

- 4. RELEASE OF PERSONAL EDUCATION RECORD INFORMATION:** The NIU Study Abroad Office provides an *Orientation Hand book* for each study abroad program. In this handbook, information is provided regarding each participant, including name and academic credit. *This information provides valuable assistance to the program director in regard to course record keeping, especially while overseas when he/she does not have immediate access to your records.* The Study Abroad Office will also share your name, e-mail and phone number with other members of the program so you can communicate regarding travel plans, etc. With your consent, the SAO will list the academic credit for which you will be enrolled and will provide your contact information to other program participants.

Please check one of the boxes below to indicate whether you will authorize the SAO to list the course(s) in which you will be enrolled in the *Orientation Handbook*.

| | |
|--------------------------|---|
| <input type="checkbox"/> | I authorize the NIU Study Abroad Office to list in the <i>Orientation Handbook</i> the course or courses I will enroll for as part of this study abroad program and to share my contact information with other program participants. |
| <input type="checkbox"/> | I do not authorize the NIU Study Abroad Office to list in the <i>Orientation Handbook</i> the course or courses I will enroll for as part of this study abroad program or to share my contact information with other program participants. |
| Signature: | Date: |

- 5. PASSPORT:** - Important - Your U.S. passport must be valid SIX months beyond your intended stay overseas.

I understand that I must possess a valid U.S. passport that is **valid six months beyond June 3, 2012.**

I currently possess a valid passport from another country. Please indicate country: _____

I do not currently possess a valid U.S. passport, but will apply for one immediately. (See http://travel.state.gov/passport_services.html for information provided by the U.S. State Department.)

- 6. COPY OF PASSPORT, PASSPORT NUMBER AND CITY OF ISSUANCE:**

I have included a clear and readable copy of the first page of my passport.

Passport Number and City of Issuance _____

- 7. METHOD OF PAYMENT OF PROGRAM COST:**

I will pay the NIU program cost from my own funds.

I wish to apply for a guaranteed student loan or financial aid and I will immediately contact the NIU Division of International Programs business manager in Williston Hall 407 regarding the application process and guidelines. (This \$200 application fee/deposit is also required of individuals who will be applying for financial aid.)

I am an NIU student athlete: Yes No
If "Yes", a copy of your application will be sent to the Director of Compliance, Athletics.

- 8. SIGNATURE REQUIRED:** In signing this form I certify the following:

- I understand the academic and student participation requirements of this program.
- I certify that I do not have any medical problem or disability that will keep me from functioning independently in the foreign country(ies) in which the activities of this program will take place.
- I understand that NIU will confirm with cooperating vendors the number of participants in the program on March 1, 2012, and I will be held accountable for any funds obligated on my behalf by NIU. This agreement will be in effect even if I have not made the \$200 application fee/deposit as of March 1, 2012.

Signature _____

Date _____

STUDENT APPLICATION AGREEMENT - Signature required on page 3

Please print

Student's Name: _____

Legal Guardian, for minors: _____

Program (City/Country): **Exploring Information Technology in China**

Academic Term: **Summer 2012**

I, the undersigned, do hereby present my request to participate in the above study abroad program through Northern Illinois University. The program has been generally explained to me, and I request that I be permitted to participate in the aforementioned program and the activities and programs connected therewith. The following personal consents; assumption of risk; inducements and undertakings are provided as a part of the consideration for the University to grant my request to participate in the study abroad program.

