience can begin, you must complete this application packet. Please make sure you read and understand all the forms before you complete and sign them.

While this may seem like an overwhelming amount of paperwork, it will save many people much time if you complete it all correctly now. In this packet is a checklist of all the forms to be completed for students who wish to study abroad on an AOEP. All students must complete and submit the first 12 items on the list that are included in this application packet.

You will be able to retrieve the 13<sup>th</sup> item – your program specific **Courses, Payment Schedule and Cancellation Policy Form** from our web site at:

<http://www.international.appstate.edu/education/shortterm.html> in the left-hand **Forms/Information** box. Please make sure to attach this form to the application packet you will submit.

If any information changes between the time you fill out the forms and the time your program departs, it is your responsibility to convey that information to your program leader and the Office of International Education and Development (OIED).

Please check off the items on your checklist as you complete each one, and submit the checklist with the rest of your application materials. You are not officially registered for the program until all application materials have been submitted with your non-refundable deposit check. If you have any questions, please contact your program leader or our office.

**Office of International Education and Development (OIED)**  
**238 I.G. Greer Hall, Appalachian State University, Boone, NC 28608**

**Meg Marck-Kennedy, Director, Appalachian Overseas Education Programs**  
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# Appalachian Overseas Education Programs 2009/2010

## Application Packet Checklist

**NOTE:** We strongly recommend that you fill out this packet electronically before printing a hard copy and adding the signatures. If your computer has Adobe Reader, not Adobe Professional, you may not be able to save the form to your computer.

Before submitting your application, please use this checklist to make sure your application is complete. An incomplete application package may prevent you from receiving proper credit or from participating in the program. Check each item you have included or enter "N/A" if the item listed does not apply to you.

**Your application is incomplete unless you add and sign a copy of your program specific courses, cancellation and payment policy form from our website.** Please return the completed application to your program leader with the non-refundable deposit check and retain a complete set of copies for your files.

### **All Students must submit these first twelve (12) items of this application packet:**

- U.S. Department of State – Public Announcement relevant to your destination(s)  
(Please initial and return with your application)
- Appalachian Overseas Education Programs Application Form
- Registration Information Form\*
- Participant Agreement Form
- Student Conduct Code Form
- Study Abroad Health Report and Release Form
- Health Disclosure Form
- Consent for Release of Physical and Mental Health Information Form
- Consent for Release of Information to Parent/Guardian  
Judiciary Clearance Form
  - Judiciary Clearance Form was filled out by Student Conduct Office and is attached.
  - Judiciary Clearance Form was turned in to Student Conduct and will be forwarded to OIED.
- Student Handbook Acknowledgement Form (refer to link under Forms/Information)
- Release for Use of Photograph Form
- Fill out and Attach Courses, Payment Schedule and Cancellation Policy Form (**13<sup>th</sup> item**)  
(To retrieve from *Forms/Information* left-hand box on our website at [www.international.appstate.edu/education/shortterm.html](http://www.international.appstate.edu/education/shortterm.html))

### **\* Please read the Registration Information Form carefully to determine which of these remaining items you must submit:**

- Fill out and Attach Permission to Overload Form (Obtain from your Dean)
- Fill out and Attach Independent Study Form (Obtain from your Department Chair)
- Fill out and Attach Data Sheet (If you are an ASU senior graduating in May and applying for a summer term program)
- Retrieve Data Sheet Form at <http://www.registrar.appstate.edu/eforms/datasheet1.pdf>

### **If you are a prospective graduate student currently enrolled at ASU as an undergrad:**

Retrieve Application Guidelines and Forms for Admission to the Graduate School at <http://www.graduate.appstate.edu/gradstudies/prospective/applications.html> and submit all necessary items (form, official transcripts, data-sheet, \$50.00 fee, permission forms, etc...) to OIED.

**Non-ASU students:** Please retrieve the procedures for admission at Appalachian from our website at [www.international.appstate.edu/education/shortterm.html](http://www.international.appstate.edu/education/shortterm.html) (see the *Forms/Information* left-hand box). Our office will not process your AOEP application until after you have been admitted to Appalachian.

