Healthcare Study Abroad Program

**CHINA 2018**
12th Annual Sino American Health Care and Culture Exchange
- Population Health
- Global Competency’s
- Traditional Chinese Medicine
- Western Medicine comparison
- Culture, History and Traditions
  May 7-23, 2018

**Program Overview**
The Healthcare and Culture in China Study Abroad Program is a student favorite at WSU year after year. The program teaches students a unique mix of Chinese culture and traditional eastern medicine through tours and hands-on clinical experience. While on the Healthcare and Culture in China program, you’ll experience the historic Great Wall, the Forbidden City, and Tiananmen Square. To earn full credit, you will need to attend four 2-hour workshop sessions before the trip, keep a daily journal of your experiences, participate in a post-trip discussion group, and compose an experiential paper based on pertinent experiences on the program.

**Itinerary**
**Beijing**
Forbidden City, Tiananmen Square, Great Wall of China, Visit a Chinese Medical School or hospital

**Jiamusi**
Visit a College of Health Professions, hospital and clinic visits, and Chinese medicine & Acupuncture, Community Service Project Events with Students and the people of Jiamusi, learn a little Chinese and make some lifelong friends

**Shanghai**
Water Village, Yu Garden, knock off market, visit Western hospital and medical programs Chinese acrobatic show
Credit
You will receive 4 credit hours in the following:
• Radiologic Sciences
• Dental Hygiene
• Medical Laboratory Sciences
• Nursing
• Health Administrative Services
• Health Sciences

ANYONE CAN GO...........

Faculty
This program will be led by; Dr. Robert Walker, Chair of the Department of Radiologic Sciences; Professor Stephanie Bossenberger, Chair of the Department of Dental Hygiene; Dr. Susan Thornock, Chair of the School of Nursing and Dr. Yas Simonian, Dean of the Dumke College of Health Professions

Program Cost
The approximate program costs:
$3,500.00 (Airfare Included)

Deposit: $500 dollars will need to be paid when you hand in your application.
ALL payments for this trip will need to be paid at the HURST CENTER. PLEASE do NOT pay on campus
• International Airfare
• Room and Board
• Excursions
• All domestic transportation
• A Visa for Entering China
• Faculty and WSU Credit

This cost does not include your passport, incidentals including excess baggage cost, and any unscheduled travel. If the cost of this program changes, you will be notified by Continuing Education and/or your program director.

Passports
Your passport must have at least six months remaining on it and have a minimum of four (4) blank pages. If you do not currently have a passport or have questions regarding your passport please contact Dr. Walker at 801-626-7156 ASAP. Additionally, you will need two passport quality photos for the Visa application.

Registration
All participants must be at least 18 years of age. You will apply by submitting an application to Dr. Robert Walker his office is in the Marriott Health Building, room 363 or Fax it to 801-626-
The application is attached and will include a short essay explaining your interest in the study abroad program. People in reasonably good health should have little concern.

To register and make payments, call (801) 626-6600 Monday through Friday from 8 a.m. to 4:30 p.m., or pay in person in the Hurst Center room 102B. See Attached application.

You must also complete an application for the program also attached.

Program Cancellation & Refunds
If the trip is cancelled, participants will be refunded in full. Refunds for withdrawal from this program will be determined by the Study Abroad Director according to the recoverability of incurred costs and fees, minus the non-refundable deposit. Once the group leaves, all costs are non-refundable in their entirety.

Note: Dates and prices may change. It is the responsibility of the participant to keep abreast of any changes.

Questions?
If you have any questions, please feel free to contact your program faculty member. You may also contact the Study Abroad at studyabroad@weber.edu or Continuing Education at (801) 626-6600.
Please Note there are two applications that are required the one page needs to be return to Dr. Robert Walker Marriott Health 363 or faxed to 801-626-7966

The Second one is for CE/Study Abroad, please follow the directions outlined on the application
NOTE: PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS FORM.

1. Print name in full ________________________________

2. WSU Student ID No. ___________________ 3. Gender _____ male _____ female

4. Address ________________________________

5. Phone number _____________________________ Home ___________________________ Cell ___________________________ work ___________________________
   (Area code)

6. E-mail address _____________________________ 7. Tee Shirt Size ___________________________
   List several if you have them

8. Health Professions Major Program

9. Academic Level (at the time of this application, i.e., 1st year of AS program or 2nd year of BS program, for example)

9. Have you ever participated in a Study Abroad program at the university/college level? If so, when and where did you travel?

