



Dear prospective study abroad participant:

I'm so happy that you are interested in participating in a University of Wisconsin Oshkosh-sponsored study abroad program!

Participation by University of Wisconsin Oshkosh **faculty** and **staff** who are not officially leading or assisting a study abroad program, and by **spouses**, **partners** and **dependent children** of UW Oshkosh study abroad program leaders or assistants is allowed on faculty-led programs with permission from the faculty leader. Participation should be pre-approved through the *Application for Faculty-led Programs Abroad* when possible.

Friends and parents may participate as community members, if approved by the faculty leader, and follow the same application procedure and fee structure as university students. Spouses, partners and dependent children taking one or more of the courses offered abroad for credit must apply as students.

When curriculum or logistics necessitate a maximum number of participants, UW Oshkosh students, other UW System students, students from other U.S. institutions and UW Oshkosh faculty and staff traveling for professional development purposes have priority over non-students when assigning seats in a study abroad program.

In order to participate, you must:

- apply (parents must apply on behalf of minors) by completing the following documents:
 - Application for UW Oshkosh faculty, staff, spouses, partners & dependent children
 - University of Wisconsin System statement of responsibility
 - University of Wisconsin Oshkosh Statement of responsibility
 - Medical/Personal Information Form
 - Withdrawal & Refund Form
 - Program-specific materials (contact the OIE for requirements)
- attach a statement, directed to the faculty leader, explaining the purpose of participation (if applying for **professional development** purposes only);
- apply for a passport (see <http://www.uwosh.edu/oie/abroad/handbook/passport.php>)
- participate in all scheduled activities including course-related activities and orientations before, during and after the program *unless* the faculty leader exempts one or more activities.
- pay airfare and program fees directly to partners and vendors whenever possible and pay any remaining fees to the OIE before travel.
- purchase international health insurance covering medical & security evacuation, preferably using the same insurance company used for student participants, and share this policy with the OIE.

If you have any questions, please call 424-0775 or email ois@uwosh.edu.

Sincerely,

Jenna Graff
Director

OFFICE OF INTERNATIONAL EDUCATION
UNIVERSITY OF WISCONSIN OSHKOSH * 800 ALGOMA BLVD * OSHKOSH, WI 54901
(920)424-0775 * FAX (920)424-0185 * EMAIL OIE@UWOSH.EDU
<http://www.uwosh.edu/oie/oie.html>

University of Wisconsin Oshkosh Study Abroad Application for faculty, staff, spouses, partners and dependent children

Name (or name of parent): _____ UW Oshkosh ID (if applicable): _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Telephone: _____ Male Female

Email Address: _____

I am (my son/daughter is) a U.S. Citizen Permanent Resident Citizen of _____ (country)

Date of Birth _____ Place of Birth _____

I am Faculty Staff Spouse or partner of program leader/assistant Name of spouse/partner: _____

My children will be accompanying me on the program Yes No

If yes, what are their names and dates of birth?

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

For which program are you applying? Write the name of the program (rather than the destination).

Program Name: _____ Faculty Leader: _____

winter interim 200__ spring break 200__ spring interim 200__ summer 200__

Dates

I will fly to/from the program site with the group.

OR

I will deviate from the planned group itinerary.

My planned departure date is _____. **AND/OR**

My planned return date is _____.

I certify that the information stated above is true and correct. If accepted to the program, I agree to follow all payment and withdrawal policies and to remain in contact with the program leader.

Participant's Signature

Date

AND/OR

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

APPROVAL

Faculty Leader

Date

Provost (for minors only)

Date

**University Of Wisconsin System Uniform Statement of Responsibility,
Release, and Authorization to Participate in
Study Abroad and Exchange Programs**
Revised October 1999

I hereby indicate my desire (and/or that of my minor child/children) to participate in a study abroad/exchange program _____ (write program name here) sponsored by the University of Wisconsin Oshkosh during the period of _____ 200__ to _____ 200__. My participation (and/or that of my minor child/children) in this program is completely voluntary.

If and/or when I (and/or my minor child/children) am offered and accept a place in the University's program, I:

- 1) assume full legal and financial responsibility for my participation (and/or that of my dependent child/children) in the program.
- 2) will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I (and/or my dependent child/children) withdraw (or am/are required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.
- 3) grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety (and/or that of my dependent child/children) during my (their) participation in the program including authorizing medical treatment on my (their) behalf and at my expense and returning me (them) to the United States at my own expense for medical treatment or in case of an emergency.
- 4) realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, that are applicable outside of the United States are required for my participation (and/or that of my dependent child/children) in the program and that I am responsible for obtaining appropriate insurance coverage for the duration of the program. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad.
- 5) agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.
- 6) accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I (and/or my dependent child/children) fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.
- 7) understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.
- 8) agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (Board of Regents) and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation (and/or that of my dependent child/children) in the program, including any travel incident thereto.
- 9) acknowledge that I have read this entire document and understand its terms.