I hereby consent to receiving such medical and surgical procedures as may become necessary for my well-being, should the need arise, and I understand that any costs thereof will be borne by me if not covered by the Northern Illinois University student medical insurance plan. It is also understood that I am required to pay the Northern Illinois University fees at registration for NIU student medical insurance and thereby obtain that coverage to the limits now available to students on the campus of Northern Illinois University. While the University will assist in providing information on health care and insurance, it is solely my responsibility to ascertain that I have adequate health and accident insurance coverage that will be valid during my stay abroad

Recognizing that participation in the program is voluntary and that there are certain inherent risks that I must assume, I agree and understand that Northern Illinois University, its Board of Trustees, their agents, officers, employees and any other educational institution associated in this program assume no institutional or personal liability for damage or loss of property, personal illness or injury, or death while I am a participant in this program, or for any financial or other obligations incurred by me in either the United States or elsewhere. I fully understand there are many forms of risk associated with study abroad programs, both foreseeable as well the unforeseen, and I voluntarily assume all such risks. For example, I understand that building safety standards in some foreign countries are not the same as those in the United States and agree to accept attendant risks.

I understand that living in a foreign country may involve health and other personal risks. I agree to complete honestly, accurately, and fully all required pre-departure confidential health forms, and to exercise reasonable or recommended precautions while abroad with respect to food, drink, personal hygiene, personal conduct and exposure to known disease risk factors such as, but not limited to, mosquito bites (malaria where applicable) and sexual contact and behavior (HIV/AIDS and other sexually-transmitted diseases). I understand and agree that it is my responsibility to determine, in consultation with competent medical authorities, whether or not I should participate in the study abroad program. I agree to conform to applicable Host Institution health regulations and/or Host Country medical examination requirements for visa application.

Northern Illinois University strongly discourages students owning or operating vehicles while participating in study abroad programs. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles in foreign countries extremely hazardous. Insurance requirements, or other financial responsibilities and laws/court systems vary from country to country. If, however, I am determined to operate a motor vehicle while abroad, I recognize that Northern Illinois University assumes no financial responsibility for legal aid, or for my care should I be involved in an accident while operating a motor vehicle.

As part of my consent and in consideration of my participation, I agree and understand that I will be subject to the supervision and authority of Northern Illinois University, its appropriate agents, officers, and employees, and they and each of them will have the prerogative and the decision respecting my continued participation in the program if my conduct or academic standing may warrant my withdrawal. I understand that students are expected to attend classes regularly unless otherwise indicated by illness or unavoidable circumstances. Likewise, as a guide for continued participation, I understand students are expected to display a sense of maturity and responsibility as student representatives of the University and the United States. I acknowledge and agree that if I am required to withdraw from the program for failure to maintain appropriate standards of study or behavior, I will no longer have access to any of the facilities arranged for participants in the study abroad program.

I understand that the international implications of this Agreement are such that my conduct during the course of the study abroad program is of utmost importance. I agree to conform to standards of conduct consistent with the maintenance of the reputation of the Host Institution and Northern Illinois University. Misconduct abroad refers to my actions, which in the judgment of the Study Center Director and/or other officials of the Study Abroad Office, jeopardize my own welfare and safety or that of fellow students and/or Program. Such actions include, but are not limited to, the following: the use of physical or verbal violence, violations of the laws of the country of Host Institution, openly abusing the customs and mores of the community, and unauthorized absences from classes and/or from the Study Center. I understand that failure to conform to said standards of conduct may result in the termination of my participation in the program.

I agree that in the event the Director of the Study Abroad Program, in his or her exclusive discretion, shall determine that my conduct or academic standards are detrimental to the best interests of the program, the Director may terminate my participation in the program. In the event of a termination pursuant to this agreement, Northern Illinois University shall not be required to refund to me any payment or portion thereof made by me to the University. Northern Illinois University may make such refunds as it, in its sole discretion, deems to be appropriate under the circumstances and consistent with NIU policy.

I understand that withdrawal or termination from the program, pursuant to this Agreement, whether or not authorized by Northern Illinois University or voluntary on my part, shall not diminish, or otherwise affect my obligation to make any and all payments due to Northern Illinois University.

I agree to complete and return by the specified deadlines all documents and forms provided by the Study Abroad Office prior to my departure and understand that failure to do so may result in the University refusal to allow my registration for classes. I understand that students who are not registered for classes may not participate in the study abroad program.