10. The Selection Committee is interested in your personal educational goals, as well as your communication skills and adaptability to new experiences. Please briefly address, on a separate piece of paper (not included), the following statements:
   a. Relevant experiences you have had since attending high school (include any non-traditional travel/education experiences);
   b. Any other information about yourself which you feel is pertinent to this application (maximum of one page); and

   c. ESSAY QUESTION: Please organize your thoughts and respond to the essay question listed in the box below. Limit your essay response to a maximum of two pages, double-spaced, using a 12 point font.

   □ 1. Based on what you know about yourself and your own personal goals, how do you envision your health care professions career being enhanced by participating in the 2017 China Healthcare and Culture Study Abroad

11. I do hereby certify that the statements in this application are true and complete to the best of my knowledge.

   Signature ___________________________ Date ____________

12. I Have a current Passport _____ Yes _____ No Is your passport good for six or more months _____ yes _____ No
   You must also have 4 or more blank consecutive pages in your Passport

Submit your application to: Department of Radiologic Sciences, Room 363, Marriott Allied Health Bldg.

By Jan 17, 2017

□ It is the applicant’s responsibility to assure that this application and turned in on time.
□ Applications that are not complete will not be reviewed
□ You will be informed of your applicant status after all files have been reviewed. It is your responsibility to have your current, complete e-mail and ‘regular’ mailing address on your application.
□ Physical abilities while traveling require the ability to walk moderate distances, 1-2 miles per day. If you have any physical disabilities please contact the course instructor(s) directly.
□ Do you have any dietary restrictions?
Application Process

Please fill out all sections and pages of this application form before submitting it via email to studyabroad@weber.edu. Your application must be submitted, any prerequisite requirements completed (prerequisite courses, instructor approval, etc.) and your non-refundable deposit paid, which goes toward the overall cost of your program, before you will be registered for your Study Abroad Program. To pay your deposit over the phone, contact the CE Office by phone at (801) 626-6600. You can also pay your deposit in person at the CE Registration Desk in the Hurst Center. If you have any questions please contact the Study Abroad office at (801) 626-8740 or (801) 626-8155, Room 110 of the Hurst Center or via email at studyabroad@weber.edu

Program Payment Information

All program payment requirements, including deposit amounts, due dates, and total costs, can be found online at http://weber.edu/studyabroad. Program deposit is non-refundable. By paying program deposit the student guarantees participation in the program and promises to pay the complete program cost by required deadline. Withdrawal from the program does NOT release participant from payment requirement. Standard penalties due to Withdrawal or Non-payment is as follows:

- 120 Days prior to term start date: 25% of total program cost.
- 90 Days prior to term start date: 50% of total program cost.
- 60 Days prior to term start date: 75% of total program cost.
- 30 Days prior to term start date: No refunds.

Personal Information

LAST NAME: ___________________________ FIRST NAME: ______________________ MI: ______

W-NUMBER (or social security number): ________________________________

BIRTHDATE: ________________________ GENDER: (circle) Female Male

CURRENT ADDRESS: ________________________________

CITY: _______________________________ STATE: ____________ ZIP: _______________

Initial ________________
PERMANENT ADDRESS: ____________________________
(if different from current address)
CITY: ______________________ STATE: ____________ ZIP: ____________
HOME PHONE: _______________ CELL PHONE: _______________ WORK PHONE: _______________
WSU EMAIL: ____________________________
ALTERNATE EMAIL: ____________________________
NATION OF CITIZENSHIP: ____________________________

Academic and Program Information

| ARE YOU A CURRENT STUDENT AT WEBER STATE UNIVERSITY? | YES | NO |
| IF NOT, ARE YOU ATTENDING SCHOOL AT ANOTHER INSTITUTION? | YES | NO |

IF YES, WHERE ARE YOU ATTENDING?

_____________________________________________________

TO WHICH STUDY ABROAD PROGRAM ARE YOU APPLYING?

