



**International Programs**

College of Advancing and Professional Studies

Applicant Name \_\_\_\_\_

**INTERNATIONAL PROGRAMS APPLICATION**

**SUMMER 2013**

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. This application also requires you to sign a "Consent and Release" form as a pre-condition of participation. Please fill the application 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, academic sessions prior to and upon return from travel abroad.

We look forward to having you as a participant. In the meantime, if you have any questions, I can be reached at 617.287.6995, [jennifer.goode@umb.edu](mailto:jennifer.goode@umb.edu). If you have specific academic questions, please contact the individual program's faculty director.

Thank you,

Jennifer Goode-Sollis  
Program Assistant  
International and ESL Programs  
College of Advancing and Professional Studies  
University of Massachusetts Boston

Wheatley Bldg, 1st floor, Room 003  
Tel: 617.287.6995  
[jennifer.goode@umb.edu](mailto:jennifer.goode@umb.edu)

**1. PROGRAM SELECTION**

Program	Travel Dates	Price
_____ Food and Culture: The Italian Experience	6/01/2013 - 6/15/2013	\$1884

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. Please do not wait until the deadline.** Applications will be considered in the order in which they are received.

*Please be advised that international programs are subject to change, slight or major, at any time due to circumstances beyond our control; this includes any and all fees, dates, itinerary, and program activities. The Program Director will do his reasonable best to inform all applicants of any changes in as timely a manner as possible.*



**2. PERSONAL INFORMATION**

NAME \_\_\_\_\_ GENDER \_\_\_\_\_

STUDENT ID NUMBER (if applicable) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Street City/Town State Zip

PHONE Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street City/Town State Zip

NAME OF INSTITUTION PRESENTLY ATTENDING \_\_\_\_\_

MATRICULATED: YES  NO  MAJOR: \_\_\_\_\_

CLASS STANDING, year: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  graduate  post-graduate

**3. PERSON TO CONTACT IN AN EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City/Town State Zip

PHONE Home:( ) \_\_\_\_\_ Work:( ) \_\_\_\_\_ Cell:( ) \_\_\_\_\_



**4. HEALTH INSURANCE INFORMATION**

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

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

**5. 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.)

**6. TRANSCRIPT**

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

**7. DO YOU HAVE A PASSPORT?**

Yes  No

*Please note a passport is not required to travel to Puerto Rico but is required for all other destinations.*

**8. GOALS AND OBJECTIVES**

Please write a brief statement outlining what you would like to accomplish in the winter international program. Incorporate into your statement a self-assessment of your ability to work as a member of a group and your motivation for applying to your chosen program. Also include any relevant background or pertinent experience.

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

**9. 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 form.

Name of recommender \_\_\_\_\_

Institution \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



**10. 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.

**11. 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 the Office of Diversity and Inclusion at 617.287.4818, or at diversity@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



**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 \_\_\_\_\_ 201\_\_\_\_\_*

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

\_\_\_\_\_  
*Witness Signature (does not require notarization)*



**LETTER OF RECOMMENDATION**

To be completed by the applicant:

Desired 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 you deem appropriate.

**PLEASE MAIL/EMAIL TO:**

Jennifer Goode-Sollis  
*Program Assistant*  
International and ESL Programs  
University College  
University of Massachusetts Boston  
  
Wheatley Bldg, 1st floor, Room 003  
Tel: 617.287.6995  
[jennifer.goode@umb.edu](mailto:jennifer.goode@umb.edu)



**PLEASE RETURN COMPLETED APPLICATION TO:**

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*Program Assistant*  
International and ESL Programs  
University College  
University of Massachusetts Boston  
  
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**CHECKLIST:**

Have you completed/enclosed the following:

- Transcript (or equivalent)?
- Goals and Objectives?
- Letter of Recommendation
- Insurance information?
- Signed Application?
- Signed Consent and Release Form?
- Initialed Photo Permissions clause?