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## INTEROFFICE MEMORANDUM

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TO: Appalachian Overseas Education Program Applicants

FROM: Meg Marck-Kennedy  
Director, Appalachian Overseas Education Programs

SUBJECT: U.S. Department of State – Public Announcements

DATE: September 26, 2009

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**NOTE: Please initial this form at the bottom of the page.**

Your personal safety while you are away from home is very important to you, to your family and to us. Following tragic world events, the U.S. Department of State releases public announcements and Worldwide Cautions.

We would like for you to share these announcements with your family and visit the web page <http://travel.state.gov>. This web page from the U.S. Department of State's Bureau of Consular Affairs offers a wealth of information to the international traveler, including:

- List of Current Warnings and Announcements
- Travel Publications
- Tips for American Students

Frequent updates require that you visit the web site regularly to stay currently informed.

We strongly recommend that you subscribe to the State Department's **Travel Warnings, Travel Alerts** (formerly Public Announcements), and **Country Specific Information** (formerly Consular Information Sheets), by registering at <http://travel.state.gov/mailman/default.php>. Simply click on the *Subscribe* tab and select DOS TRAVEL as your subscription option. This option will allow you to automatically receive, via email, updated information about conditions in and requirements for travel to foreign countries.

**Please retain a copy of this memo for your files and reference, initial this memo, and turn it in with your application package. Thank you.**

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INITIAL HERE



Program Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Appalachian Overseas Education Programs 09-10 Application Form

**238 I. G. Greer Hall • Appalachian State University • Boone, NC 28608 • 828-262-2046 • FAX 828-262-4037**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Banner I.D. Number: \_\_\_\_\_

Male  Female

Country of citizenship if you are not a U.S. citizen\*: \_\_\_\_\_

\* This information is requested solely to enable us to notify you as soon as possible whether you may need to apply for a visa.

Local Address: \_\_\_\_\_  
(Street)

Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

E-mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street)

Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Are you currently a student at Appalachian State University?  
If not, have you been enrolled at Appalachian State at any time?

Yes  No   
Yes  No

If Yes, please specify enrollment dates below:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Academic Major: \_\_\_\_\_

Minor: \_\_\_\_\_

If you wish to travel on a date other than the group schedule, please specify:

Departure: Date \_\_\_\_\_ From \_\_\_\_\_  
Return: Date \_\_\_\_\_ From \_\_\_\_\_

In the event of an emergency, I hereby authorize Appalachian State University to contact my parent(s) or guardian(s). If the participant is eighteen (18) years of age or older, the release of this information is optional but encouraged.

Contact: \_\_\_\_\_ Phone (home) \_\_\_\_\_

Address: \_\_\_\_\_ Phone(work) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

## Registration Information Form – AOEP 2009/2010

You must respond to all of the following items, and make appropriate check marks, in order for your registration with Appalachian Overseas Education Programs to be complete.

1. Are you currently an Appalachian student?
  - Yes
  - No (If NO, please refer to our website for university admission procedures posted in the left-hand side box of the webpage. Our office cannot process your application until after you have been officially admitted to ASU)
  
2. Are you an  In-State, or  Out-of-State Student?
  
3. Do you expect to get  Undergraduate, or  Graduate credit?
  
4. What is your expected date of graduation? (Enter N/A if you are non-degree seeking) **Term :** \_\_\_\_\_ **Year :** \_\_\_\_\_  
(If you plan to graduate in spring of 2010 you must fill out a new data sheet and indicate “non-degree” unless you have already been admitted to a graduate program at ASU.)
  
5. **NOTE:** We strongly recommend that you meet with your Financial Aid Advisor prior to submitting your application to ensure that you have a financial plan in place that will cover your financial commitment to this AOEP Program.

Do you expect to receive financial aid or scholarship money for this Appalachian Overseas Education Program?

**Yes.**

Please make sure that you have a financial aid plan in place prior to submitting your AOEP application.

Be aware that it is YOUR responsibility to fill out the standard financial aid forms in order to determine how much aid you are eligible for.

**No**

6. Are you a  Degree-seeking, or  Non-Degree seeking student?
  
7. How many hours of credit do you plan to earn on the AOEP?  1 hr  2 hrs  3 hrs  6 hrs  9 hrs
  
8. List the class(es) you plan to take during your Appalachian Overseas Education Program. If you plan to take an independent study, you must complete and submit with your applications materials the required “special course form” signed by your instructor, chair, and dean.. If you are participating in a summer program, this form needs to be turned in at the Office of International Education and Development no later than February 26, 2010.