(For a list of current WSU Study Abroad Programs, please visit [http://weber.edu/studyabroad](http://weber.edu/studyabroad))

_____________________________________________________

PLEASE SELECT THE APPROPRIATE RESPONSE:

I AM A STUDENT OR EMPLOYEE OF WEBER STATE UNIVERSITY

I AM NOT A STUDENT OR EMPLOYEE OF WEBER STATE UNIVERSITY

Passport Information

If flights are provided for your selected program, it is vitally important the Study Abroad Office has accurate passport information. Please complete the section below. The Study Abroad Office cannot be held accountable for any problems that arise if this section is not completed correctly.

Name AS IT APPEARS ON PASSPORT: __________________________________________

Passport Number: ______________ Issue Date: ______________ Expiration Date: ______________

Issuing Country: ____________________________

Initial ______________
Study Abroad Program

VOLUNTARY MEDICAL DISCLOSURE FORM

The Study Abroad Program you are applying for will involve travel to foreign places that often have unpaved streets, cobblestones, stairs, and other obstacles. The Program likely will require a certain level of physical fitness to navigate the terrain. Extensive walking may be required. You will also encounter stressful situations, culture shock and some degree of homesickness while studying abroad. You may find that the stress of a study abroad experience causes even minor physical, psychological or emotional issues to become more serious.

You are urged to obtain a physical examination to determine your level of fitness and if the Program is appropriate for you.

You are also encouraged to fill out this Form and supply as much information as you can so that the Program Director has information about your unique situation and the Director and Study Abroad Office can plan for possible contingencies or react in the event of a problem or emergency.

The information provided in these documents will be considered confidential and will be shared with program staff, faculty, or appropriate health providers abroad only if pertinent to your well-being. Your application to study abroad will not be affected on the basis of either a physical or mental health condition unless it is of such a serious nature or degree as to prevent your successful participation on the program.

If you have questions or need reasonable accommodation, please contact the Study Abroad Office.

Name (as it appears on Passport) ____________________________ Birth Date ___________ Age ______

Mailing Address ____________________________________________

City ____________________________ State/Province/Region ______

Country ____________________________ Zip/Postal Code ______________

Home Phone (___) ____________________________ Cell Phone (___) ____________________________

Email ____________________________

Emergency Contact Information

Name ____________________________

Address ________________________________________________

Phone (___) ____________________________ Email ____________________________

Physical conditions you wish the Program to be aware of:
(This may include a physical health condition, injury or disease you are being treated for currently or have you been treated within the last five years.)

Initial ____________
Mental conditions you wish the Program to be aware of:
(This may include mental conditions you are being treated for currently or have you been treated within the last five years (e.g. alcohol and/or other substance use disorder, depression, anxiety, eating disorder, or condition related to loss or grief)?

Allergies you wish the Program to be aware of:
(This may include peanut or other nut allergies, eggs, fish, shellfish)

Dietary restrictions (vegetarian, gluten free, diabetic, lactose intolerant, etc.) you wish the Program to be aware of:
Please understand that honoring dietary restrictions may not be possible in all places at all times and you may need to make alternative arrangements for meals)

Medications:
Please list all medications you are taking or will be taking during this program. All medicines, prescribed or over-the-counter, should be transported in its original packaging.

Is there any additional information that would be helpful for the program to be aware of during your study abroad experience?

I affirm it is my responsibility, together with my physician, to determine if I am in a good enough condition to participate in the Study Abroad Program. To the extent I have chosen to disclose information I certify that all responses made on this Form are true and accurate to the best of my knowledge.

Initial ____________
Please carefully read and make sure you understand all provisions of this Agreement before signing. This is a legally binding document and you are releasing rights by signing.

STUDY ABROAD IS GREAT BUT HAS RISKS: Weber State University ("WSU") believes that participation in study abroad programs by its students can be an important part of a student’s learning experience. Such programs however, involve certain risks. In order to participate, each student must read carefully, complete, and sign this Release and Waiver of Liability and Program Participation Agreement and submit it as part of the Application process to the Study Abroad Office prior to the Program.

I WANT TO GO: I wish to participate in the Program, and in consideration for being permitted to participate in the Program, I hereby represent and agree as follows:

1. I WILL ACT LIKE AN ADULT: I understand that I am an adult and that I will be expected to act like an adult. I understand that I am expected to take care of myself and take responsibility for my actions. I understand that there will not be supervision during much of the time spent in the Program. I understand that while there may be a Program Director, faculty or other advisors on the trip they will be a resource, not my parent, supervisor or keeper and I am ultimately responsible for myself and what happens to me.