Participant's Signature

Date

AND/OR

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



**University Of Wisconsin Oshkosh Uniform Statement of Responsibility,
Release, and Authorization for faculty, staff, spouses, partners and dependent children
to Participate in Study Abroad and Exchange Programs**

In addition, I

- 10) have spoken with the program leader and with OIE staff and understand and accept the conditions under which this program will be conducted, particularly those which apply to the housing arrangements, travel arrangements, participation in planned events, withdrawal & refund policy, and program costs. I understand that any program itinerary provided is subject to change and I agree to adapt to those changes.
- 11) agree to ensure that any dependents accompanying me maintain a reasonable standard of conduct throughout the program abroad, including, but not limited to, obeying all local laws and ordinances and showing up on time for all scheduled events.
- 12) understand it is my responsibility to obtain and pay for a passport, obtain and pay for a visa if needed, to pay for and get all immunizations recommended by the CDC, and to pay all costs incidental to my (and/or my dependents child's/children's) experience abroad. If not traveling on a group flight, I understand that it is my responsibility to arrange and pay for all travel to my destination and to arrive at my destination by the date and time specified by the program leader.
- 13) understand that the UW System international health insurance policy is **ONLY** available (and will be required) when the participant is age 18 or older **AND** when the participant participates in **ALL** program-related activities. I further understand that this policy offers only basic coverage for emergency medical care abroad and repatriation/evacuation during the program and may not cover expenses for mental health care. I agree to purchase an international health insurance policy and to forward a copy of this policy to the OIE before travel.
- 14) have consulted with a medical doctor with regard to my (and/or my dependent child's/children's) personal medical needs and about the location(s) where the Program is to be offered. There are no health-related reasons or problems that preclude or restrict my participation (and/or that of my dependent child/children) in this Program. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I (and/or my dependent child/children) participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs (and/or those of my dependent child/children), and I assume all risk and responsibility therefor. If I (and/or my dependent child/children) require medical treatment or hospital care, in a foreign country or in the United States, during the Program, the University is not responsible for the cost or quality of such treatment or care.
- 15) affirm that there are no mental health-related reasons or problems that preclude my participation (and/or that of my dependent child/children) on this Program.
- 16) (This paragraph applies only if you (and/or your dependent child/children) have consulted with a mental health professional in the past.) have consulted with a psychiatrist, medical provider and/or mental health professional with regard to my mental health needs (and/or those of my dependent child/children). I affirm that I (and/or my dependent child/children) am stable on current medications and that my doctor is willing to prescribe enough medication to last for the duration of the planned program abroad. I agree to take (and/or ensure that my child/dependent children have taken) all prescribed medications exactly as prescribed by my doctor and that I will carry both the original prescription with me and a note from my doctor explaining the situations in which I (and/or my dependent child/children) can self-regulate dosages. I have arranged, through insurance or otherwise, to meet any and all needs for payment of mental health care, if needed, while I participate in the Program. I recognize that neither the University nor my hosts abroad are obligated to attend to any of my mental health needs (and/or those of my dependent child/children), and I assume all risk and responsibility therefor. If I (and/or my dependent child/children) require treatment or hospital care, in a foreign country or in the United States, during the Program, the University is not responsible for the cost or quality of such treatment or care. I understand that I (and/or my dependent child/children) will be required to return home, at my own expense, if I do not take my medication as prescribed or if my

mental health (and/or that of my dependent child/children) negatively affects my own stability (and/or that of my dependent child/children), other students, my hosts, or, if on a faculty-led program, the ability of the group leader/s to teach courses and attend to the group.

- 17) understand that staff at UW Oshkosh may contact my emergency contact/s in the event of an emergency abroad, in the event that I (and/or my dependent child/children) require hospitalization or medical/mental health care, to inform them of itinerary/accommodation changes, or in the event that staff determine that I (and/or my dependent child/children) am making decisions or behaving in a way that may jeopardize my own safety or mental health (and/or that of my dependent child/children) or the safety of others. In the event that I (and/or my dependent child/children) require medical or mental health care and cannot make decisions on my own, staff will make every effort to contact my emergency contact/s. If this is not possible, I authorize representatives of the University of Wisconsin Oshkosh and/or my host institution to make decisions about my medical or mental health (and/or that of my dependent child/children) on my behalf. I agree to assume all financial responsibility for such care to the extent that it is not covered by health insurance.

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation (and/or that of my dependent child/children) in the Program. To the maximum extent permitted by law, I release and indemnify the Board of Regents of the University of Wisconsin System, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I (and/or my dependent child/children) may suffer, or for which I (and/or my dependent child/children) may be liable to any other person, during my participation (and/or that of my dependent child/children) in the Program (including periods in transit to or from any country where the Program is being conducted). I have carefully read this Release Form before signing below. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application by the University and shall be governed by the laws of the state of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

Participant's Signature

Date

AND/OR

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

MEDICAL/PERSONAL INFORMATION

All information collected on this form will be shared with your faculty leader(s), partners abroad (if appropriate) and staff in the OIE. Write 'n/a' in blanks where appropriate.