1<sup>st</sup> course \_\_\_\_\_ 2<sup>nd</sup> course \_\_\_\_\_ 3<sup>rd</sup> course \_\_\_\_\_

9. Please provide the following information for statistical purposes:

Academic Level	Ethnicity/Race	Major Field of Study
<i>Bachelor's Degree</i>	Native American/Alaskan Native	Agriculture
Freshman Sophomore Junior Senior	Asian-American/Pacific Islander	Business and/or Management
	African-American	Education
	Hispanic-American	Engineering
	Caucasian/White/Non-Hispanic	Fine or Applied Arts
	Multiracial	Foreign Languages
<i>Graduate Degree</i>	Do not know	Health Sciences
Master's Professional		Humanities
	<b>Disability</b>	Social Sciences
<b>Gender</b>	No disability	Mathematics/ Computer Sci.
	Disability	Physical or Life Sciences
	(includes physical, hearing, vision, mental, chronic health-related, learning, multiple, and other disabilities)	Undeclared
		Other (please specify) _____
Male		Do not know
Female		

## **PARTICIPANT AGREEMENT**

Applicant's Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_  
(Parent must sign if participant is under 18 years of age)

Name of Appalachian Overseas Education Program (AOEP): \_\_\_\_\_

I \_\_\_\_\_ am a student at Appalachian State University  
and I plan to participate in the \_\_\_\_\_ AOEP Program  
from \_\_\_\_\_ until \_\_\_\_\_.  
(Beginning Date) (Ending Date)

**In consideration of permission 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, or institutional needs.

**2. TRAVEL AND ACCOMMODATION ARRANGEMENTS**

I understand that I am expected to adapt to physical accommodations that may be perceived as inconvenient or uncomfortable by U.S. standards. I further understand that changes in accommodation 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.

**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.

**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 communication links with these persons. I also agree to maintain contact with my family or other support structure/persons.

**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,

**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.
- b. I have or will secure health insurance through the University to cover my travel and study abroad activities. 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.
- 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 (physically and mentally) able and capable to participate in the program, in the activities associated with the program and in the travel incident to the program. I certify that I do not have a medical condition (physical and mental) which could pose a risk to my health or safety or the health or safety of others associated with the program.

- d. I am aware of all of my personal medical needs and I certify that I am capable and prepared to deal with those needs. I understand that I have been strongly encouraged to provide to the Office of International Education and Development (OIED) information concerning any physical and/or mental condition (via the "Study Abroad Health Report and Release" and "Health Disclosure" Consent Forms). Such information would assist the program leader and health care providers to assist me in the event that I need medical or counseling services while I am abroad, and would be helpful to OIED and the program leader in making appropriate and feasible arrangements related to my physical or mental condition. I understand that, if I have a disability that requires accommodation in order to participate in the program, I must register with ASU's Office of Disability Services and work with that office to determine whether a reasonable accommodation in the host country is feasible. I also understand that the University is not obligated to attend to my medical or medication needs.
- 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.
- f. I understand that in the event of an epidemic or pandemic (e.g. avian influenza), the ability of health care entities and professionals to provide services may be substantially impaired, and that other entities or institutions may be compromised in their ability to provide services I might need. I understand that the University has no control over such circumstances, and I assume the risks that may be presented in such a situation.
- g. 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 authorize and request my health care provider(s) to disclose to the University and its agents, including representatives of Appalachian's partner institutions, such protected health and medical information concerning my condition, health care, and treatment as is necessary to enable the University or its agents to assist me or others in the program. This authorization, which is voluntary, is subject to revocation at any time except to the extent that the health care providers who are to make the disclosure have already taken action in reliance on it. If not previously revoked, this authorization shall remain in effect for the entirety of my international program.
- h. I hereby release the University from all liability for any of its actions or its agents actions related to the activities listed above.
- i. I have been advised Appalachian State University and its Office of International Education and Development ("OIED") are committed to full compliance with Section with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 with respect to those statutes' protections of the rights of students with disabilities. I understand that, in order to receive accommodations and/or disability-related services while I am abroad, I must complete the normal registration process with ASU's Office of Disability Services ("ODS"). I have been advised that I should discuss with the ODS what accommodations may be appropriate while I am abroad, and that I should request that an official letter listing recommended accommodations and/or services be prepared for me. I understand that, if I have a disability that requires accommodation in order to participate in the program, I must register with ASU's Office of Disability Services and work with that office to determine whether a reasonable accommodation in the host country is feasible. I also understand that the University is not obligated to attend to my medical or medication needs.
- j. I understand that a foreign institution will not be obliged to comply but usually will be responsive to the needs of students in a reasonable manner.

