



WESTERN KENTUCKY UNIVERSITY

STUDY ABROAD APPLICATION

Received: \_\_\_/\_\_\_/\_\_\_

Applicant Information:

Please type or print legibly

Name: Last First Middle WKU ID: SSN:

Telephone: E-mail: Other Email:

Current Address: Street City/State/Zip Phone: ( )

Permanent Address: Street City/State/Zip Phone: ( )

Major 1: Major 2: Cumulative GPA:

Minor/Certification: Expected Graduation: /

Classification during program: FR SO JR SR GRAD Non-Degree Other

Gender: Male Female

Date of Birth: / / Country of Citizenship:

Predominant Racial/Ethnic Group (optional) Native American/Alaskan Native Black, Non Hispanic Asian/Pacific Islander White/Non-Hispanic Hispanic

Do you speak a second language? If yes, which language?

Are you, or have you ever been, on academic probation? Yes No

Are you, or have you ever been, on non-academic (disciplinary) probation? Yes No

Are you planning to use federal financial aid toward program costs? Yes No

To the best of my knowledge, the information in this application is correct.

Applicant Signature: Date:

COORDINATOR APPROVAL

To certify that the above-named student has discussed plans to study abroad, and to recommend he/she be considered for study abroad .

Coordinator Signature: Date:

Coordinator Name: Department:

Campus Address: Phone: Email:

## **CONDITIONS OF PARTICIPATION STATEMENT**

**All applicants are asked to review and sign the following statement. It constitutes conditions for participation in all Western Kentucky University sponsored or co-sponsored study abroad programs.**

1. I understand and agree that, as a participant in the Western Kentucky University study abroad program, I am subject to the student conduct regulations described in the Undergraduate Catalog. I further understand that if I am attending a foreign university as part of the WKU program, I am also subject to the conduct regulations of that institution.
2. I agree that the program coordinator may terminate my participation in the program if: 1) I engage in actions endangering to myself or to others; or 2) my conduct is considered to be detrimental or incompatible with the best interest and welfare of the program. I further agree, if expelled from the program, to be responsible for all expenses incurred in returning to the United States.
3. I understand that I am subject to the laws of the host country and agree to abide by those laws. It is further understood that WKU be limited in its ability to provide assistance in the event of arrest and may also institute disciplinary proceedings.
4. I am aware of the nature and the cost of the program. I shall be responsible for all financial obligations related to my participation in the program.
5. Refund Policy: Should cancellation occur prior to 90 days before departure, full refund will be granted. If cancellation occurs between 60-89 days prior to departure, \$250.00 of the program fee will be assessed as a cancellation fee. If cancellation occurs prior to 59 days before departure, all program fees or incurred expenses will be assessed as a cancellation fee. Program fees or incurred expenses could include but not be limited to deposit, cost of airline tickets, and any deposits required by the Study Abroad Institution. Cancellations must be submitted in writing; the date of the notification to the program coordinator is the cancellation date. Unused fees may be used at the discretion of the program coordinator.
6. I agree to notify the program coordinator if I am planning extended individual travel during the program. Where possible, I will provide the director with details of the proposed trip including plane, bus, and train schedules.
7. I understand that WKU reserves the right to cancel programs in case of insufficient participation or for reasons deemed appropriate. WKU also reserves the right to make changes to the program. I further understand that should the program, or any portion of the program, be changed or cancelled, WKU shall have no responsibility beyond the possible refund of deposits made or monies paid to Western Kentucky University by the participants. Minor alterations in the program will not result in refunds.

**I have read, understand, and agree to the conditions governing my participation in WKU's Study Abroad Program. I further understand the possible actions that will be taken should I act in a manner that is inconsistent with these conditions.**

Participant's name (print): \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or guardian signature (if under 18 years of age) Date: \_\_\_\_\_

**Study Abroad: Office of Teacher Services**  
**Phone: 270.745.4611 Fax: 270.745.3442 Website:**  
**<http://edtech.wku.edu/>**  
**Modified from University of Northern Iowa forms**

## Policy for Student Teaching Abroad

Student teaching in a foreign country can be very rewarding. It offers an opportunity to learn about and experience a diverse culture. These experiences will help prepare for teaching in diverse classrooms.

The following conditions must be met for student teaching in a foreign country.

