



#### International Programs Application

#### **Winter 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. 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 University College University of Massachusetts Boston

Wheatley Bldg, 1st floor, Room 003 Tel: 617.287.6995 jennifer.goode@umb.edu

#### 1. PROGRAM SELECTION

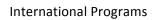
Program Program	Travel Dates	Price	
Caribbean Tropical Biology in Puerto Rico	1/04/13-1/25/13	\$3899	
Exploring German Management & Business Practices	1/13/13-1/23/13	\$1395	
Focus on India: Global Industry & Competitive Analysis	1/04/13-1/15/13	\$999	
Focus on South America: Global Industry & Competitive Analysis	1/13/13-1/21/13	\$1380	
Focus on South America: Global Industry & Competitive Analysis			
(with Independent Study)	1/13/13-1/21/13	\$2340	
Jamaica Today: People, Culture & Environment (& Ind. Study)	1/02/13-1/24/13	\$2995	

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.









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## 2. PERSONAL INFORMATION

NAME	GENDER
STUDENT ID NUMBER (if applicable)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH//
EMAIL	
MAILING ADDRESSStreet	City/Town State Zip
PHONE Home: ( ) Work: (	)Cell: ( )
HOME ADDRESSStreet	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 EMERG	ENCY
NAME	RELATIONSHIP
ADDRESSStreet	City/Town State Zip
PHONE Home:( )Work:(	)Cell:( )



# **International Programs**

An	plicant	Name:	
AD	biicant	Name:	

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## 8. TRANSCRIPT

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



## **International Programs**

SIGNATURE OF THE APPLICANT/

SIGNATURE OF THE PARENT OR GUARDIAN (if applicant is under 18)

Applicant Name	e:	m	aı	N	nt	са	li	p	a	Α
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University College/University of Massachusetts Boston

Date

S	, , ,
9.	DO YOU HAVE A PASSPORT?
	Yes No No Please note a passport is not required to travel to Puerto Rico but is required for all other destinations.
10	PAYMENT
pay do	on your acceptance into the program you have chosen, we will notify you and begin the billing process. Full ment is generally required before the actual program start date. Unless otherwise stated, the program fee es not include transportation to and from the destination abroad, or insurance. Be advised that some fees, that as for books, ground transport, some meals, etc., are not always included in the program fee.
11	CERTIFICATION BY APPLICANT
Ter	ms and Conditions:
inc ins pro	The University of Massachusetts Boston does not assume responsibility for any sickness or accident urred by the student during his or her stay in country, nor does the University provide any casualty or health urance. Participants are required to provide proof of health insurance coverage before registering in these grams. Persons with disabilities interested in these programs should contact the Office of Diversity and lusion at 617.287.4818, or at diversity@umb.edu.
•	Important: Find included below with this application a Consent and Release Form. All participants must d and sign this form as a condition of participating in any field study/study abroad/international program.
-	signing below, I certify that information on this form is true and complete to the best of my knowledge, and t I have read and understand the terms and conditions above.



#### PLEASE RETURN COMPLETED APPLICATION 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

# 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?

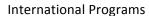


# **International Programs**

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## **CONSENT AND RELEASE FORM**

l,,will	be a participant in the off	campus program of field study/study
abroad/international program described below University College under the direction of UMB auniversities and/or institutions.		y the University of Massachusetts Boston through ad in many cases in collaboration with outside
Program Name:		
Dates:		
Destination:		
During my participation in this program, I will a	bide by the following term	s and conditions.
understand that neither the University Course	sponsible for my own safe and during such times as Instructor nor Administrat arm and injury, of every na to any personal property	ety and to behave in an adult and responsible I act independently outside program activities. I live Personnel will be supervising me at all times. I ture, including death, which may occur to me or owned by me, while I am participating in this
employees and agents who may accompany the causes of actions, claims, demands, damages	ess the University of Mass ne students in this prograr s, loss of services, expens	achusetts Boston, its University College, and their
I agree that I will comply with all rules and regulation. It is within the Course Instructor's warrants my termination from the program. In	discretion to determine th	versity, the Course Instructor, or any Coordinating at my violation of such rules and regulations
1. I may be asked to return home on the nex	t 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" Commonwealth of Massachusetts, and if any proce and effect.		terpreted pursuant to the laws of the alid, I agree that the remainder will continue in full
Addendum: Photo Permissions		
likeness in photograph(s)/video in any and all	of its publications and in in perpetuity, and for other	permission to interview me and/or use my any and all other media, whether now known or er use by the University. I will make no monetary se of the interview and/or photographs/video.
I am 18 years of age or older and have read th	ne statements set forth at	pove with care and deliberation.
Witness my hand and seal this	day of	201
 Student Signature	Witness Signature (doe	es not require notarization)





#### **LETTER OF RECOMMENDATION**

To be completed by the applicant:
Desired International Program
Student's Name
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
University College, Wheatley-01-003
University of Massachusetts Boston
100 Morrissey Blvd.
Boston, MA 02125-3393
jennifer.goode@umb.edu