Gain Learning Experience in:

Population Health Global Competencies  
Traditional Chinese Medicine compared to Western Medicine  
Chinese Culture, History, and Traditions

May 3 to May 18, 2020

The Weber State University China study abroad program is one of the university’s most-popular and highest-attended programs. It teaches students a unique mix of Chinese culture and traditional Chinese medicine through tours and hands-on clinical experience. Participants will also have the opportunity to perform health care-related community service in one of the program’s focus cities.

**Tentative Itinerary**

**Beijing**

Experience the Forbidden City, Tiananmen Square, and the Great Wall.

Fly to Harbin and take the high-speed train to Jiamusi.

**Jiamusi (Manchuria Region)**

Visit the WSU sister school, Jiamusi College of Health Professions. Learn and participate in traditional Chinese medicine such as acupuncture, cupping, and massage. Participants will also attend events and a service project with Chinese students and faculty.

**Shanghai**

Visit the Zhujiajiao Water Town. Enjoy a night river cruise on the Huangpu River. Watch a fun-filled Chinese acrobatics show. Find great discounts on clothing, luggage, and gifts at the “knock-off” market.

...and MUCH MORE!

**ANYONE CAN GO!** You do not need to be a Weber State University student or health professions major to participate in this study abroad program. The Dumke College of Health Professions encourages students to invite their friends and family members to participate.
Academic Credit

Weber State students will receive four credit hours in one of the following courses:

- DENT 4850 – Study Abroad for Dental Hygiene
- HAS 4850 – Study Abroad for Health Administrative Services
- HTHS 4850 – Study Abroad for Health Sciences
- MLS 4850 – Study Abroad for Medical Laboratory Sciences
- NRSG 4850 – Study Abroad for Nursing
- RADT 4850 – Study Abroad for Radiologic Sciences

To earn full credit, students must:
1. Attend four two-hour pre-trip orientation sessions.
2. Keep a daily journal of trip experiences.
3. Compose a short experiential paper on the lessons learned during the trip.

Faculty

Dr. Robert Walker, Chair of the School of Radiologic Sciences leads the group. Other participating faculty includes Dr. Susan Thornock, Chair of the Annie Taylor Dee School of Nursing.

Program Cost

The approximate cost is $3,700. This includes class registration, visa processing fees, airfare, ground transportation, lodging, scheduled events, and scheduled meals. The cost does not include the price of obtaining a passport, overweight / excess baggage costs, or any unscheduled events and meals. The Department of Continuing Education will notify participants of any price changes.

Participants must provide a non-refundable deposit of $500 upon submission of the application.

Passports

Participants MUST have at least 12 months remaining until the expiration of their passports and have a minimum of four blank pages. Call Dr. Walker at (801) 626-7156 for any questions regarding passports. Participants must also provide two passport quality photos for the necessary visa documentation.

Registration

All participants must be at least 18 years of age and in reasonably good health. Apply by submitting an application to Dr. Robert Walker, Marriott Health Building, room 363, or via fax to (801) 626-7966.

To register or make payments, call (801) 626-6600, Monday through Friday, from 8 a.m. to 4:30 p.m., or pay in person at the Hurst Center, room 102B. Participants must also complete and submit the attached Weber State University Study Abroad student application.

Cancellation and Refunds

In the case of a school-mandated trip cancellation, the school will refund participants in full. In the case of participant withdrawal, the Study Abroad Director will determine the refund based on incurred costs and fees. Once the group begins travel to China, all costs are non-refundable. Trip dates and prices may change! It is the responsibility of the participant to stay up-to-date on relevant information.

Questions?

Please contact Dr. Walker at (801) 626-7156 or the Study Abroad Office at (801) 626-6600.
IMPORTANT

You must complete the two applications in this packet!

Submit the one-page application to Dr. Walker.

Submit the larger application to Continuing Education / Study Abroad.
Weber State University Dumke College of Health Professions Study Abroad Program
Exploration of Chinese Medicine, Health Care, Tradition and Culture
Application for Program Participation – May 2020

PLEASE TYPE OR PRINT CLEARLY

1. Print Name in Full: ________________________________________________________________

2. WSU W Number: __________________________   3. Gender: Male ☐ Female ☐

4. Address: _______________________________________________________________________

5. Phone Number: Cell __________________________ Work __________________________

6. Email Address: __________________________________________________________________

7. T-shirt Size: ________________________________

8. Academic Major and Class Standing (Freshman, Sophomore, Junior, Senior, Graduate)
   ________________________________________________________________________________

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

10. I have a current passport, good for six or more months: Yes ☐ No ☐

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

    Signature: ________________________________ Date: ____________________

Submit this application to the School of Radiologic Sciences, room 363, Marriott Health Building.
**Application Process**

Please fill out all sections and pages of this application form before submitting to the registration desk in the Hurst Center, or 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: _________________

MAJOR: __________________________________________________  GENDER: Female ☐  Male ☐

YEAR IN SCHOOL: _________________  RACE: ________________  ETHNICITY (Latino/Hispanic): Yes ☐ No ☐

CURRENT ADDRESS: _____________________________________________________________________________

CITY: ________________________________  STATE: ______________________  ZIP: ________________
PERMANENT ADDRESS: (if different from current address) _________________________________________________

CITY: __________________________________________  STATE: _____________________  ZIP: _____________

HOME PHONE: ___________________ CELL PHONE: ________________  WORK PHONE: __________________

WSU EMAIL: ______________________________________________

ALTERNATE EMAIL: ________________________________________________

NATION OF CITIZENSHIP: __________________________________________________________________________

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**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? ________________________________________________________

WHAT YEAR AND SEMESTER DO YOU PLAN TO STUDY ABROAD? (E.g., Summer 2020) ____________________

**PLEASE NOTE:** FOR A LIST OF CURRENT WSU STUDY ABROAD PROGRAMS, PLEASE VISIT http://weber.edu/studyabroad

WHAT IS THE NAME OF THE STUDY ABROAD PROGRAM YOU ARE APPLYING FOR?

    (E.g., Respiratory Therapy in Ghana) ____________________________________________________________

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

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**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: __________________________________________________________________________________________
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: ______________________

Zip/Postal Code: ______________________ Country: __________________________________________________

Home Phone: ________________________________ Cell Phone: ________________________________

Email Address: _______________________________________________________________________________

Emergency Contact Information

Name: _______________________________________________________________________________________

Address: ____________________________________________________________________________________

Phone: ______________________________________________________________________________________

Email Address: ______________________________________________________________________________
QUESTIONNAIRE

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.)
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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, etc.)
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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.

NOTE: SIGNATURE ON PAGE 14
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. ORIENTATIONS: I understand that WSU conducts orientation/pre-departure session for Study Abroad Programs. I agree to attend a pre-departure 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 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 unforeseen 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 or through 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 deems necessary. I understand that WSU is not 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 Releasees 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.

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. Overnight guests are prohibited from staying in program lodging.

J. Insurance may be available for the trip, consult with the Study Abroad Office.

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