

Gallaudet University
Office of Enrollment Management

First Year Study Tour

APPLICATION



Costa Rica
March 14-21, 2009
(Spring Break)

INTRODUCTION

First Year Study Tour Spring Break March 14-21, 2009

Current trends in American higher education show that students not only value and welcome an experience to travel abroad, but they gain an edge in the employment marketplace upon graduation. A study abroad experience not only enhances a student's ability to compete in the job market, but also promotes the student's motivation and commitment to stay in school and persevere towards graduation. This First Year Study Tour is an opportunity to "preview" a study abroad experience through a one-week trip to Costa Rica. Since only a small percentage of First Year students have ever traveled outside the United States, Gallaudet is providing this opportunity to be part of the "global generation" and further one's interest in international study. After all, we live in an increasingly complex, global society which requires the educated person to demonstrate a depth and breadth of knowledge and understanding of cultures different than one's own.

Gallaudet University's new general studies curriculum has five core learning outcomes: critical thinking, identity and culture, ethics and social responsibility, language and communication, and knowledge and inquiry. A trip to Costa Rica with its rich diversity of culture, language, and environmental diversity will truly complement these learning outcomes and competencies.

Although the trip's expenses are paid by the University, students are expected to make a \$150.00 refundable, which will be reimbursed after the trip. Students who withdraw from the program after November 28, 2008, will not be refunded the \$150.00 except in the case of a documented illness or health issue, family emergency, or if their GPA after the Fall semester does not qualify for this trip. Other expenses students are responsible for are: their passport fees, \$22 International Student Identity Card, snacks and souvenirs, and several meals en route and during the return.

Criteria for eligibility¹

1. First year students registered for Fall '08 and Spring '09 semesters.
2. Minimum of a 2.50 GPA and be in good standing with Student Affairs and Office of Student Conduct.
3. A completed application for the program, including required documentation (see page 12 checklist).
4. Possession of a valid passport that has an expiration date at least six months after the scheduled return of the trip (September, 2009). See page 5 for complete passport information for U.S. and non-U.S. citizens.
5. Attendance at several pre-travel orientations and a post-travel follow up meeting.

¹ Gallaudet University reserves the right to make final decisions about students' eligibility and participation in the program.

PARTICIPANT INFORMATION

FIRST YEAR STUDY – COSTA RICA

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ SS# _____ Student ID#: _____

Class: Freshman Sophomore Junior Cumulative GPA _____

Current or Anticipated Major: _____

I will graduate in _____ (Month/Year)

Are you a previous participant? Yes If Yes, year/month/destination: _____

No

CURRENT MAILING ADDRESS

street or P.O. box

apt. number

city

state/province

zip/postal code

country

Telephone: _____ tty voice VP Fax _____
(area code or country code) and number (area code or country code) and number

E-mail _____ Pager _____

PERMANENT ADDRESS

street or P.O. box

apt. number

city

state/province

zip/postal code

country

Telephone: _____ tty voice VP Fax _____
(area code or country code) and number (area code or country code) and number

E-mail _____ Pager _____

PARENT/GUARDIAN INFORMATION (Emergency Contact)

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ___ / ___ / ___ SS# _____ Student ID#: _____

PARENT/GUARDIAN CONTACT

Full Legal Name: _____
Last name First name Middle name

Address: _____
street or P.O. box apt. number

_____ city state/province zip/postal code country

Telephone: _____ tty voice VP Fax _____
(area code or country code) and number (area code or country code) and number

E-mail _____ Pager _____

Please provide a second contact in case your parent/guardian is not available in an emergency:

Full Legal Name: _____
Last name First name Middle name

Address: _____
street or P.O. box apt. number

_____ city state/province zip/postal code country

Telephone: _____ tty voice VP Fax _____
(area code or country code) and number (area code or country code) and number

E-mail _____ Pager _____

PASSPORT AND CITIZENSHIP INFORMATION

PASSPORT INFORMATION

If you are a United States citizen and do not currently have a passport, apply for a passport right away. An application form and instructions can be obtained online from

http://www.travel.state.gov/passport/passport_1738.html.