Section I:

Participant Name (Please Print) _____ Date of Birth _____

Name of your family doctor: _____ Phone Number: _____

Name of your insurance company: _____

Name of policy holder: _____ Policy Number: _____

Section II: EMERGENCY CONTACT

Name: _____ Email Address: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ Business Phone: _____

Section III:

Please describe any physical handicaps or disabilities: _____

Please describe medical conditions, if any, that should be brought to the attention of the lead faculty member or a physician, i.e. asthma or diabetes.

Section IV:

For participants on programs with HOTEL accommodations only: do you prefer a ___ non-smoking or ___ smoking room?
___ no preference

Are you a vegetarian? ___ yes ___ no Do you have any food allergies? _____

NOTE: For some programs, the OIE organizes group meals and will work to provide a vegetarian option whenever possible. The OIE cannot make requests for vegetarian options on group flights (but you can request this when you check in at the airport) and may not be able to request vegetarian dishes for other meals during the program (e.g. visits where a meal might be provided by a corporation). Airlines often allow us to request special meals for medical reasons such as food allergies.

Participant's Signature

Date

AND/OR

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

University of Wisconsin Oshkosh Study Abroad Withdrawal, Cancellation & Refund Policy for faculty, staff, spouses, partners and dependent children

The following apply without exception: **Name:** _____

1. Participants enrolling in a UW Oshkosh program through the OIE are enrolling in an academic program; the UW Oshkosh OIE is not a travel agency and does not offer travel tours. UW Oshkosh reserves the right to make any changes to itineraries, travel arrangements, hotels, excursions, activities or other arrangements. Such changes are not grounds for withdrawal.
2. The OIE does not use student fees to cover program participation by **faculty and staff** who are not officially leading or assisting a study abroad program, or by **spouses, partners or dependent children** of UW Oshkosh study abroad program leaders or assistants. All participants must cover costs related to their own participation.

Your fees (and/or those of your dependent child/children) will therefore cover the cost of your personal expenses (and/or those of your dependent child/children) and, if sharing accommodation with a faculty leader or assistant, the difference between the cost of accommodation for the faculty leader or assistant you (and/or your dependent child/children) are accompanying and the cost of shared accommodation.

If you (and/or your dependent child/children) are thirteen years of age or older at the time of travel, you will cover the cost of shared activities, shared transportation and other group-related expenses in proportion to your representation (and/or that of your dependent child/children), in terms of total number of participants minus faculty/assistants, on the program. For example, if ten students and two spouses participate on a program, the cost of group-related expenses is divided by twelve people. If ten students, two spouses and one child age 7 participate on a program, the cost of group-related expenses is divided by twelve people. With the leader's permission, you (and/or your dependent child/children) may be able to choose not to participate on one or more group activities.

3. Program Withdrawal

If you (and/or your dependent child/children) wish to withdraw, you must notify the Office of International Education **in writing** (email is acceptable). Your withdrawal (and/or that of your dependent child/children) is effective on the date that the OIE **receives** notification **in writing**. If you (and/or your dependent child/children) withdraw, UW Oshkosh will refund only that portion of your fee (and/or that of your dependent child/children) which has not already been expended by UW Oshkosh on your behalf or which UW Oshkosh is not obligated to expend on your behalf after your withdrawal notice is received.

4. Program Cancellation

Because student fees cannot be used to cover your participation (and/or that of your dependent child/children), you also assume financial risk for unrecoverable fees associated with your participation (and/or that of your dependent child/children) in a program cancelled by UW Oshkosh and are encouraged to purchase comprehensive trip cancellation insurance. You are encouraged to apply and commit to a program only **AFTER** participant numbers are great enough to run a program. Programs may also be cancelled for reasons other than low participation, such as, but not limited to, political instability, environmental catastrophe, loss of a key partner abroad, etc.

5. Any expenses related to the study abroad program which you have paid directly to vendors or UW Oshkosh partners, have personally incurred or are obligated to pay remain your responsibility. UW Oshkosh cannot assume responsibility for these expenses for you.
6. Because the OIE runs all programs on a cost-recovery basis, it is not possible to make exceptions for any reason, including withdrawal for medical reasons or family emergencies. **To protect yourself, PURCHASE TRIP CANCELLATION INSURANCE.** If you choose not to purchase trip cancellation insurance, fees assessed by the OIE will be your responsibility regardless of your reason for withdrawing.

I understand that fees related to my participation (and/or that of my dependent child/children) cannot be determined until after group numbers have been finalized. I understand that I will have financial responsibilities in addition to estimated program fees. I am confident that I will be able to cover all expenses. I read, understand and agree to comply with the withdrawal, program cancellation and refund policy as outlined above.

Participant's Signature Date

AND/OR

Signature of Parent/Guardian Date _____ Date