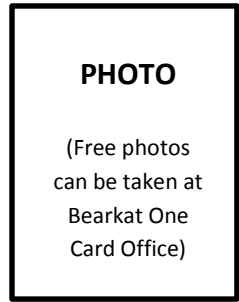


FACULTY-LED STUDY ABROAD- 2014 STUDENT APPLICATION



PLEASE WRITE LEGIBLY. IF YOUR INFORMATION CANNOT BE READ, YOUR APPLICATION WILL BE DISCARDED. APPLICATIONS SUBMITTED WITHOUT ALL SUPPORTING DOCUMENTATION WILL NOT BE ACCEPTED.

Application Requirements

This form, along with the documents listed below must be submitted in order for an application to be considered complete. Upon acceptance into a program, students will be given official notice in the form of a letter or email from the faculty leader. Immediately upon acceptance into the program by the faculty leader, a **\$300 non-refundable deposit** will be placed on your account. Refer to the Financial Responsibility Agreement for more information.

- ___ Financial Responsibility Guidelines
- ___ Unofficial Transcript
- ___ Parental Statement Form
- ___ Emergency Contact Form

_____	_____	_____	_____
Student Last Name	First Name	Middle Name	Sam ID
_____	_____	_____	_____
Date of Birth (mm/dd/yy)	Gender (M/F)	Citizenship	

PARTICIPANT CONTACT INFORMATION

Phone: _____	Email: _____
Mailing Address: _____	

ACADEMIC INFORMATION

Major: _____	Minor: _____
Current SHSU GPA: _____	Classification: _____

PROGRAM DETAILS

Please write the course(s) you will be taking while abroad: <input type="checkbox"/> MKTG 4080 _____ <input type="checkbox"/> _____

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Are you a 1st generation college student? YES NO

Are you planning on using Financial Aid to help pay for this trip? YES NO

Do you already have a passport? YES NO

What languages do you speak (or are learning) besides English and how long have you been studying them?

What do you hope to learn by participating in this program?

Have you ever traveled internationally before? If so, where and why? If not, why?

Please tell us what personal growth you would like to achieve while you are on this program.

I, _____, certify that the information provided on the application documents are true to the best of my knowledge. I further understand that once I am accepted into a faculty-led study abroad program there will be financial obligations that must be met, even if I should choose to withdraw my application.

Signature

Date

Financial Responsibility Agreement Program Balance Due: August 26, 2014

- **Deposit.** Acceptance into all programs is conditional upon payment of a **\$300 non-refundable deposit**. The deposit is posted on the student's fee schedule shortly after notification of conditional acceptance. Once the deposit is paid, admission into the program is confirmed. The deposit is applied towards the total program cost. **The deposit is due by May 16, 2014.**
 - **Program Balance Due August 26, 2014.** The program balance is posted on the student's fee schedule once the program reaches minimum enrollment. The program balance is due in **two installments**:
 - a. **\$500 by August 1, 2014**
 - b. **\$ 2,400 by August 26, 2014**Students not paying the balance in full may lose their place. Students receiving financial aid must comply with paragraph 6 below.
 - **Tuition and Fees.** Students must pay University tuition and fees in addition to program fees. Tuition and fees for study abroad programs **do not** follow the same refund schedule posted for other University courses. Accordingly, once a study abroad student has departed the U.S. for participation in the study abroad program, there will be no tuition or fee refunds.
 - **No-Penalty Withdrawal Deadline is August 26, 2014, 5 p.m.** To withdraw from the program and avoid financial penalty beyond the \$300 non-refundable deposit, the student must **notify both the Study Abroad Coordinator and Faculty Leader** in writing (email is acceptable) **by August 26 at 5 p.m.**
 - **Withdrawal Schedule.** Program budgetary commitments and decisions (such as those pertaining to hotel and transportation costs) are made on the basis of student enrollment. Therefore, students withdrawing after August 27 the following program fee regardless of when the program fee is billed and **whether the student has made any payments**. Therefore, a student will be liable, barred, and responsible for the payment of the bill posted on their fee statement.
- | | |
|----------------------------|----------------|
| <hr/> | |
| Student Name (Last, First) | |
| <hr/> | |
| SAM ID | |
| <hr/> | |
| U.A.E. | Irfan Ahmed |
| Program Location | Faculty Leader |
| <hr/> | |
| \$3,200 | |
| Program Cost | |
| <hr/> | |
| MKTG 4080 | |
| Course(s) | |
- Withdraw Schedule**
Prior to August 27, 2014
August 27-September 3, 2014
After September 4, 2014
- Financial Penalty on the Study Abroad Program Fee**
Non-refundable deposit retained by SHSU
30% of program fee retained by SHSU
100% of program fee retained by SHSU
- **Financial Aid.** Students receiving financial aid or scholarships may defer their program fee payment by providing the Office of International Programs with a printout of their Summer Financial Aid award from MySam. **Students whose financial aid or scholarships do not completely cover their program fee are responsible for the balance by the Program Balance deadline.** In the event of termination of enrollment in the program due to withdrawal, dismissal, program cancellation, or other reasons, students receiving

**Sam Houston State University
Office of International Programs
Financial Responsibility Policy: 2014**

Federal Title IV financial aid funds may be required to return the funds. Students can review the official procedures and recalculation schedules by consulting the Office of Financial Aid.

