

**WESLEYAN UNIVERSITY
OFFICE OF INTERNATIONAL STUDIES, x2550**

APPLICATION FOR PERMISSION TO STUDY ABROAD

Applicant's Name(last,first & middle, as they appear on passport):

Date and place of birth: _____

WesBox _____ WESID: _____ Phone: _____

Class (current): FR SO JR SR E-mail address: _____

Expected year of graduation: _____ Major(s): _____

Passport number: _____ Citizenship: _____

Name of home-district Congressperson (if you are a US citizen): _____

Parent/guardian's name: _____

Home phone: _____ Street: _____

City/State/Zip code: _____

Parent email: _____

NOTE: APPROVAL OF STUDY ABROAD IS CONTINGENT UPON A STUDENT'S BEING IN ACADEMIC AND DISCIPLINARY GOOD STANDING UP TO AND INCLUDING THE SEMESTER PRIOR TO GOING ABROAD. OIS WILL CHECK YOUR STANDING WITH THE DEANS' OFFICE.

STUDY ABROAD PROGRAM(S) FOR WHICH YOU INTEND TO APPLY: (If you plan to apply to more than one program, fill out a course approval form [page 3] for **each** additional program)

Program Name, City, Country _____

Academic year: 20 ____ - ____ Semester: Fall Spring Year

Please list courses you have taken at Wesleyan that prepare you for the course of study you plan to take:

May we give your address abroad to members of the Wesleyan community who request it?

YES ____ **NO** ____

ACADEMIC JUSTIFICATION: Below or on a separate sheet titled “Academic Justification – [your name]”, explain your reasons for pursuing this course of study and its relevance to your work at Wesleyan and to your future plans. Include topics like the relevance of language study to your major, study with specialists in your field of interest, research or an independent study project (e.g., in preparation for a senior thesis), etc. Don’t include the general importance of study abroad (as we already agree heartily), or personal goals like getting to know your roots, traveling, or having fun.

COURSEWORK ABROAD Note: If this is your declaration semester, this form should be turned in AFTER you have declared your major, so that you can discuss this with your major advisor.

Check with your department to determine whether this form should be signed by your major advisor, department chair, and/or designated faculty liason. If you are a double major, or if courses from a related field are to be counted toward your major (eg. Biology courses for E&ES), then you must get approval from this *second* major advisor, department chair, and/or designated faculty liason.

I have been or hope to be accepted for the major(s) 1_____ 2_____

COURSES YOU PLAN TO TAKE ABROAD FOR MAJOR CREDIT

MAJOR 1

(major 1 continued) OR MAJOR 2

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

COURSES OUTSIDE YOUR MAJOR(S) YOU PLAN TO TAKE ABROAD

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Major Department approval: I approve the designated courses for credit in the major. Conditions for approval (e.g., submission of all written work, minimum grade) are:

Major 1 conditions:

Major1 Department signature _____ Print name _____ Date _____

Major 2 conditions:

Major2 Department signature _____ Print name _____ Date _____

Applicant's name: _____

WESLEYAN UNIVERSITY STUDY ABROAD

STUDENT MEDICAL RELEASE AND PARENTAL STATEMENT FORM

Name _____ Term Abroad _____

Program _____

My son/daughter has my permission to study on a Wesleyan approved study abroad program. I agree to meet the applicant's expenses during this period.

I understand that Wesleyan cannot assume responsibility for any medical expenses incurred by students abroad. Normally, students will need to pay all medical bills on site and request reimbursement on return home from the insurance carrier.

I understand that mild physical and emotional problems may be exacerbated by the stresses associated with Study Abroad, and I believe that the applicant's decision to undertake this experience is a sound one.

I understand that Wesleyan cannot assume *legal* responsibility for health care for students abroad. **I understand that health insurance coverage for the period of study abroad is required.** This student will be covered by a policy with _____ insurance company (policy # _____), and we have reviewed the coverage abroad provided by this policy.