Your passport must be valid for the entire period (plus at least 180 days) of your study and travel abroad or immigration officials will not allow you to leave the United States. Non-U.S. students, please see information below.

Make a copy of the first page your passport (including your photograph) and include it with this application. (It is highly recommended that you give a copy of this application form to your parents/guardians so that if your passport is lost or stolen, this information will make replacement much easier.)

Print your full name as it appears on your passport

Last Name: _____ Middle Name: _____ First Name: _____

Citizenship: _____ Passport Issuing Country: _____

Passport #: _____ Date Issued: _____ Expiration Date: _____

Date of Birth: _____ Place of Birth: _____

INTERNATIONAL STUDENT INFORMATION

IMMIGRATION STATUS/VISA INFORMATION

Students who are traveling on a passport other than a U.S. passport should inquire immediately about passport and visa requirements at the appropriate consulate. You should also inquire with U.S. immigration authorities about the possible necessity for obtaining a new visa to reenter the U.S. (if your visa has expired or will expire) after the completion of your program abroad.

Visa Type: _____ I-20/DS-2019 Expiration Date: _____ Visa Expiration Date: _____

CIPS CERTIFICATION

International students with either F-1 or J-1 visas must meet with the Center for International Programs and Services (CIPS) to discuss the possible implications of study abroad for their immigration status. Have the Designated School Officer (DSO) sign below. DSOs for Gallaudet are Mona Blanchette McCubbin, or Larry Musa, Room E 253, Hall Memorial Building.

For DSO signature: Name: _____ Title: _____

Signature: _____ Date: _____ Email: _____

CERTIFICATION

I certify that I have met with the CIPS to discuss my plans to study abroad. I understand the possible implications of such study for my immigration status.

Student Signature _____ Date _____

APPLICANT'S HEALTH STATEMENT

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ SS# _____ Student ID#: _____

To the applicant: A study abroad experience can be both physically and emotionally stressful. Please provide an honest evaluation of your physical health by answering the following questions. If you answer YES to any of the following questions, explain below or on a separate sheet of paper, describing the details of the condition or treatment, including any medication taken.

Health Statement Information

Please explain any "yes" answer

1. Do you have any dietary restrictions or known food allergies? Yes No
If yes, explain:
2. Do you have any physical disabilities or impairments that might cause hardship as a result of change in diet or strenuous travel, or that might otherwise affect participation in a study-abroad program? Yes No
3. Have you ever been diagnosed with any kind of learning disability? Yes No
4. Are you currently undergoing treatment for a medical condition? Yes No
5. Are you currently taking medication? Yes No
6. Are there any concerns relating to your health or family's health Yes No
7. Have you ever had any of the following:
 - a. A surgical operation (or been advised to have one) Yes No
 - b. Treatment in a hospital or mental institution Yes No
 - c. A major illness requiring hospitalization Yes No
 - d. Allergies to medication. List Names: Yes No
 - e. Other allergies: Yes No
 - f. Disorders not specified above, including eating disorders Yes No
8. Do you have any conditions that could affect your adjustment to a new culture or to the academic program abroad? Yes No
9. Have you attached a copy of your health insurance card? Yes No

Applicant Signature _____ Date _____

INSURANCE INFORMATION

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ SS# _____ Student ID#: _____

District of Columbia and Gallaudet University policy require all students enrolled to carry adequate medical insurance coverage. Students without adequate medical insurance are automatically assessed a medical insurance fee by the Peter J Fine Student Health Services (SHS) which provides for, in addition to regular medical coverage, coverage for Gallaudet sponsored events overseas. If your private policy does not meet SHS requirements, you must purchase the University's health insurance plan. Provide your medical insurance information below and attach a copy of your insurance card. If you have private insurance, have SHS certify this form below.