## **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 other individuals or me 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.

## **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 violates 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 acceptance of responsibility and release of indemnification applies to my conduct and behavior whether I am or I am not under the direct supervision of the University, University agents or program officials.
- 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.
- 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 Appalachian State University's *Code of Student Conduct*. I further agree to comply with any supplemental rules or standards adopted by the University for the programs in which I am participating. (Please see <http://studentconduct.appstate.edu/>, click on *Code of Student Conduct* for full text version of ASU's *Code of Student Conduct*)
- d. I agree that the University has the right to enforce all of the standards of conduct, rules and 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.
- e. If I am excluded from the program, I consent to being sent home at my own expense with no refund of tuition, 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. If I am excluded from the program, I understand that I may receive failing grades for the study abroad credit.
- 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 of being sent home also apply if I engage in such detrimental or incompatible behavior.

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.

**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 further understand that if one of these occurs, I may not have any fees or expenses refunded. I further 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 further 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 further agree that if I become detached from the program group or if I become sick or injured, I will at my own expense contact and reach the program group.

**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. I understand that if I withdraw from the program for any reason, I may be at risk of financial loss. I understand that I have the option to consider purchasing trip cancellation insurance. I am aware that the UNC system-wide insurance provider, HTH, offers trip cancellation insurance (Trip Protector Plan) and that more information about HTH benefits and enrollment conditions is available at the HTH website: [www.hthtravelinsurance.com](http://www.hthtravelinsurance.com).

**11. ACKNOWLEDGEMENT OF MY RESPONSIBILITY AND ASSUMPTION OF RISK**

I fully understand that this program will expose me to risks associated with foreign travel and participation in a program abroad. I fully accept this possibility of risk and assume all risks associated with this program. I therefore I release and shall indemnify, defend and save harmless Appalachian State University, The University of North Carolina, the State of North Carolina and their respective officers, agents, volunteers and employees (including but not limited to Resident Assistants) from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys fees, arising or claimed to have arisen out of illness, injury, or death, or property damage or loss, sustained by me as a result of any cause whatsoever, including but not limited to natural disasters, wars, civil disturbances, terrorist acts or the negligence of other persons, my own conduct, negligence or other misconduct on the part of Appalachian State University officers, agents, or employees, or those injuries or property damage sustained by others as a result of my own negligence or intentional acts, during my participation in the program. Further, I understand and agree that this acknowledgement, discharge, hold harmless agreement, release, indemnification and assumption of risk shall be binding on me, my heirs, my assigns, members of my family, my executors and administrators and my personal representatives.

**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.

**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 this agreement shall remain in full force and effect.

**14. I AM OBLIGATED TO ENSURE THAT MY PARENTS/GUARDIAN READ THIS DOCUMENT**

I will give this document to my parents/guardians. Furthermore, I authorize the University to share any other documents and/or information related to my participation in the program with my parents/guardians for the purpose of informing them about the nature of the program, the obligations I have undertaken pursuant to this agreement, and my experience in the program. I understand that a copy of each record disclosed pursuant to this authorization must, upon request, be provided to me.

