T G R O L T G

Office of International Programs

Marygrove College 8425 W. McNichols Rd. Detroit, Michigan 48221 USA **Phone:** (313) 927-1485

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E-mail: studyabroad@marygrove.edu **Web site:** www.marygrove.edu/

Study Abroad Program Application—2013

Name	Student I.D.#		
Previous Names:			
	Phone ()		
APPLICATION CHECKLIST			
The following items must be submitted to Office of Internation	onal Pro	ograms, MC 358 by October 31, 2012, or January 31, Ghana	
☐ Travel Seminar Program Application		Agreement and Waiver	
(all sections completed, signed and dated)		Withdrawal and Refund Acknowledgement Form	
Receipt of payment of \$200 non-refundable deposit		Academic Clearance Form	
☐ Health Information Form		Disciplinary Clearance Form	
		Copy of Passport Page (deadline: Jan. 31, 2013)	
PARTICIPANT DATA			
Present College		Are you seeking a degree? Yes No	
Current Class: ☐ FR ☐ SO ☐ JR ☐ SR ☐ GR	☐ St	taff	
Major(s)		Graduation Date (mm/dd/y)/	
Minor		Cumulative GPA:/4.00	
I am: □ Female □ Male		Date of Birth (mm/dd/yyyy)/	
Have you ever studied or traveled abroad? If yes, when, when	e, how	long?	
Passport Number		Citizenship	
The following information is optional and is used for and	onymoi	us statistical and reporting purposes only.	
How would you identify yourself (check only one)? American Indian or Alaskan Native Hispanic American (including Puerto Rican) Asian American, Indian or Pacific Islander		 □ African American (non-Hispanic) □ Caucasian (non-Hispanic) □ Multiracial (identifying with two or more groups) 	
How did you first learn about Marygrove College study abroa Orientation Poster Faculty Member Campus Event Student Referral		☐ Catalog	

Study Abroad Program Application—2013

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Why did you choose to participate in this overseas program?		
HEALTH INFORMATION		
HEALIN INFORMATION		
Health insurance is required for participation in all Marygrove C Reimbursements are not given for double coverage.	ollege study-travel programs and	is included in the program cost.
Traveling, particularly abroad, can create both mental and physical stream or your seminar leader(s) regarding the management of your health	strongly recommended that you tall	with a physician, counselor and/
In addition, indicating your needs allows us to make the appropriate a time spent traveling. Given this, we ask that you complete the following <i>The information you provide does not affect your eligibi</i>	g section. <i>This information will</i>	
Are you currently under medical treatment for any reason?	☐ Yes	□ No
Are you currently being treated by a psychologist or	■ Voc	☐ No
physician for an emotional, nervous or mental condition? Are you currently taking any medications?	☐ Yes ☐ Yes	□ No □ No
Do you have allergies or dietary restrictions which we should be away		□ No
Do you have a physical or learning disability which we should be aw		□ No
* If you answered "yes" to any of these questions, please describ you plan to continue your treatment during the travel portion of the		t you currently receive and how
EMERGENCY CONTACT PERSON		
Emergency contacts will be verified prior to departure		
Name	Relationship to you	
Daytime Phone ()	Evening Phone ()	
SECONDARY EMERGENCY CONTACT PERS	SON (in the event that the first cor	ntact listed cannot be reached)
Name	Relationship to you	
Daytime Phone ()	Evening Phone ()	