Note: If you have Medicare or Medicaid, be reminded that it does not provide for overseas medical coverage. You are advised to purchase separate medical coverage that will cover your trip abroad.

INSURANCE INFORMATION

Name of insurance company:

Address of insurance company:

Phone number of insurance company:

Group policy number: _____ ID# _____

Name of employer:

Name of primary insured: _____ DOB _____

Your relationship to primary insured:

I affirm that the statements above are true and correct to the best of my knowledge:

Signature: _____ Dated: _____

EMERGENCY MEDICAL CARE AUTHORIZATION

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ SS# _____ Student ID#: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of a medical emergency, the University will make every effort to reach the person designated as an emergency contact before using the authorization below. In case we are unable to communicate with the emergency contact person immediately, your signature on this optional authorization may assist in obtaining necessary medical care.

Choose EITHER A or B:

A) To prevent dangerous delay in the event of an extreme emergency requiring hospitalization and/or surgery, I hereby authorize the Crisis Management Team (CLT), or appropriate authority of the Gallaudet University program to secure whatever treatment is deemed necessary for me including the administration of an anesthetic and/or surgery.

By choosing option A, you are giving the CLT or appropriate authority of Gallaudet University permission to decide what treatment is best for you.

Signature: _____ Date: _____

B) I do not authorize Gallaudet University to secure medical treatment on my behalf.

Signature: _____ Date: _____

Grade Point Average

MID TERM GPA (The Average of your mid term grades posted in Bison) _____

FINAL FIRST SEMESTER GPA _____ (Staff will verify this after December 19, 2008)

International Student Identity Card (ISIC)

Students must apply for an International Student Identity Card (ISIC) which offers travel insurance protection, emergency medical care, as well as discounts on purchases from a wide range of merchants including global phone services, train and airfare tickets, restaurants, Internet cafes, museums, national parks and banking services. A copy of the card is required with this application.

The cost is \$22. Please apply at **CIPS in HMB E253** or online for your card at:

<https://www.myisic.com/MyISIC/WhatIsIt.aspx>

All staff and faculty participants are also required to apply for the International Teachers Identity Card (ITIC). Application can be found online at:

<https://www.myisic.com/MyISIC/GetYourCard/CardEligibility.aspx?cardType=ITIC>

Accommodations for Students with Disabilities

What, if any, accommodations for a disability do you need for the Study Tour?

If you are a student with a disability needing accommodations, please register with the Office for Students with Disabilities <http://depts.gallaudet.edu/oswd/index.htm>

Verification of Continuing Study at Gallaudet University

Are you registered for spring, 2009 courses? ____ yes ____ no (*Please attach a copy of your spring 2009 registration form*).

Refundable Deposit

All students applying for the Study Tour will be required to deposit \$150.00 to secure their space in the Study Tour Program. Airline seats and hotel rooms will be reserved for each student who submits this application and qualifies for the trip, so it is very important that students are sure they intend to participate on the trip. The \$150.00 will be refunded to all participants after returning from the trip. The \$150.00 deposit will not be refunded if the student withdraws from participation in the program after the established deadline of November 21, 2009. Exceptions may be made in the event of documented health or family emergencies, or if the GPA is not 2.5 or higher by December 21, 2008. Only personal checks or money orders will be accepted with this application. Checks or money orders should be made payable to "Gallaudet University" with "Study Tour" written on the notation line.