**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 supersedes 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 I have secured below the signature of my parents as well as my own.**

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature (only if student is under 18)

\_\_\_\_\_  
Date



## STUDENT CONDUCT CODE FOR PARTICIPANTS IN APPALACHIAN OVERSEAS EDUCATION PROGRAMS

To participate in a study abroad program under the aegis of Appalachian State University, you must agree to abide by the following common-sense standards of behavior:

1. Students must recognize their ambassadorial responsibilities as Americans and members of the Appalachian State University community. Appalachian's reputation is at stake. Therefore, any behavior creating a negative impression or that is detrimental to the image of Appalachian must be avoided.
2. The provisions of this Student Conduct Code for Participants in Appalachian Programs at Appalachian State University are supplemental to other policies governing conduct of Appalachian State University students, including, but not limited to, the Appalachian State University Code of Student Conduct and Academic Integrity Code.
3. Treat all property, including temporary and long-term lodging facilities and personal property, with care and respect in order to avoid damage or other abuse. Just as a student is responsible for damages to the condition of his or her dormitory room on campus, a student is responsible for damages to facilities abroad.
4. Act with patience, politeness and civility (in accord with local cultural standards) towards all service persons, hosts, and others. Promptly pay charges for food, beverages, etc. Avoid boisterous, loud, and otherwise disruptive behavior in all public places. Observe quiet hours during night when other residents and guests are attempting to sleep where you are lodging.
5. Respect the right to privacy of other program participants. A successful study abroad program is dependent upon considerate and unselfish behavior by all.
6. A student may not use or possess illegal drugs. Should authorities be involved, students will be subject to the laws of the country they are visiting, and will be responsible for retaining and paying for legal representation. A student in possession of illegal drugs will be subject to immediate termination in the program; student will be sent back to the U.S. at his or her own expense.
7. Occasional drinking of alcoholic beverages in moderation is permitted provided that students are of legal drinking age in the country in which they are visiting. Excessive drinking is determined by behavior detrimental or incompatible with the interest, harmony and welfare of the University, or program or program participants. Program participants engaging in such behavior accept responsibility and waive their right of process and consent to being sent home at their own expense.
8. Students should recognize that driving or renting a motor vehicle, motor bike, etc. exposes them to certain risks and therefore the University discourages it. However, if a student chooses to do so, then he or she is advised to carry sufficient insurance for adequate coverage in the host country. In addition, students will be responsible for costs of litigation and other expenses that may be incurred as a result of accidents or infractions of local laws.
9. Students are expected to be on time for scheduled program events or activities. If you miss a travel departure time, you will be on your own and it will be at your expense to catch up with the group. The program leader will not stay behind, but will continue on the schedule with the group. Unless otherwise stated, a student's participation in all scheduled activities in the Appalachian Overseas Education Program is required.
10. Additional responsibilities may be required for participation in some programs.
11. A student must always notify the program leader of his/her whereabouts if he or she deviates from the group activities.
12. Students should always show respect for the program participants and program leader. When necessary, the program leader will determine the appropriate disciplinary action required for violations of this student code of conduct. A program leader's decision is final.

I have read all 12 points and agree to abide by the policy of the conduct code.

I certify that I am at least eighteen (18) years of age, medically and mentally sound, physically fit to participate in the program for which I am applying, and competent to enter into this agreement. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability has been made to me.

---

Student Signature

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Date

**If the participant is under eighteen (18) years of age, this document must be signed on behalf of the participant by his or her parent or guardian. I have read and understand this assumption of risk and indemnification agreement, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.**

---

Signature

---

Printed Name

---

Relationship to Participant  
(Parent or Guardian)

---

Date

## STUDY ABROAD HEALTH REPORT AND RELEASE

Traveling and living abroad presents physical and psychological challenges. Even mild problems may be exacerbated by the stress associated with adjusting to a new cultural environment. If you are not in good physical and emotional health, you should consider carefully your plan to go abroad at this time. If you have any questions about your situation, contact the Appalachian State University Office of International Education and Development ("OIED") at (828) 262-6692 or (828)262-8034, or the faculty member sponsoring or leading your program.

### Health Disclosure and Release / Medical Treatment Authorization

Please answer the questions contained in this form as honestly and completely as possible. It is very important that all sections are completed fully and accurately, as this will assist health care providers should you require medical or counseling services during your study abroad program. The information provided will be treated confidentially. However, you agree that this information will be used by OIED personnel and provided to your faculty program leader to make them aware of any special medical needs that you may have or medical issues that may affect your participation in the program. In addition, OIED offers a system-wide HTH Medical Plan that enables you to: (1) check what medical facilities are available on the program's site(s); (2) make medical appointments on-site prior to departure if medical care will be needed during the program; and (3) send medical records to a medical care provider overseas prior to departure.