Further, **I agree to release, discharge, save, hold harmless, indemnify and defend** the Board of Trustees of Northern Illinois University, Northern Illinois University, and their officers, employees and agents, from any and all past, present or future claims, demands, and/or causes of action, which may now, or in the future be asserted against any of the aforesaid by me, or by

any third party or parties by reason of any accidents, injuries or actions by me while in transit to or returning from or while participating in the study abroad program unless due to their exclusive negligence.

It is understood and agreed if this consent and release is signed by a parent or guardian, he or she is signing on behalf of the participating student and he or she agrees to the terms hereof on the participating student's behalf.

Terms Accepted by:

Signature of Participating Student

Date

Signature of Parent or Guardian
(if student is not of legal age)

Date

Printed Name of Parent or Guardian: _____

*PARENTS **AND** APPLICANTS UNDER 18 YEARS OLD SHOULD SIGN THIS FORM.
APPLICANTS 18 YEARS OR OVER SHOULD SIGN THE FORM THEMSELVES.*

| | | |
|--|--------------|-------------|
| Are you a U.S. citizen? | 9 YES | 9 NO |
| This information is vital in determining special visa requirements for non-U.S. citizens participating in programs where visas are required for entry into the country of destination. | | |

| | | |
|---|--|---|
| TO MONITOR COMPLIANCE WITH CIVIL RIGHTS LEGISLATION, FEDERAL AND STATE AGENCIES REQUIRE UNIVERSITIES TO DESCRIBE THEIR RACIAL/ETHNIC POPULATIONS. YOUR RESPONSE TO THE FOLLOWING WILL ASSIST OUR EFFORTS TO ENSURE COMPLIANCE. PLEASE CHECK THE CATEGORY THAT BEST DESCRIBES YOUR RACIAL/ETHNIC BACKGROUND (OPTIONAL). | | |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> Other (please specify) |

CorpCounsel/StudyAbroad/3-2001



RELEASE OF DISCIPLINARY RECORDS AND INFORMATION FORM

STUDY ABROAD OFFICE
WILLISTON HALL 417
DEKALB, ILLINOIS 60115-2854
(815) 753-0700 OR 7399
FAX (815) 753-0825
EMAIL: niuabroad@niu.edu
WEB: www.niu.edu/studyabroad

I hereby authorize the NIU Study Abroad Office to:

disclose exchange

information in the form of record copies and professional communication (written and / or oral about) _____
(Client's full name)

regarding personal conduct, evaluation, treatment, counseling, and psychological testing to / with:

**Office of Community Standards & Student Conduct
Northern Illinois University
DeKalb, Illinois 60115**

This disclosure / exchange is requested for the purpose of:

Sharing disciplinary records or information.

It has been explained to me that if I refuse to consent to this release of information, the following are the consequences (specify, if any):

Unable to contact the Office of Community Standards & Student Conduct and unable to travel abroad as a participant in NIU's International Program.

Date

Signature of Student Traveling Abroad

Witness Signature

Permanent Address of Student Traveling Abroad

Phone number

ZID Number

For Office Use Only:
 Record No Record

SAO Staff Initials _____ Date

COURSE PREFERENCE FORM

REFERENCE: **Exploring Information Systems Application and Practice in China**
 May 13 – June 3, 2012

DIRECTIONS: Place a check mark (T) in the appropriate blanks and return this form with your *Application for Participation in an NIU Administered Study Abroad Program*, along with a check or money order for \$200 (made payable to NIU) to the Study Abroad Office, Williston Hall 417, Northern Illinois University, DeKalb, IL 60115. NIU students also have the option of authorizing the Business Manager of International Programs to charge the \$200 application fee/deposit to their account at the NIU Bursar’s Office.