Parent/Guardian's Name _____ Relationship _____

Signature _____ Date _____

If parents are separated or divorced and share financial responsibility, please include the name and signature of the other parent:

Parent/Guardian's Name _____ Relationship _____

Signature _____ Date _____

Student release: I authorize Wesleyan to contact my parents about my physical or mental health while I am abroad if it is deemed advisable to do so.

Signed: _____
Name Date

**Assumption of Risk and Release and Waiver
Wesleyan Approved or Administered Study Abroad Program**

As a condition of, and as consideration for, my participating in a Wesleyan approved or administered Study Abroad Program, I agree to the following assumption of risk and release and waiver. I understand and agree that no oral representations can or will alter the contents of this document, and that if any portion of this document is deemed unenforceable, all other provisions remain in full force and effect.

I affirm that I am age 18 or older.

Assumption of Risk: I understand that participation in a Wesleyan-approved or -administered Study Abroad Program involves risks not present on Wesleyan's Middletown, CT campus. For initiatives abroad these include, but are not limited to, risks inherent in travel to and from, and within, a foreign country, and risks resulting from different:

- Legal, economic, social, political, and law enforcement conditions;
- Standards for the safety and maintenance of both private and public buildings and conveyances, including different standards for the accessibility and accommodations of persons with disabilities;
- Standards for the availability and provision of medical care;
- Weather conditions; and
- Educational systems and expectations.

I understand these risks and accept and assume them as a condition for my participating in such a program. I acknowledge that my participation in that program is voluntary.

General Release and Waiver: I, for myself, and for my heirs, executors, administrators and assigns, release and waive any and all claims arising out of my participation in a Wesleyan-approved or -administered Study Abroad Program led by a Wesleyan faculty or staff member that I may have, now or in the future, against Wesleyan University, its employees or agents, including, but not limited to, claims for damage to or loss of property, consequential damages, violation of civil rights, personal illness or injury, or death.

I understand that Wesleyan University, including the leader of the off-campus initiative, does not administer or control all aspects of such initiatives, and that other providers of goods or services in this connection are not agents of Wesleyan or under its control.

Medical Release and Authorization: I assume all risk and responsibility for my medical needs while a participant in a Wesleyan approved or administered Study Abroad Program, and acknowledge that Wesleyan is not responsible for the provision and quality of medical treatment or hospital care that I receive while such a participant.

In the event of a medical emergency, however, I authorize Wesleyan to take any action deemed in good faith to be necessary for my health and safety. I assume full financial responsibility for, and release Wesleyan, including the leader of such initiative, from any and all liabilities resulting from the good faith exercise of this authority.

I authorize Wesleyan, including the leader of the program, to determine whether it is in my best interests or those of Wesleyan or the program that I return home.

Participant's Signature

Date

Standards of Conduct Pledge

I hereby pledge that I will adhere to Wesleyan University's Honor Code and Code of Non-Academic Conduct while abroad.

I understand that I am participating in a Wesleyan-approved or –administered Study Abroad Program as a regular and full-time student of Wesleyan University, and as such will be held to the same academic and behavioral standards as I would be on campus.

I accept the obligation to behave in a safe and responsible manner for the duration of my study abroad program.

I understand that an infraction abroad of Wesleyan University's Honor System or Code of Non-Academic Conduct, or other action deemed either unsafe to myself or others, or academically dishonest, is sufficient cause for me to be brought up on charges with the Honor Board or Student Judicial Board, as appropriate, and/or to be sent home from the program. If I am sent home, credit for my semester abroad may be forfeited.

I further accept the obligation to abide by the rules and regulations, both academic and behavioral, of the study-abroad program, whether Wesleyan-approved or –administered. To reference Wesleyan's Code of Conduct & Honor System, see University Policies at <https://wesep.wesleyan.edu/students/>.

_____ Participant's Signature _____ Date