1. Complete a Study Abroad Application. Discuss your plans with the Program Coordinator and obtain his/her signature of approval.
2. Read and sign the Conditions of Participation Statement, the Health Insurance Verification form, Medical Self-Assessment form, and the Waiver of Liability and Hold Harmless Agreement and Medical Authorization form.
3. Meet eligibility standards: 2 letters of recommendation from Western faculty members, GPA of 3.0 or higher, successful completion of first phase of student teaching and completion of Teacher Work Sample, successful interview with program faculty.
4. Attend an orientation session in preparation for student teaching in a foreign country.
5. Obtain passport, immunizations, International Student Identification Card, and any other necessary documentation for foreign travel.
6. Submit to the Office of Teacher Services a deposit of \$500.00 made out to Western Kentucky University at least 120 days prior to travel and I agree to abide by the refund policy as outlined on the Conditions of Participation Statement.
7. Agree to complete the following items while student teaching in the foreign country:
  - a. Videotape 2 lessons if possible, and write a reflection of your lessons. Submit videotape and reflection to Program Coordinator prior to receiving a grade for the experience.
  - b. From the foreign country, communicate weekly with the Program Coordinator and your Student Teaching Seminar faculty member by email. Maintain journal entries describing your experience.
  - c. Complete all requirements for the Student Teaching Seminar.
  - d. Present a recording of your experience to an audience determined by the program faculty.

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I understand the conditions for student teaching in a foreign country, and agree to the requirements as listed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed name \_\_\_\_\_



## **HEALTH INSURANCE VERIFICATION**

**It is required that you have adequate health insurance coverage while studying or traveling abroad. Failure to carry insurance can result in the delay or denial of treatment.**

**Adequate health insurance provides coverage for:**

- 1) Treatment and medications administered abroad;
- 2) Emergency evacuation should you need to be rushed to a hospital aboard or back to the US; and
- 3) Repatriation of your remains in the event of your death.

**Please check to see if your current health insurance provides adequate coverage while you are abroad. If you need additional coverage, the Office of International Studies has information on insurance policies specifically designed for students participating in study and travel abroad programs.**

My current policy will provide adequate medical coverage while I am abroad:  YES  NO

Name of Carrier Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Toll-free number in the U.S.: \_\_\_\_\_

Briefly state coverage provided: \_\_\_\_\_  
\_\_\_\_\_

Emergency evacuation provided:  YES  NO

Repatriation of remains provided:  YES  NO

**I understand the need for health insurance and will, if not already covered, purchase a policy for the duration of my program and provide the necessary information regarding proof of coverage to the program coordinator before I am allowed to participate in the study abroad program.**

**I certify that this policy will be maintained for the duration of the study abroad program. I further certify that the information provided is correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The International Student Identification Card:** Students studying abroad are strongly encouraged to purchase an International Student Identification Card for the duration of their program. An ISIC may be purchased at the Office of International Studies.

## **CONSENT FOR EMERGENCY MEDICAL TREATMENT (Optional)**

In the event that I/we cannot be reached to give consent, I/we the undersigned parent/legal guardian/spouse of \_\_\_\_\_ hereby authorize WKU's representation to consent for me/us to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care deemed necessary or advisable by a qualified physician during the period this student is enrolled in a WKU study abroad program. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of WKU to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a qualified physician is deemed necessary.

I certify that I am the parent/legal guardian/spouse of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

Parent/Guardian/Spouse Name (please print) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Spouse Signature

\_\_\_\_\_  
Date

**MEDICAL SELF-ASSESSMENT**

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Name: \_\_\_\_\_ WKU ID: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Middle

*Because overseas study programs can be both physically and emotionally demanding, we ask that you provide candid evaluation of your health. This information will not be used as part of the selection process.*

**Please rate your overall health** (Please check one):  Excellent  Good  Fair  Poor

**Do you have any:**

Pre-existing medical conditions?  YES  NO

Dietary restrictions or known food allergies?  YES  NO

Known allergies to medication, plants, animals, insect stings, etc.?  
 YES  NO

Physical limitations or disabilities?  YES  NO

**If YES, please explain:**

**Have you ever had:**

A major surgical operation or been advised to have one?  YES  NO

Treatment in a hospital or mental institution?  YES  NO

Treatment for a mental disorder?  YES  NO

A major illness (rheumatic fever, etc.)?  YES  NO

**If YES, please explain:**

**Are you currently undergoing treatment or taking medication?**  YES  NO

**If YES, please explain:**

**EMERGENCY CONTACT INFORMATION**

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The following information is intended to be of assistance should an emergency situation occur either home or abroad before, during or after the program. Inform the program coordinator of any changes to be made.

**Person to contact in case of emergency:**

**Emergency Contact #2:**

Name(s): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**I give my permission to WKU and its agents to contact the person(s) I have identified as my emergency contact in the event the program coordinator or agents of WKU feel such action is justified.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **STUDENT AGREEMENT**

I understand it is my responsibility to make certain that courses taken abroad are not duplications of credit already earned at WKU. I also understand that I must request that the university certifying credit earned (host university abroad) forward an official transcript to the Registrar's Office at Western Kentucky University. In lieu of an official transcript, I have the responsibility of providing adequate documentation of my study. All credits earned overseas will contribute to my cumulative G.P.A.