I, \_\_\_\_\_ (print name) hereby give my permission for the directors of the Student Health Center and the Counseling Center at Appalachian State University to release my Appalachian State University health records to the Director of OIED and to my faculty program leader. I understand that this information will be shared only when necessary for my own or others' health and safety or to be sure arrangements can be made to meet my needs.

In the event of illness, injury, or other medical emergency, I hereby grant Appalachian State University or any of its representatives, full authority to take any action deemed necessary to protect my mental or physical health and safety, at my expense, and to secure necessary treatment, including placing me under the care of a doctor or in a hospital or any place for medical examination or treatment, the administration of an anesthetic and surgery, and the administration of medication as may be prescribed by a doctor. I further agree that I may be returned to the United States at my expense. I agree that if Appalachian State University makes any payments on my behalf, I will reimburse the University regardless of whether I deem the payments to be medically necessary. I hereby assume all responsibility for all medical expenses that I may incur while abroad including the costs of my evacuation or return for medical or other reasons. I authorize Appalachian State University to contact my parents or guardians about my physical or mental health while I am abroad if the University deems it advisable to do so.

I understand and agree that Appalachian State University is not obligated to secure or pay for medical treatment on my behalf and cannot guarantee the quality of any such treatment. I hereby release the University or North Carolina, Appalachian State University, and their respective directors, officers, employees and agents from any and all liability, claims and causes of actions that might arise as a result of the exercise of their authority under this agreement.

I certify that all responses made on this Health Disclosure Form are true and accurate, and that I will notify the University of any relevant changes in my health that occur prior to or during the term of the Program. I understand that this form is for information purposes only and in no way obligates the University or Program leader to take any responsibility for my health.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the participant is under 18 years of age a parent or legal guardian must read and sign below:

I am the parent or legal guardian of the above student. I have read and understand the foregoing Health Report and Release Form. I am willing to be legally responsible for the obligations and liabilities of the student as described in this Health Report and Release Form and I agree, for myself and for the student, to be bound by its terms.

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Legal Guardian

## Health Disclosure Form

If you answer “yes” to any of the questions below, or if there is any additional health information that would be helpful for us to be aware of during the program, please describe in the spaces below. Use a separate sheet if necessary.

Sex:  Male  Female

1. Do you have physical limitations?  Yes  No
2. Have you ever been treated for an emotional disorder?  Yes  No
3. Are you currently being treated for any psychological or emotional condition?  Yes  No
4. Are you currently taking any prescription medications?  Yes  No
5. Do you anticipate needing any health care or counseling while abroad?  Yes  No
6. Are you a diabetic?  Yes  No
7. Do you have any dietary restrictions?  Yes  No
8. Do you have epilepsy or other seizure disorders?  Yes  No
9. Do you have asthma?  Yes  No
10. Do you have any allergies to food, medicines, plants or animals?  Yes  No
11. Do you have any cardiac or circulatory problems?  Yes  No
12. Do you have any respiratory problems?  Yes  No
13. Do you have arthritis or any other muscular or skeletal problems?  Yes  No
14. Do you have any neurological problems or disorders?  Yes  No
15. Do you have any bleeding disorders?  Yes  No

Allergies:

Medications:

Other:

**CONSENT for RELEASE OF PHYSICAL AND MENTAL HEALTH INFORMATION**

I give the personnel in the Office of International Education and Development at Appalachian State University and/or of my host institution permission to consult staff members of the Student Health Services and Counseling and Psychological Services at Appalachian State regarding any physical or mental health issue pertinent to my own or others' health and safety. I further give the Student Health Services and Counseling and Psychological Services staff permission to contact and provide information to anyone as may be deemed necessary to protect my own or others' health and safety. I understand that such communication may occur before, during, or after the program's official dates.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## CONSENT for RELEASE OF INFORMATION TO PARENT/GUARDIAN

I understand that information and documentation Appalachian State University ("ASU") maintains about me may constitute "education records" protected by the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. ' 1232g, which provides that, subject to certain exceptions, institutions may not permit "the release of education records . . . of students without [their] written consent." Under FERPA, "the term 'education records' means . . . those records, files, documents, and other materials which . . . contain information directly related to a student." 20 U.S.C. ' 1232g(a)(4)(B)(i).