2. I AM AGREEING TO RELEASE WSU: I understand that I am being required to sign a release of claims as a condition of participation in this program because sometimes bad things happen and I agree to take legal and financial responsibility if they do. I have carefully read this Release, understand it, and understand I am releasing rights I might otherwise have.

3. I UNDERSTAND THERE ARE RISKS: I understand that participation in the Program involves risks not found in study at the College, including risks involved in traveling to and within, and returning from, the Program site(s). These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters described in the U.S. Department of State Country specific Information (and Travel Warnings and/or Travel Alerts, if any) that I may access at http://travel.state.gov. I understand that there may be other risks, including the risk of negligent conduct by the program advisors and others associated with WSU. I accept all of these risks and voluntarily elect to participate in the Program.

4. ASSUMPTION OF RISK AND RELEASE: In consideration of being allowed to participate in the Program, I hereby freely assume all risks which may be associated with or result from participating in the Program. I further agree to release the State of Utah, Weber State University, their officers, employees, agents, contractors and volunteers, including any WSU employees involved in the Program in their personal capacities, ("Releasees") from any and all liability, claims, demands, actions, loss, claim, damage, injury, illness, or harm ("Claims") to me of any kind or nature arising out of or related to my participation in the Program including where Claims occur due to the negligence of Releasees. This includes, but is not limited to, damages, injury, death or loss occurring during travel and/or activities other than those specifically required in order to participate in the Program that I may choose to undertake before, during, or after the Program. It is my express intent that this Release bind my heirs, assigns, and personal representatives.

5. ORIENATIONS: I understand that WSU conducts an orientation session for Study Abroad Programs. I agree to attend an orientation. I understand that if I fail to do so, I have increased the risk of problems occurring and agree to take full responsibility for that.

6. OTHERS MAY CAUSE PROBLEMS THAT MIGHT COST ME TIME OR MONEY: I understand that WSU in no way represents, or acts as agent for a Host Institution, if any, the transportation carriers, the hotel(s) and any other suppliers of services ("Others") connected with this program. I further understand that WSU is a) not responsible or liable for injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence, fault or default of Others, b) not

Initial ____________
responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters, acts of terrorism, personal decision to leave the program early, ejection from the Program, or other such causes, and c) not responsible for any disruption of travel arrangements, or any consequential additional expenses that may be incurred therefrom. I acknowledge and agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation and other services in the program plan due to sickness, weather, strikes, hostilities, wars, natural disasters, acts of terrorism, personal decision to depart from the program, ejection, or other foreseen or unforeseen causes; to accept all responsibility whatsoever for any loss, damage, destruction, theft or the like to my luggage or personal belongings; and that I have adequate insurance or sufficient funds to replace such belongings and release and will hold WSU harmless therefrom.

7. **MISSING THE AIRPLANE/BUS/TRAIN/OTHER TRANSPORTATION:** I acknowledge and agree that in the event I become detached from the study abroad group, fail to meet a departure bus, airplane, train, or other conveyance, or become sick or injured and unable to travel I will bear all responsibility to seek out, contact, and reach the trip group at its next available destination, and to bear all costs attendant to contacting and reaching the group at its next available destination.

8. **NO REFUNDS:** I understand that there is a strict policy limiting refunds should I choose to not go forward with a Program. I agree to abide by the refund policy and to not make any claim for refunds outside of the policy.

9. **I WILL FOLLOW THE LAWS OF THE COUNTRY I AM IN:** I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, alcohol use, drug use and behavior. I recognize that behavior that violates those laws or standards could harm WSU’s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to which I will travel during the Program and assume responsibility for my actions.

10. **I WILL FOLLOW ALL RULES INCLUDING THOSE OF WSU OR RISK GETTING KICKED OUT:** I will comply with WSU’s rules, standards, and instructions for student behavior generally and for the Program, including the WSU Student Study Abroad Handbook and WSU’s Code of Student Conduct (collectively, “standards”). I acknowledge and understand that my compliance is important to the success of the Program and to WSU’s willingness to permit future similar activities. I agree that WSU has the right to enforce the standards, in its sole judgment, and that it may impose restrictions, up to and including disciplinary proceedings, not granting academic credit for, and/or immediately dismissing me from the Program, for violating the standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the WSU, the Program or other participants. I also agree to comply with all directions and instructions of the Program Director and faculty members during the course of the program and that failure to do so may result in the imposition of sanctions.