Study Abroad Program Application—2013

I,
rules, regulations and requirements as to conduct, academic policies and financial aid policies of Marygrove College and the sponsoring agency or institution, as well as the national and local laws, ordinances and statutes of the country in which I will be studying. I understand that Marygrove College reserves the right to require the withdrawal of any student from the overseas program on account of unsatisfactor academic work or behavior. If my withdrawal from the program is required, I understand that upon dismissal I will no longer be associated
from my dismissal and early departure.
I understand that I am responsible for paying all fees associated with the program to which I am applying and agree to do so. I am award of the refund policy for the program to which I am applying. At the time of my withdrawl I understand that I forfeit all non-recovered fees agree to abide by this policy should I choose to withdraw from this program for any reason. I understand that I cannot withdraw from the study abroad course after the travel portion of the course has been completed. I agree to abide by all program guidelines as determined by the program leader.
I authorize Marygrove College to release my application and other records to the cooperating institution(s) and program officials overseas My signature on this application form indicates my understanding and acceptance of the above statements and the following waiver.
Marygrove College and its affiliated institutions, in making arrangements for overseas programs, act only as agents. The undersigned hereby waives any and all claims that he or she has or may in the future have against, and the undersigned releases from all liability and agree not to sue, Marygrove College, its affiliated institutions, its trustees, employees or any other persons, parties, organizations or agencies collaborating with it for any personal injury, death, property damage or other loss that he or she sustains during (or as a result of) the overseas program due to any cause whatsoever, including: (a) ordinary negligence, including the failure to use such care as a reasonably prudent and careful person would use under similar circumstances and failure to meet standards of care in the overseas program, or (b) the violation of any other duty imposed by law or contract, including (i) the breach of any duty imposed by statute or common law, (ii) the breach of any explicit or implicit understanding, and/or (iii) the making of an actionable errors in judgment. Marygrove College reserves the right to cancel, alter or amend any part of the programs or to increase fees as deemed necessary. {BH01\\ 307331.1 ID\ ZEJ}.
Applicant's Signature

Accepted _____ Wait List ____ Withdrew ____ Date ___ Initials _____

STUDY ABROAD WITHDRAWAL AND REFUND POLICY

The Office of International Programs has no control over airline payments and refund policies from vendors or travel agents. If you withdraw from the program after services rendered, you will be responsible for any non-recoverable program expenses.

Should withdrawal occur prior to 60 days before departure of travel, full refund will be granted less the initial \$200 application deposit fee. The following specified costs are non-refundable: 31-59 days – 50% of tour price; less than 30 days- recoverable costs only (possible forfeiture of entire costs); withdrawals received less than 15 days from departure of the travel portion will receive no refund. Withdrawals must be submitted in writing, email preferably (studyabroad@marygrove.edu). The date such notification is received by the Office of International Programs at Marygrove College is the cancellation date.

Trip cancellation insurance is strongly recommended.

Student Acknowledgement of Withdrawal Policy			
I have received and read the Withdrawal Policy for my Study Abroad Program. I accept the terms a	as stated therein and a	gree to ad	lhere to them.
Name of Student:	Date:	/	
Name of ottudent.	Datc	/	
Signature:			

ACADEMIC CLEARANCE FORM

ame of Student:	ID:
ountry of Interest:	
ame of Academic Advisor/Program Director:	
none: () Email:	
gnature:	Date:/
lditional Comments/Reservations (not required)	

DISCIPLINARY CLEARANCE FORM

Please fill in all information completely by typing or printing in ink. The Office of Judicial Affairs will return this form to the **Office of International Programs (MC358).**

To the Student: This form must be completed by the Office of Judicial Affairs or appropriate administrative official at your home institution
Your signature provides consent for release of this information.
Name of Student: Date:/
Student ID: Phone: () Email:
Signature:
To the Office of Judicial Affairs: The student named above has applied to participate in a Marygrove College sponsored study abroad program. We would appreciate a confidential statement evaluating this student's record at your institution. While a prior disciplinary history does not preclude a student's participation in our program, this information is taken into consideration during review and must be submitted in order for the student to be evaluated for admission to the program. The return of this form at your earliest convenience will expedite the student's admission status.
\square This student has not received a judicial sanction at this institution.
☐ This student is not currently not under active judicial sanction, but has been sanctioned previously (please use space below to elaborate)
☐ This student is currently under judicial sanction (please use the space below to elaborate)
Additional Comments (please indicate whether or not any sanctions above should prevent this student from studying abroad):
Name:
Title:
Institution:
Telephone: ()
Signature: Date:/
Please fax or mail to: Office of International Programs

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