- 1) **ACADEMIC CREDIT (to be completed by applicant):** I have read the program description and, with approval from the chair of the NIU Department of Operations, Management and Information Systems, wish to be enrolled for the following NIU credit:

UNDERGRADUATE CREDIT (Choose one of two options below)

| Course Choice | Course Number | Course Title | Credit Hours |
|---------------|------------------------------------|--|------------------|
| | OMIS 351 | Information Systems in Organizations | 3 semester hours |
| OR | | | |
| | OMIS 351 and OMIS 400 | Information Systems in Organizations and International Study in Operations and Information Management | 6 semester hours |

Department Chair - For Departmental Approval please continue to the next page.

- 2) **DEPARTMENTAL APPROVAL (to be completed by department chair):** NIU students must obtain prerequisite approval from the Chair of Operations Management and Information Systems in order to be accepted into this program.

| UNDERGRADUATE | |
|--|---|
| OMIS 351 Information Systems in Organizations | |
| | I certify that this student has met the following prerequisites for OMIS 351: Concurrent enrollment in UBUS 310, or consent of college. |
| | This student has not met all of the prerequisites for OMIS 351, however, I waive these prerequisites. |
| | I do not recommend that this student be enrolled in OMIS 351. |
| OMIS 400 International Study in Operations and Information Management | |
| | I certify that this student has met the following prerequisites for OMIS 400: Consent of department. |
| | This student has not met all of the prerequisites for OMIS 400, however, I waive these prerequisites. |
| | I do not recommend that this student be enrolled in OMIS 400. |
| Chair Signature: | Date: |

(Students - Please continue to next page.)

- 3) In filling out the section below and providing your signature, you (the applicant) verify that the information provided on this Course Preference Form is correct. Information provided in this section will be used to assist our efforts to ensure compliance with NIU academic policies and procedures and for confidential statistical purposes.

It is the responsibility of students to know and observe all regulations and procedures relating to the program they are pursuing. Students admitted to NIU study abroad programs are held accountable to NIU course, registration and record regulations and procedures. Questions regarding satisfying elective and major course requirements should be addressed to the advising office of the college in which the student's major department is located.

| | |
|--|--|
| Print Name | |
| Signature | |
| Address (street address, city, state & zip code) | |
| Local Phone Number | |
| Email Address (if applicable): | |
| ZID (NIU students only) | |
| EMPLID (NIU students only) | |
| Date | |
| Anticipated academic standing when program begins: <input type="checkbox"/> sophomore <input type="checkbox"/> junior <input type="checkbox"/> senior <input type="checkbox"/> graduate <input type="checkbox"/> student-at-large | |
| Are you a citizen of the U.S.? 9 Yes 9 No If no, what country? _____ | |

| How did you become interested in NIU's study abroad program? | | | |
|--|--|---|--|
| <input type="checkbox"/> "Around 60115" | <input type="checkbox"/> Greek Telephone Directory | <input type="checkbox"/> Northern Star Article | <input type="checkbox"/> Residence Hall Presentation |
| <input type="checkbox"/> Academic Adviser | <input type="checkbox"/> Handbill | <input type="checkbox"/> Professor | <input type="checkbox"/> Study Abroad Fair |
| <input type="checkbox"/> Bus Sign (external) | <input type="checkbox"/> Information Table | <input type="checkbox"/> Program Description | <input type="checkbox"/> Study Abroad Reference Book |
| <input type="checkbox"/> Classroom Visit | <input type="checkbox"/> NIU Catalog | <input type="checkbox"/> Program Newsletter | <input type="checkbox"/> Study Abroad Staff Member |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> NIU Channel 20 | <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Table Tent |
| <input type="checkbox"/> Email | <input type="checkbox"/> NIU College of Business TV | <input type="checkbox"/> Relative | |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> NIU Study Abroad Website | | |
| <input type="checkbox"/> Former Participant | <input type="checkbox"/> NIU Study Abroad Peer Advisor | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Northern Star Ad | <input type="checkbox"/> Other Study Abroad Website _____ | |