11. **IF I AM DISMISSED IT WILL BE AT MY OWN EXPENSE:** I understand that if I am dismissed from the Program that I am not entitled to any refund of monies and that WSU is not responsible for any costs I may incur in connection therewith including obtaining alternate lodging, meals or the cost of returning home.

12. **NO DUE PROCESS:** I agree that, due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at WSU do not apply. If I am removed from the Program, I consent to going home at my own expense with no refund from WSU of any monies paid.

13. **I WILL DEAL WITH LEGAL PROBLEMS MYSELF:** If I have or develop legal problems including with any foreign national(s), foreign business, or foreign government while participating in this study abroad program, I will attend to the matter personally with my own personal funds and will hold WSU harmless therefrom and that WSU is not responsible to provide any assistance under such circumstances.

14. **THINGS MIGHT GET CHANGED:** I understand that it is within WSU’s discretion to change travel, accommodations, and other arrangements as it seems necessary. I understand that WSU is not

Initial ____________
responsible for nor does it represent or act as agent for, and cannot control the acts or omissions of the host institution or service providers, including those who provide transportation, tour, dining or sleeping accommodations. I understand that WSU may cancel without penalty the offering and conduct of this Study Abroad Program; withdraw any part of the Study Abroad Program and to make any alterations, deletions, or modifications in the itinerary and/or Academic portion of the program as deemed necessary by WSU, the Director of Study Abroad, or by the Program Director as agents of WSU.

15. **MEDICAL**: I agree to: a) consult with a medical doctor with regard to my personal medical needs and confirm that there are no health-related reasons or problems which preclude or restrict my participation in this Program, b) if, in my sole judgment I deem it necessary or advisable, arrange for additional adequate medical and hospitalization insurance to meet any and all needs for payment of medical and hospital costs while engaged in this Program, c) be responsible for and pay all medical and other expenses incurred while in the Program even if reimbursement from insurance is expected, d) consult and arrange with a medical doctor to receive the appropriate inoculations/shots for this program, and e) release WSU from any legal responsibility for payment of the my medical, medication, or hospitalization needs.

16. **WSU MAY MAKE MEDICAL DECISIONS FOR ME**: I agree that WSU may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances, and hereby authorize WSU to make such decisions and take such actions including specifically I grant permission to the Program Director or other WSU officials to authorize emergency medical treatment, if necessary. I agree to pay all expenses relating thereto and release WSU from any liability for any such actions.

17. **VOLUNTARY MEDICAL DISCLOSURE FORM**: I understand that I have been advised to complete the Voluntary Medical Disclosure Form portion of the Application to let the Program Director know of any special medical conditions, needs, allergies and other health information that might help them help me in the event of a health problem during the Program. I understand that I do not have to complete the Form but it is highly recommend and I assume all risks that may occur if I do not complete the Form.

18. **I AM RESPONSIBLE FOR COSTS AND EXPENSES INCURRED**: I am assuming full financial responsibility for all costs and expenses incurred by me in connection with the Program, including, without limitation, financial responsibility for damage or destruction to property of third parties.

19. **I WILL NOT BIND WSU**: I will not hold myself out as having the power or authority to bind or create liability for WSU.

20. **PHOTO AND IMAGE RELEASE**: I hereby give WSU the absolute right and permission to use, publish, re-use, re-publish, and distribute any photos, videos or other recreations of my likeness ("Photos") in which I may appear, as well as unlimited use in any advertising/publication/medium whatsoever, without restrictions with regard to Photos taken in connection with the Program. I release Releases from any and all claims arising out of or in connection with the use of Photos including libel, slander, and invasion of the right of privacy, publicity or personality relating to the exercise of any rights referred to herein.

21. **REMAINING PROVISIONS VALID**: I agree that should any provision or aspect of this Release be found to be unenforceable, that all remaining provisions will remain in full force and effect.

22. **UTAH IS THE FORUM FOR ANY LAWSUIT AND UTAH LAW APPLIES**: I agree that this Agreement and all matters connected with it shall be construed in accordance with the laws of the State of Utah in the United States of America, which shall be the exclusive forum and venue for any lawsuits filed related to this Agreement or the Study Abroad Program.

