



Applicant Name _____

UNIVERSITY COLLEGE
UNIVERSITY OF MASSACHUSETTS BOSTON

INTERNATIONAL PROGRAMS APPLICATION
Winter 2012

Dear Applicant:

Thank you for your interest in UMass Boston's special international programs. This application form asks for information the Academic Director must have in order to make an informed decision about your acceptance into the program in which you would like to participate. This application also requires you to sign a "Consent and Release" form as a pre-condition of participation. Please fill it out carefully and completely and return it to us as soon as possible since the number of students accepted into each of the programs is limited. Your application will be reviewed as soon as we receive all of the necessary documents. Once you have been accepted and registered, you must attend an orientation session and, in most cases, several academic sessions prior to and upon return from travel abroad.

Please note: a valid passport is required to travel to all of these locations. If you do not have a passport, please make arrangements to obtain one as soon as possible.

We look forward to having you as a participant. In the meantime, if you have any questions, I can be reached at 617.287.7278, susan.griffin@umb.edu. If you have specific academic questions, please contact the individual program's director.

Cordially,

Susan Griffin
International Programs
University College
University of Massachusetts Boston
Wheatley Bldg., 1st Floor, Room 003
Boston, MA 02125-3393
Tel: 617.287.7278
susan.griffin@umb.edu

1. PROGRAM SELECTION:

<u>Program</u>	<u>Specific Travel Dates</u>	<u>Fee</u>
_____ Jamaica Today	01/02/11-01/23/11 (tentative)	\$ 990*

*Tuition only, additional fees of \$TBA to cover expenses in Jamaica. Additional fee of \$660 for the optional independent study.

Fee for lodging, ground transport, and all related program activities (excluding meals) for the first two weeks at UWI campus is \$ 2,200, payable directly to the University of the West Indies. Participants must make this payment no later than the required orientation meeting to be held on campus in the first week of December. Fees for the third week of the program at Treasure Beach, lodging, meals, ground transport, and all related program activities, must be paid out of pocket and is expected to be \$750. Fees are subject to change. Failure to make payment by the deadline may result in loss of program reservation. The fee does not include meals, books, insurance or transportation between the US and Jamaica. Scholarships may be available to qualified students. For information, please consult Dr. Marc Prou, Africana Studies chair.

Note: Applications received after the deadline will be considered if space is available. However, because of space limitations, students are encouraged to **apply as soon as possible**. **If you have everything except the letter of recommendation, please submit those documents, and the letter can follow later. Please do not wait until the deadline.** Applications will be considered in the order in which they are received.



4a. HEALTH INSURANCE INFORMATION:

Please note: You must show proof of health insurance coverage prior to your stay abroad.

INSURANCE COMPANY _____

POLICY NUMBER _____

4b. A Note concerning ACCOMMODATIONS:

Please provide below any special requests or other relevant information about yourself regarding accommodations:
For example: allergy to bees, food allergy, etc.

5. GOALS AND OBJECTIVES:

Please write a brief statement outlining what you would like to accomplish in the summer international program. Incorporate into your statement a self-assessment of your ability to work as a member of a group and to handle travel and study abroad. Also include any relevant background or pertinent experience.

- Please use a separate sheet and submit with completed application form.

6. LETTER OF RECOMMENDATION:

Please include with this application, or have forwarded to us, a letter of recommendation from a professor or other pertinent individual who can provide a character reference and/or an assessment of your academic standing. Email is acceptable. Indicate the recommender’s contact information below to enable us to follow up if necessary.

- Find included with this application a recommendation from.

Name of recommender _____

Institution _____

Phone _____ Email _____

7. TRANSCRIPT:

Please enclose an up-to-date transcript (an unofficial copy is acceptable – it does *not* have to be official) or equivalent qualifying document.



8. PAYMENT:

Upon your acceptance into the program you have chosen, we will notify you and begin the billing process. Full payment is generally required before the actual program start date. Unless otherwise stated, the program fee does *not* include transportation to and from the destination abroad, or insurance. Be advised that some fees, such as for books, ground transport, some meals, etc., are not always included in the program fee.