- **Travel.** Students are independently responsible for expenses incurred or having to do with any expenses not included in the program fee, such as books, supplies, personal items, miscellaneous costs of living, etc. In the event of termination of enrollment in the program due to withdrawal, dismissal, program cancellation, or other reasons, the University will not provide refunds for any such personal expenses. Students are advised to investigate the coverage and cost of a Travel Insurance Policy that might cover some of those costs.
- **Dismissal from course or failure to complete course.** After September 4, 2014, there will be no program fee refund for students who are dismissed or voluntarily leave the program. Students leaving a program because of highly extenuating circumstances (death, illness requiring medical attention in U.S., etc.) may appeal this policy with the Office of International Programs.
- **Program Cancellation.** In the event of program cancellation due to inadequate enrollment, all program fees, including the deposit will be refunded to the students. The University will make enrollment-related cancellation decisions by September 5, 2014.

I, _____, understand that once I have been accepted into a faculty-led study abroad program that I will become financially responsible for the charges listed above, including program fees, tuition, and all fees associated with tuition. Remaining balances must be paid before registration in future semesters will be permitted.

Student Signature

Date



Program Location:	_____
Program Dates:	_____
Program Leader:	_____

PARENTAL STATEMENT FORM
SAM HOUSTON STATE UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS

Student Name: _____ SAM ID: _____

Studying abroad can be a significant financial investment. It is essential that students communicate with their parents about their plans and ensure that they have the necessary support for their international education experience. Parents MUST be informed and consent to allow their dependents to attend the study abroad trip. By the parent/legal guardian initialing and signing below, they are agreeing that they assume financial responsibility for the student, and support the student's participation in the program.

_____ My son/daughter has my permission to study on a Sam Houston State University approved study program.

_____ I agree to meet his/her expenses during this period.

_____ I understand that Sam Houston State University cannot assume responsibility for any medical expenses incurred by students abroad.

_____ I understand that my daughter/son may need to pay all medical bills on site and request reimbursement from their insurance company on return home.

_____ I understand that my son/daughter is required to have a health insurance policy while abroad that at minimum covers emergency medical evacuation and repatriation of remains in the event of a death, and that it is my son/daughter's responsibility to purchase said insurance plan.

_____ I understand that mild physical and emotional problems may be exacerbated by the stresses associated with study abroad, and I believe that my daughter's/son's decision to undertake this experience is a sound one.

_____ I understand that Sam Houston State University cannot assume legal responsibility for health care for students abroad.

For parents who have their children on their health insurance, please check with your provider to ensure that coverage includes international travel and the above-mentioned requirements. If the student will be covered under the parent's insurance policy, please fill out the section below. If not, please check the appropriate alternative option.

_____ My son/daughter will be covered by my policy with _____ insurance company (policy # _____), and we have reviewed the coverage abroad provided by this policy, and confirm that it covers emergency medical evacuation and repatriation of remains.

_____ My son/daughter is NOT covered by my health insurance policy, and will be purchasing an independent policy to ensure proper coverage.

_____ My son/daughter is participating in a program where the insurance is included in the program cost and will not need to purchase insurance independently.

Parent/Guardian's Name : _____ Relationship: _____

Signature: _____ Date: _____



Program Location: _____
 Program Dates: _____
 Program Leader: _____



EMERGENCY CONTACT AND INFORMATION RELEASE FORM
SAM HOUSTON STATE UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS

Student Name: _____ **SAM ID:** _____

Age: _____ **Date of Birth (MM/DD/YY):** ____/____/____ **Gender:** _____

Phone: _____ **Email:** _____

<u>Current Address</u>	<u>Permanent Address</u>
_____	_____
_____	_____
_____	_____

In case of emergency while you are studying abroad, please list anyone who you would like us to contact, and with whom you will allow us to share information about your location, situation, and logistical requirements.

<u>Contact #1</u>	<u>Contact #2</u>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

In non-emergency situations, please indicate whether you authorize us to discuss information regarding your study abroad program with anyone, including your parents.

This release is effective from the dates of ____/____/____ *to* ____/____/____
 month day year month day year

I do not authorize any release of information about my study abroad program

I authorize release of information to Contact #1 (above)

I authorize release of information to Contact #2 (above)

I authorize release of information to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Student Signature _____ **Date:** _____