23. **NO OTHER DOCUMENTS OR PROMISES**: This release herein represents my complete understanding with WSU concerning its responsibility and liability for my participation in the Program. It supersedes any previous or contemporaneous understandings I may have had with WSU on this subject, whether written or oral, and cannot be changed or amended in any way without a written agreement signed by myself and an authorized representative of WSU.

Initial ______________
24. **READ THE ATTACHMENT:** I also understand and agree to abide by the attached Additional Terms and Conditions of Participation.

25. **HAVING CAREFULLY READ THIS I STILL WANT TO GO AND AGREE TO SIGN THIS AGREEMENT:** I wish to participate in the Program. I have read and completed this **Release and Waiver of Liability and Program Participation Agreement.** I understand that I have options to signing this Release. I can study abroad with another program or travel by myself or choose not to go on this completely voluntary activity. I have carefully read this Release and voluntarily agree to it. I represent that my statements herein are accurate and complete and that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release, I have the right to consult with the adviser, counselor, or attorney of my choice.

**Additional Terms and Conditions of Participation**

A. Any person who feels they are the victim of discrimination including sexual assault or misconduct should report the matter to the Program Faculty. In addition, the matter may be reported to the WSU Title IX Coordinator Barry Gomberg. WSU will provide resources available to victims of sexual assault insofar as it is able to do so.

B. For the purpose of all Study Abroad and International Experience programs at WSU, no program participant (e.g., faculty, staff, or student) is authorized to drive a private vehicle for the purpose of transporting program participants to, from, or during activities identified as part of the program.

C. Drinking of alcoholic beverages by any participant in a Study Abroad Program during “working hours” (i.e., those hours designated by the Program Director as time to be spent on WSU sponsored activities within the designated program plan of activities) is strictly prohibited. I understand that if I am of legal age in the country that after “working hours” I may choose to drink alcohol (unless prohibited by local laws or the nature of certain designated Study Abroad trips). However, I understand that I am solely responsible for that choice. Please understand most cultures disapprove of “getting drunk.” The consumption of alcohol can put you and/or the group at risk; increase the risk of sexual assault and other problems, and personal and group safety is of the highest priority.

D. Narcotics, illegal drugs, or other controlled substances are strictly prohibited from being in the possession of, or used by, any person participating in the Study Abroad Program and possession or use may be grounds for dismissal from the program resulting in an early return home, at the participant’s own and sole expense.

E. No person engaged in Study Abroad or International Experience activities may have in their possession or use any kind of firearm for any purpose while participating in the program.

F. Each participant in a study abroad or international experience program is expected to comply with all applicable WSU codes during the program, and to obey all applicable provisions of the laws of the state and nation in which the Program activities take place.

G. All participants are individually responsible for their personal conduct while on WSU Study Abroad Programs, and WSU has no obligation to intercede or undertake to protect participants from the legal consequences of violations of the law for which they may be responsible.

H. All participants must be over the age of 18. As adults, program participants are not supervised or monitored during non-working or non-program activity hours.

I. Students are expected to adhere to the rules and regulations of their housing facilities. Some facilities enforce curfews and noise regulations. You are expected to be respectful of your host and follow these rules. Any property damages or fines that you incur during your program are your responsibility.

J. Overnight guests are prohibited from staying in program lodging.

Initial ______________
K. Paying attention to your state of mind and mental, emotional and physical well-being is important to maintaining a positive study abroad experience. Many students experience culture shock and some degree of homesickness while studying abroad. Understand this is normal and do not be afraid to talk about it with your peers or your group leader. In addition, due to the heightened emotions and the additional stresses of culture shock, physical, psychological and emotional issues can become more pronounced or even manifest for the first time during a study abroad experience. If you have a history of physical or mental health conditions, it is recommended to disclose this information on the Voluntary Medical Disclosure Form.

Applicant’s Signature

I certify that all statements made on this application are entirely true and accurate, and that I agree to the Study Abroad Program policies as outlined in this application.

PLEASE SIGN YOUR FULL NAME TO CERTIFY THAT ALL STATEMENTS ARE TRUE AND ACCURATE:

__________________________________________________________________________

PLEASE ENTER THE CURRENT DATE: ________________________________________________________________________________

PLEASE SEND COMPLETE APPLICATION TO
Study Abroad Office
1265 Village Dr. DEPT 4013
Ogden, Utah 84408

Initial __________________________