9. CERTIFICATION BY APPLICANT: Terms and Conditions:

a) The University of Massachusetts Boston does not assume responsibility for any sickness or accident incurred by the student during his or her stay in country, nor does the University provide any casualty or health insurance. Participants are required to provide proof of health insurance coverage before registering in these programs. Persons with disabilities interested in these programs should contact Carol DeSouza, ADA/504 Compliance Officer at 617.287.5166, carol.desouza@umb.edu.

b) Important: Find included below with this application a Consent and Release Form. All participants must read and sign this form as a condition of participating in any field study/study abroad/international program.

By signing below, I certify that information on this form is true and complete to the best of my knowledge, and that I have read and understand the terms and conditions above.

SIGNATURE OF THE APPLICANT/
SIGNATURE OF THE PARENT OR GUARDIAN if applicant is under 18

Date:

PLEASE RETURN COMPLETED APPLICATION TO:

Susan Griffin
International Programs
University College
University of Massachusetts Boston
Wheatley Bldg., 1st Floor, Room 003
Boston, MA 02125-3393
Tel: 617.287.7278
susan.griffin@umb.edu

CHECKLIST:

Have you completed/enclosed the following:

- Personal essay?
- Transcript (or equivalent)?
- Letter of recommendation?
- Insurance information?
- Signed Application?
- Signed Consent and Release Form?
- Initialed Photo Permissions clause?

LETTER OF RECOMMENDATION

To be completed by the applicant:

International Program: _____

Student's Name: _____

To the Recommender:

The above named individual is applying to study abroad in one of our special international programs. To assist us in making an acceptance decision, please state briefly in what capacity and for how long you have known the applicant, and comment on the student's personality and ability to relate to other people and to adjust to a short residence in a foreign country. Please add any other comments that you deem appropriate. You may email this recommendation if preferred.

SIGNATURE: _____

DATE: _____

POSITION: _____

PHONE: _____

ADDRESS: _____

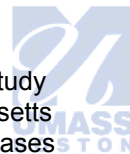
EMAIL: _____

PLEASE MAIL TO:

Susan Griffin
Program Manager
University College, W-1-003
University of Massachusetts Boston,
100 Morrissey Blvd., Boston, MA 02125-3393

Letter of Recommendation can also be emailed to susan.griffin@umb.edu

CONSENT AND RELEASE FORM



I, _____, will be a participant in the off-campus program of field study/study abroad/international program described below, which is administered by the University of Massachusetts Boston through University College under the direction of UMB academic departments and in many cases in collaboration with outside universities and/or institutions.

Program Name: _____

Dates: _____

Destination: _____

During my participation in this program, I will abide by the following terms and conditions.

In consideration of the privilege of participating in this program of travel/study in order to further and to enhance my academic and personal goals, I agree to be responsible for my own safety and to behave in an adult and responsible manner, both during regular program activities and during such times as I act independently outside program activities. I understand that neither the University Course Instructor nor Administrative Personnel will be supervising me at all times. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer and for all damages or loss to any personal property owned by me, while I am participating in this program and during all travel and transportation to and from the field study location(s).

I further agree that I, my heirs, assigns, next-of-kin, personal representatives, and estate do hereby forever release, acquit, discharge and covenant to hold harmless the University of Massachusetts Boston, its University College, and their employees and agents who may accompany the students in this program of field of study, from any and all actions, causes of actions, claims, demands, damages, loss of services, expenses and compensation on account of, or in any way growing out of any personal injuries, including death, and/or property damage which may result directly or indirectly from my participation in this program.

I agree that I will comply with all rules and regulations issued by the University, the Course Instructor, or any Coordinating Institution. It is within the Course Instructor's discretion to determine that my violation of such rules and regulations warrants my termination from the program. In that event:

1. I may be asked to return home on the next available or convenient conveyance, and
2. I will be totally responsible for the costs of such return.

I agree that this "Consent and Release Form" shall be construed and interpreted pursuant to the laws of the Commonwealth of Massachusetts, and if any portion thereof is held invalid, I agree that the remainder will continue in full force and effect.

Addendum: Photo Permissions

_____ (initials) I hereby grant the University of Massachusetts Boston permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the University in perpetuity, and for other use by the University. I will make no monetary or other claim against the University of Massachusetts Boston for the use of the interview and/or photographs/video.

I am 18 years of age or older and have read the statements set forth above with care and deliberation.

Witness my hand and seal this _____ day of _____ 20__

Student Signature

Witness Signature