I give the personnel in ASU's Office of International Education and Development permission to communicate with my parent/guardian regarding all matters related to my participation in an Appalachian Overseas Education Program. Communication, including but not limited to, information concerning: safety, physical and mental health, student conduct, student account information, or academics. I understand that such communication may occur before, during, or after the program's official dates.

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Printed Name of Student

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Printed Name of Witness

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Student Signature

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Witness Signature

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Date

---

Date

**Judiciary Clearance Form - Appalachian Overseas Education Programs (AOEP) Applicants -**

**Appalachian Overseas Education Program Name:** \_\_\_\_\_

**I. To the Student:** This form must be completed by the Director of the Office of Student Conduct located on the second floor of the Plemmons Student Union at Appalachian State University. Your signature below provides consent for the release of this information.

Student's name: \_\_\_\_\_

Banner I.D. Number: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**II. To the Office of Student Conducts:** The student named above has applied to participate in an Appalachian Overseas Education Program. We would appreciate a confidential statement evaluating this student's record at Appalachian State University. While prior disciplinary history does not preclude a student's participation in our programs, this information is taken into consideration during review and must be submitted in order for the student to be evaluated for admission in the program. Please check the appropriate box and fill out the form accordingly. Return of this form at your earliest convenience will expedite this student's application.

This student has not received a judicial sanction at this institution.

This student is not currently under an active judicial sanction, but has been previously sanctioned as follows:

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Adjudication Date	Sanction with Effective Dates	Charge/Allegation
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Adjudication Date	Sanction with Effective Dates	Charge/Allegation
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Adjudication Date	Sanction with Effective Dates	Charge/Allegation
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Adjudication Date	Sanction with Effective Dates	Charge/Allegation
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This student is currently under the following judicial sanction(s):

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Adjudication Date	Sanction with Effective Dates	Charge/Allegation
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Adjudication Date	Sanction with Effective Dates	Charge/Allegation
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Additional Comments: \_\_\_\_\_

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Judith M. Haas  
Your name

Director, Office of Student Conduct  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please turn in your Appalachian Overseas Education Program application packet only AFTER this form has been completed by the Director of the Office of Student Conduct. If the form was returned to you, attach it to the packet. If Student Conduct will be forwarding this form to OIED at a later date, please specify on the Application Packet Checklist Page.**

**APPALACHIAN OVERSEAS EDUCATION PROGRAMS**  
**Student Handbook Acknowledgement Form**

I have retrieved and read the Appalachian Overseas Education Programs Student Handbook posted online at <http://www.international.appstate.edu/education/shortterm.html>, and I am familiar with the information it provides to program participants.

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Printed Name of Student

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Student Signature

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Date

## RELEASE FOR USE OF PHOTOGRAPH

I hereby grant to Appalachian State University (hereafter referred to as "ASU"), its legal representatives and assigns, and those acting with its permission, or its employees, the right and permission to use and/or copyright, reuse and/or publish, display (including in PowerPoint and other presentations), and republish photographic or digital pictures or images of me, or in which I may be distorted in character, or form, in conjunction with my own or a fictitious name, on reproductions thereof, in color or black and white, made through any media by ASU, for display and other purposes, including the use of any printed matter in conjunction therewith.

I hereby waive any right to inspect or approve the finished photograph or copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless the State of North Carolina, the University of North Carolina, ASU, its representatives, assigns, employees or any person or persons, corporation or corporations, acting under its permission or authority, or any person, persons, corporation or corporations, for whom it might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication or distribution of the same, even should the same subject me to ridicule, scandal, reproach, scorn or indignity.

I hereby warrant that I am over eighteen years of age, and competent to contract in my own name insofar as the above is concerned.

I HAVE READ THE FOREGOING RELEASE, AUTHORIZATION AND AGREEMENT, BEFORE AFFIXING MY SIGNATURE BELOW, AND WARRANT THAT I FULLY UNDERSTAND THE CONTENTS THEREOF.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

If under the age of eighteen, parent must sign below:

I hereby certify that I am the parent and/or guardian of \_\_\_\_\_, a child under the age of eighteen years, and I hereby consent that any photographs which have been or are about to be taken may be used by the parties for the purposes set forth in the release hereinabove, signed by the child, with the same force and effect as if executed by me.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian