

Costa Rica Summer Program

in San Joaquín de Flores

SPAN 683

Summer 2014

Application Instructions & Checklist

APPLICATION DEADLINE: March 5, 2014

Submit to the **COLA Center for Study Abroad** in 116 Murkland Hall:

- _____ 1) Study Away Student Eligibility Form (*fill out top portion ONLY; we have hard copies in the office or you may download/print the PDF in the "Apply" section of www.unh.edu/languages/costarica*)
- _____ 2) COLA Study Abroad Application Form (pp. 1-3 of this packet)
- _____ 3) Costa Rica Summer 2014 Supplement Form (pp. 4-6)
- _____ 4) Faculty Recommendation Form (p. 7) (*from a faculty member who has had you in class*)
- _____ 5) Unofficial transcript from all institutions where you have taken college-level courses, including UNH (*this can be accessed and printed from Webcat*)
- _____ 6) Photocopy of your passport bio page*
- _____ 7) Two passport-sized photos**

All application materials should be submitted to the **COLA Center for Study Abroad**:

E-mail: cola.studyabroad@unh.edu
COLA Center for Study Abroad
116 Murkland Hall
15 Library Way
Durham, NH 03824

COLA Study Abroad Coordinator: Lisa Mulvey, lisa.mulvey@unh.edu

***Photocopy of passport bio page.** Unlike the "passport-sized photo," this is a photocopy of the bio/data page of your passport. If you do not have a passport, you are strongly encouraged to apply for one immediately, and submit the photocopy as soon as you receive it. Visit <http://travel.state.gov/passport/> or a US Post Office to begin the process. This will not delay your application. **DO NOT SCAN/SEND YOUR PASSPORT PHOTOCOPY OVER E-MAIL.**

****Two passport-sized photos.** *You may opt to submit these after you have been accepted to the program. Please let us know if that is what you plan to do.* A passport-sized ID photo is a 2" by 2" headshot (just like the ones you need when you apply for a passport). These photos can be taken in most pharmacies (Rite Aid, CVS, Walgreens, Wal-Mart, etc.), US Post Offices, or at UNH Photographic Services in Dimond Library Level G. Be sure to write your full name on the back of each photo.

COLA Study Abroad Application Form

COLA Center for Study Abroad

University of New Hampshire
116 Murkland Hall
15 Library Way
Durham, NH 03824

E-mail:
cola.studyabroad@unh.edu

Phone:
(603) 862-3962

Instructions:

Please save this form to your computer and fill it out electronically. Do not fill it out in your web browser. Once all fields are complete, print and sign the form and submit it to the COLA Center for Study Abroad.

**Please note: MAC users may have technical difficulties with the fillable PDF forms. Be sure to view the PDF in Adobe Acrobat rather than in Mac Preview. It may be advisable to complete the forms using a PC.*

Program Information

I am applying to study abroad in: _____

Term: _____ Year: _____

How did you find out about the program to which you are applying?

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Student ID No.: _____ Gender: _____

Non-UNH students list Social Security No.

Passport Information

Do you have a passport? Yes No*

Please attach a photocopy of the bio page of your passport to this application.

*Students are strongly encouraged to apply for a passport immediately if they do not possess one. Visit <http://travel.state.gov/passport/> or a US Post Office to begin the process.

Contact Information

Present/College Mailing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Cell Phone: _____

Present/College Email: _____

Permanent/Home Mailing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Home Phone: _____

Permanent/ Personal Email: _____

Are you a permanent resident of New Hampshire? Yes No

Emergency Contact Information

Please tell us whom we should contact in case of an emergency.

Name: _____ Relationship to you: _____
Home Address: _____ Cell Phone: _____
City: _____ Home/Secondary Phone: _____
State/Province: _____ Email: _____
ZIP/Postal Code: _____

Alternative contact, should we be unable to reach the above person:

Name: _____ Relationship to you: _____
Cell Phone: _____ Home/Secondary Phone: _____
Email: _____

Academic Information

Current College: _____ Major: _____
Second Major or Minor (please specify): _____
Class: _____ Cumulative GPA: _____ # Credit Hours Completed at time of application: _____
Academic Advisor: _____ Advisor Title: _____
Advisor Department: _____ Advisor E-mail: _____
Other College(s) Attended*: _____
Dates of Attendance: _____

***Please submit unofficial transcripts from any college-level courses taken at institutions other than your current one.**

Personal Statement

Please write at least 300 words stating how and when you became interested in this program, your reasons for applying, and why you believe you possess the resilience, independence and cultural awareness to be successful in this program. Please also describe any prior international travel experiences including locations you visited and/or any cross-cultural experiences you have had. **You may write this in Spanish if you prefer.**

By signing below, I hereby certify that all the above information and any additional information provided in all application and enrollment materials is true and accurate to the best of my knowledge.

Signature

Date

The University of New Hampshire, in accordance with federal and state laws and regulations, as well as University policy, does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, in admission or access to, or treatment or employment in, its programs or activities. Inquiries concerning the application of or compliance with such laws and regulations should be made to Affirmative Action Director, 118 Thompson Hall, (603) 862-2930, or the Director, Office for Civil Rights, Department of Education, Washington, DC 20201.

Save, print and sign this form, then submit it to:

COLA Center for Study Abroad

University of New Hampshire
116 Murkland Hall
15 Library Way
Durham, NH 03824

E-mail:
cola.studyabroad@unh.edu

Phone:
(603) 862-3962

Supplement Form

COLA Center for Study Abroad

University of New Hampshire
116 Murkland Hall
15 Library Way
Durham, NH 03824

E-mail:
cola.studyabroad@unh.edu

Phone:
(603) 862-3962

Costa Rica Program Summer 2014

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First Name: _____ Middle Name: _____ Last Name: _____

Student ID No.: _____

How did you hear about the Costa Rica Summer Program?

Preliminary Course Selection

Please indicate your top 2 course choices and 2 alternates. If you MUST take a given course to fulfill a requirement, please note that. Refer to the course descriptions on the Costa Rica Summer Program website for a list of all available courses. Every effort will be made to place you in your preferred courses. All courses are offered subject to sufficient enrollments.

Course Number	Course Title
1.	
2.	
Alt. 1	
Alt. 2	

Advisor's Signature

Signature of Advisor

Date

For Non-UNH students:

Find out from your University (usually the Registrar's Office) whether the courses you have listed will receive transfer credit at your home institution. Then, submit your course selections to your advisor or department chairperson for approval and signature.

Participant's Agreement & Release of Liability

WHEREAS, the University of New Hampshire (hereinafter UNH) offers a study abroad program in Costa Rica ("Host Country") called the Costa Rica Summer Program (hereinafter referred to as the Program), SPAN 683, from May 17 to June 29, 2014, to qualified students; and

WHEREAS, _____ (Participant's Printed Name), voluntarily desires to participate in the Program:
IT IS HEREBY AGREED by and between the Participant, the Participant's parent or legal Guardian if Participant is under the age of 18, (collectively "the Undersigned") and UNH, as follows:

1.0 Participation in the Academic Program The Undersigned have been informed by UNH of the scope and focus of the Program, eligibility requirements, costs, registration procedures, travel, itinerary, logistics, terms of cancellation, academic contact, and credit. By signing this Agreement and General Release, the Undersigned acknowledge that they have fully educated themselves as to the details of this program and agree to abide by its terms. It is expressly acknowledged that Participant is not required to participate in the Program. In consideration of the Undersigned's execution of this Agreement and General Release and their agreement to be legally bound by its terms, UNH will permit the Participant to enter into the Program subject to the provisions set forth herein.

2.0 Waiver of UNH's Liability for Risks and Dangers The Undersigned understand that there are certain dangers, hazards, and risks inherent in international and domestic travel and the activities included in the Program, including but not limited to risks of injury, permanent disability or death, property damage and severe social or economic loss, which may result from the actions, inactions, or negligence of the Participant or others, weather conditions, conditions of equipment used, language barriers, differing social cultures, national and local laws, sickness, strikes, natural disasters, civil unrest or hostilities, terrorist activities

CONTINUED ON NEXT PAGE

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or acts of war, and that UNH, its trustees, employees, and agents (collectively hereinafter UNH) cannot assume responsibility for any such personal injury, property damage or other loss. The Undersigned further understand that the above risks are also associated with any activities undertaken by the Participant which are not activities included in the Program. Such activities include, but are not limited to, individual travel by the Participant before the start or periods of time extending beyond the termination of the Program or during other periods in which the Participant is not undertaking program activities. UNH cannot and does not assume responsibility for any such personal injury, property damage, or other loss suffered by Participant during such times.

3.0 Participant Responsibility for Medical Needs

3.1. The Undersigned understand that healthcare facilities in the Host Country may ascribe to a different standard of care and may be minimal/absent in rural/remote areas and that all types of health care, including for emergencies, may be difficult to find. The Undersigned further understands that the Participant should not expect the same type of health care as would be available in the Participant's home country. Having read and understood the information UNH provided on healthcare precautions, the Participant has fully informed UNH of any condition of his/her mental/physical health that might affect the Undersigned participation in the program.

3.2. The Undersigned assure UNH that the Participant has consulted with a medical doctor with regard to the Participant's personal medical needs such that the Undersigned can and do further state that there are no health-related reasons or problems which preclude or restrict the Participant's participation in the Program.

3.3. The Undersigned are aware of all applicable personal medical needs, as well as having arranged for adequate hospitalization insurance to meet any and all needs for payment of hospital costs while the Participant is undertaking the Program. The Undersigned agree that UNH cannot be and is not responsible for attending to any of the Participant's medical or medication needs, that the Undersigned assume all risk and responsibility therefore, and that if the Participant is required to be hospitalized while in a foreign country or in the United States during the Program, UNH cannot and does not assume any legal responsibility for payment of such costs.

4.0 Participant's Life, Health, and Property Insurance

4.1. The Undersigned are aware that there are other potential risks in which the Participant may be placed or in which the Participant may place himself or herself during the Program which neither the Undersigned nor UNH are able to foresee at this time. The Undersigned are aware that life, property, and travel insurance are sold by American companies in order to reduce the financial consequences of such risk.

4.2. The Undersigned understand the Participant is covered by the UNH international travel assistance and insurance program only while enrolled in the Program and only when the Participant is outside the U.S.

4.3. The Undersigned understand that the Participant will not be covered by the UNH international insurance program for personal travel before the Program's official start date or after the Program's official end date.

4.4. The Undersigned agree to pay for any international travel assistance and health related expenses not covered by the UNH international insurance program.

4.5. The Undersigned have read and understood the UNH International Travel Assistance & Insurance Program Evidence of Benefits and additional student and claims information available on the CIE website (<http://www.unh.edu/cie/student-information>).

5.0 UNH's Rights and Powers

The University reserves the following rights and powers:

5.1. The right to cancel the Program without penalty;

5.2. The right to alter or withdraw any part of the Program and to make any alterations, deletions or modifications in the itinerary and/or academic program as deemed necessary by UNH or by the course instructors as agents of UNH.

5.3. The Undersigned have made themselves aware of the rules and regulations as contained in the UNH Student Rules, Rights and Responsibilities and all relevant Program documents. The Participant agrees to uphold individual and group standards appropriate to the cultural setting of the program. If the Participant's actions violate local or national laws and/or UNH or host institution regulations, or are judged to be injurious to the program and/or seriously offensive to the host cultures, and/or damaging to the reputation of UNH or the Program, the Participant acknowledges that the faculty director(s) has the right, after consultation with a representative of UNH, to terminate the Participant's enrollment in the program without refund of tuition nor fees and to return the Participant to the United States at his/her own expense.

5.4. The Undersigned understand and agree that the Participant must meet all UNH Study Away Eligibility Requirements at the time of application and throughout the Program. If the Participant fails to meet the UNH Study Away Eligibility Requirements at any point in this process, UNH shall revoke eligibility to study abroad. If the Participant's study away eligibility is revoked, UNH will cease to be responsible for the Participant in any way thereafter relating to the Program. The Participant will not be able to: earn UNH credits or transfer credits; maintain access to financial aid; and, be covered by the UNH international insurance plan. The Participant will be responsible for all applicable tuition, fees, and expenses including, if necessary, return of the Participant to the United States at his/her own expense.

5.5. The Undersigned understand that military actions, terrorist threats, labor strikes, civil unrest, and natural disasters, as well as other situations which are disruptive to the learning environment and/or the life of and safety of the Program group, may result in an alteration in the Program itinerary. The Undersigned agree to accept financial responsibility for the Participant which may result from such a change in the program itinerary and agree to follow the leadership and direction of UNH in the decision to change travel plans.

6.0 Potential Travel and Accommodation Problems

6.1. The Undersigned acknowledge and agree to accept all responsibility for loss or additional expenses due to delays or other changes in transportation due to sickness, weather, strikes, or other unforeseen causes. The Undersigned acknowledge and understand that UNH assumes no liability whatsoever for any loss, damage, destruction, theft or the like to the Participant's luggage or personal belongings, and that the Participant has retained adequate insurance or has sufficient funds to replace such belongings and will hold UNH harmless therefrom.

6.2. The Undersigned acknowledge and understand that in the event the Participant becomes detached from the Program group, fails to meet a bus, airplane, train, or other conveyance, or becomes sick or injured, the Participant will bear all responsibility to seek out, contact, and reach the Program group at its next available destination; and that the Participant shall bear all costs attendant to contacting and reaching the field trip group at its next available destination.

6.3. UNH strongly discourages students from operating vehicles while participating in study abroad programs. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles abroad extremely hazardous. Insurance requirements and other financial responsibilities vary from country to country. The Undersigned acknowledge and understand that there are risks associated with operating a motor vehicle or motorized conveyance of any kind while participating in the Program and that UNH assumes no liability whatever for any death, injury, damage, loss, accident or delay resulting from the Participant's operating a motor vehicle or motorized conveyance of any kind while participating in the Program.

6.4. All services and accommodations are subject to the laws of the country in which they are provided.

6.5. The Undersigned understand that UNH in no way represents, or acts as agent for, the transportation carriers, hotels, and other suppliers of services connected with the Program. The Undersigned further understand and agree that UNH, its governing board, employees and agents are:

6.5.1 Not responsible or liable for any injury, damage, loss, accident, delay, or other irregularity which may be caused by the defect of any vehicle or the negligence or default by any company or person engaged in providing or performing any of the services involved in the Program;

6.5.2 Not responsible for any disruption of travel arrangements or any consequent additional expenses that may be incurred therefrom.

7.0 Legal Problems The Undersigned acknowledge and understand that should the Participant have or develop legal problems with any foreign nationals or with any government while participating in the Program the Participant will attend to the matter personally with the Participant's own personal funds. UNH is not responsible for providing any assistance under such circumstances.

8.0 Conduct of the Participant The undersigned understands that the Participant is responsible for his or her personal welfare while abroad. The Undersigned are aware of the means by which sexually transmitted diseases are contracted and recognize the inherent risks of unprotected sexual activity and intravenous drug use. The Undersigned are aware of the health, safety, and legal implications associated with the use of alcohol and drugs and will educate themselves, prior to departure, as to the local or national laws of the host country. The Undersigned acknowledge and understand that UNH assumes no liability whatsoever for any death, injury, loss, damage, harm, accident or delay resulting from the Participant's conduct as described in this paragraph 8.0.

9.0 Governing Law The Undersigned agree that this Agreement and General Release shall be construed in accordance with the laws of the State of New Hampshire, which shall be the forum for any lawsuits filed under or incident to the Agreement and General Release or the Program. The terms and provisions of this Agreement and General Release shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement and General Release, the validity of the remaining portions shall not be affected thereby.

10.0 Assumption of the Risks Involved

10.1. Knowing the dangers, hazards, and risks described herein, or otherwise associated with participation in the Program whether foreseen or unforeseen, and in consideration of being permitted to participate in the Program, the Undersigned, on behalf of the Participant's family, heirs, and personal representative(s), agree to assume all risks and responsibilities surrounding Participant's participation in the Program including transit to, during and from the Program, and to forever discharge, release and waive any claims against UNH for any and all liability related to any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which the Participant may have or which may hereafter accrue to the Undersigned, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by the Participant or by any property belonging to the Participant, except for loss or injury arising out of the sole negligence or willful misconduct of UNH.

10.2. The Undersigned understand and agree that UNH does not have medical personnel available at the location of the Program or during transportation or anywhere in the Host Country. The Undersigned understand and agree that the UNH is granted permission to authorize emergency medical treatment, including anesthesia and surgery if necessary, and that such action by UNH shall be subject to the terms of this Agreement and General Release. The Undersigned understand that UNH assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

10.3. The Undersigned acknowledges having read and understood all Consular Information sheets, travel warnings, and announcements posted on the websites of the U.S. State Dept. and International SOS relating to the Host Country or countries visited during the Program.

10.4. If the Undersigned choose to be at the Program location or traveling internationally before the Program's start date or to remain after the Program's official end date, UNH will not be responsible in any way for the Participant.

11.0 Other Claims

11.1. It is the Undersigned's express intent that this Agreement and General Release shall bind the members of the Undersigned's family and spouse, if Participant is alive, and Participant's family, estate, heirs, administrators, personal representatives, or assigns, if Participant is deceased, and shall be deemed as a Release, Waiver, Discharge, and Covenant not to Sue UNH. The Undersigned agree to save and hold harmless, indemnify, and defend UNH from any claim by the Undersigned or Participant's family, arising out of the Participant's participation in the Program.

11.2. It is the Undersigned's express intent that this Agreement and General Release shall hold harmless and agree to indemnify the University and its agents with regard to any financial obligations or liabilities that the undersigned incur, or any damage or injury to the person or property of others that the undersigned may cause or be accused of causing, while participating in the Program. In the event the University or its agents advance or loan any monies to the undersigned or incur special expenses on their behalf while abroad or in relation to the Program abroad, the undersigned agree to make immediate repayment.

12.0 Refund Policy

12.1. The Program requires that a deposit be paid by March 31, 2014. If UNH is unable to accept an application, it will refund all payments.

12.2. If the Program is cancelled, or if in the sole judgment of UNH, it has been so radically changed in itinerary or curriculum that it would be unfair to require the Participant to take part in the Program and the Participant elects in writing to withdraw from the Program, the University will refund all recoverable fees paid. Under these circumstances, the University will have no additional responsibility or liability to the Participant, or to the Participant's parents or guardian.

12.3. After the start of the program, no refunds of fees will be made for any reason.

12.4. By registering for the Program, the Undersigned are responsible for all non-tuition fees associated with the program he/she elected to participate in. Students are considered to be enrolled at the University of New Hampshire while abroad, and will therefore pay the university's tuition fees and be allowed to receive his/her entire financial aid package.

12.5. The University of New Hampshire recommends that Participants purchase fully refundable airline tickets and/or trip cancellation insurance to safeguard against losses or penalties should the Program be canceled or its dates changed. UNH assumes no responsibility for such losses or penalties.

12.6. If the Participant receives financial aid and withdraws from the Program, the Participant must contact the Office of Financial Aid immediately, as it may affect his/her financial aid package.

12.7. Students in the Program who choose **NOT** to participate in a program activity or program component, either mandatory or non-mandatory, (such as a field trip, excursion, cultural event, meals, etc.) will **NOT** be refunded any portion of the program cost.

13.0 Age of Participant The Undersigned state that Participant is at least eighteen (18) years of age and fully competent to sign this Agreement.

14.0 Entire Agreement In signing this Release, the Undersigned acknowledge and represent that the Undersigned have become fully informed of the content of this Agreement and General Release by reading it before signing it and that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. The term, *Undersigned*, is used in this Agreement and General Release as pertaining to more than one person. If the participant is of majority age, it refers only to the Participant. If the Participant is not of majority age, Undersigned refers to the Participant and the Participant's Parent or Guardian, signatory, hereto.

Signature of Applicant

Date

If prospective student is under 18 years of age: I certify that I am the parent or legal guardian of the above applicant, and that I have read the foregoing Agreement and Release (including such parts as may subject me to personal responsibility), and hereby relinquish any claim that I might have against UNH or its agents (as set forth above), both in my own behalf and in my capacity as legal representative of the applicant including without limitation any claim arising as a result of the applicant's leaving the supervision of UNH or at a time when the applicant has left the supervision of UNH.

Signature of Parent or Guardian

Date



All fields in the form are required.

Once form is complete, submit to:

Lisa Mulvey
COLA Study Abroad Coordinator
Murkland 116
lisa.mulvey@unh.edu
www.unh.edu/languages/costarica

UNH Costa Rica Summer Program

To the applicant: please fill in the first three items on this form, then print and give to your statement provider.

Applicant's Name: _____

I do I do not waive my right to see this recommendation.

Applicant's Signature: _____

The candidate named above has applied for admission to the UNH Summer Study Abroad Program in Costa Rica. Your assessment of this student's suitability for this program is greatly appreciated.

I have known the applicant in the following capacity:

- As a student in my course(s): _____
- As an advisee (please give details) _____
- Other (explain) _____

Please evaluate this student's potential for a successful experience abroad, academically and otherwise.

	Excellent	Above Average	Adequate	Poor	Unable to judge
1. Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Readiness for study abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments (attach another sheet, if necessary):

- Recommend with confidence
- Recommend with reservations (please explain): _____
- Applicant not ready at this time (but may be in the future, e.g. with more academic preparation)
- Do not recommend

Signature of Faculty: _____

Faculty Name and Title: _____

Date: _____