I understand that Western Kentucky University will not award undergraduate credit for work unless a "D" or higher has been earned (some departments require a "C" or higher); nor graduate credit unless a "B" or higher has been earned (please see pages 26-30 of Western's catalog for further information on Academic Requirements and Regulations). For credit to be accepted, I must maintain an overall minimum G.P.A. of 2.0 on all courses taken abroad.

I understand that Western Kentucky University has a residency requirement and all candidates for the bachelor's degree must earn a minimum of 32 semester hours of credit as WKU residence credit. This includes at least 16 semester hours after the student has gained Senior status (after earning 90 or more credit hours). Transfer credit is NOT residence credit.

I recognize that participation in WKU study abroad program entail certain risks to my property and person. I freely assume those risks based on the advise from the study abroad coordinator and my program director. I understand I can obtain further information from Department of State Travel Advisories (<http://www.travel.state.gov>) and Center for Disease Control and Prevention (<http://www.cdc.gov>). In the events of emergency, I authorize WKU to take whatever actions deemed warranted and appropriate regarding my health and safety.

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**Student**

**Date**

I have met with this student and concur that the above course(s) will be accepted at WKU for academic credit. This student has completed all procedures, which apply to the program under which he/she will study abroad.

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**Study Abroad Coordinator  
Office of International Programs**

**Date**

## WKU STUDY ABROAD FINANCIAL AID GUIDELINES

Students who plan to participate in study abroad programs are individually responsible for the program costs and tuition that they incur while on the program. However, the WKU Office of Financial Aid can help if students are eligible and applications are submitted on time. Students may be eligible for a Subsidized and/or Unsubsidized Stafford loan to cover the costs of participation in an international experience.

In order for the financial aid office to determine the student's eligibility for Subsidized and/or Unsubsidized Stafford loan, the student must accomplish the following:

1. Complete the Free Application for Federal Student Aid;
2. Complete the Western Kentucky University Application;
3. Enroll in six credit hours for the semester in which they will be attending the study abroad program in order to receive financial aid.

The student should begin to arrange for financing their international educational experience well in advance. Stafford loans take between four and six weeks to process. However, the overall application process can take anywhere from ten to twelve weeks to complete. Therefore, the applicant should complete the appropriate forms as far in advance as possible to ensure that the loan money will be available when needed.

If you have additional questions regarding financial aid, please call Student Financial Assistance at 270-745-2755. If you have questions regarding study abroad, please email or call the Study Abroad Office at [study.abroad@wku.edu](mailto:study.abroad@wku.edu) or 270-745-5334.

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### FOR STUDENTS APPLYING FOR FINANCIAL AID

My signature below will act as the endorsement of my financial aid disbursement checks. I authorize Western Kentucky University to forward my financial aid disbursement checks directly to the office of \_\_\_\_\_ to be used as partial payment of my program fee. (Program Provider)

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Student

Date

STUDENT: After this form has been signed by the Director of Study abroad, take a copy to

**Student Financial Assistance, Potter Hall #317**

## **WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

**Please read this document carefully. It affects any rights you may have if you are injured or otherwise suffer damages on a study and travel program.**

WHEREAS I, (print full name) \_\_\_\_\_ am about to participate in the study abroad program known as \_\_\_\_\_ and I acknowledge that I understand that in consideration for my being permitted to participate in said study program, I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, acknowledge and assume the risk of participation in the program and do hereby RELEASE AND FOREVER DISCHARGE the stat of Kentucky Board of Regents, State of Kentucky, Western Kentucky University, and all their officers, faculty, employees, and agents (hereinafter referred to as "Releasees") whether accompanying said program or otherwise, from any and all claims, demands, actions or causes of action on account of any injury to me or my property or on account of any injury to me or my property or on account of my death which may occur from any cause during or relating to said study program, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of said bodies or persons on account of any and all such claims, demands, actions, or causes of action.

I further AGREE TO INDENMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court cost and attorney's, that they may occur due to my participation in said program.

## **MEDICAL AUTHORIZATION**

If I incur or develop any injury or illness, then I hereby give my consent for medical treatment and permission to study program personnel to supervise and/or perform, as deemed necessary by study program personnel, on-site first aid for minor injuries, and to a licensed physician or physician assistant to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for me. I agree to assume all costs related to any such treatment.

IN SIGNING THIS AGREEMENT AND AUTHORIZATION I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreements, and Medical Authorization and understand it and sign it voluntarily as my own, free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent (if not eighteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such; and I execute this Agreement and Authorization for full, adequate and complete consideration fully intending to be bound by same.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Parent or Guardian's signature (if under 18 years of age)