Gallaudet University First Year Study Tour Participation Agreement & Waiver Form

Gallaudet University wants each study abroad experience to be rewarding, but also safe. Such an experience depends upon the personal commitment of the participant. In exchange for my participation in Gallaudet University's First Year Study Tour program, I _____ agree that: (print name)

- The information submitted on this application is correct.
- I understand that Gallaudet University staff will have access to my educational records, disciplinary records and all information contained in those records, including records from another university. I authorize Gallaudet University staff to share such records and information with faculty and staff members affiliated with the Study Tour program.
- I have received and reviewed the risks of a study abroad trip and consulted with appropriate specialists (such as my physician) to ensure my safe participation.
- I have read the pre-departure materials provided, including policies on student conduct, and agree to comply with all policies and any additional instruction given by the Study Tour Directors.
- I will ask questions and seek out additional information if a policy, rule, or other instruction is unclear, and I will cooperate with any educational or disciplinary issue that arises.
- I will comply with the laws and customs of all jurisdictions entered into during my trip. If I violate any rules, laws, or policies, including the University Code of Conduct, that are judged by the Study Tour staff and directors to seriously harm oneself or others, I may be asked to return to the U.S. at my own expense.
- I am responsible for my decisions and personal conduct. I understand there is a real or perceived risk of injuring another person, or damaging property owned by another, and I assume full responsibility for my conduct and any resulting liability.
- I agree to participate in all scheduled activities during the Study Tour, except when free time is noted on the itinerary. If I fail to show up for scheduled activities without good cause, I may lose the \$150.00 deposit.
- I understand that Gallaudet University rules and regulations, as stated in the University's Code of Conduct, will apply during the Study Tour, as this is a Gallaudet sponsored event.
- I shall respect the rules of the hostel or hotel overseas and recognize that other residents expect standards of common courtesy and quiet in the hallways and respect for property.
- I will attend all scheduled pre-travel orientation sessions for the trip and a post-travel follow up session.

- Along with this application, I will submit all the required paperwork and documentation for the trip, including copies of my passport, health insurance card, ISIC card, and Spring 2009 course registration form.
- I forfeit my right to participate in the trip if my GPA is under 2.5, if the required paperwork and documentation are incomplete, and if I violated any university policies and regulations prior to the trip.
- I agree that any photos taken of me during my participation on the study tour may be used for promotional materials of the University.
- I understand that every activity involves risk. I have considered the risks of travel and the foreign environment and purchased appropriate insurance. I voluntarily assume all consequences of all such risks, and I promise to immediately inform the Directors of the Study Tour about health or safety concerns and to actively cooperate with any plan to alleviate such concerns.
- I have created a personal crisis plan with an adult family member or close friend for contact with this person during an emergency situation. I have communicated my plan with family and friends and asked them to communicate stateside with my designated contact.
- I understand that Gallaudet University is not responsible for the theft, damage, or other loss to my personal property. I understand that insurance exists for this risk.
- I agree to waive any and all claims against Gallaudet University and its employees or agents. These claims include, but are not limited to, those seeking compensation or reimbursement for personal injury, property loss, property damage, death, or other loss sustained during the trip.
- I will forfeit the deposit of \$150.00 if I decide to withdraw from participation in the program after the established deadline, except for documented health or family emergencies, or in the event my GPA does not qualify for this trip. *The \$150.00 deposit will be refunded to all participants in the Study Tour upon return of the trip.*
- I will sign additional forms related to my participation in the study tour, including forms required by the tour company being used.
- I allow the Study Tour Director to register my name with the U.S. Embassy in the country of the Study Tour
- I take my participation in the study tour and my commitment to learning, adventure and enrichment seriously.

I, _____, knowingly agree to the statements in this Participation Agreement and Waiver Form and, in exchange for participation in the program, I voluntarily assume all risks involved.

Signature of Participant

Print Name

Date

Please return this completed application, along with the \$150.00 deposit and all documents below to:

**Ms. Touria Boren
Project Specialist
Hall Memorial Building
Room 202A-North
Gallaudet University**

REQUIRED DOCUMENT CHECK LIST:

Documents Due by November 7, 2008	
	Completed application form (with all required signatures)
	\$150.00 Deposit (check or money order payable to "Gallaudet University" with "Study Tour" on notation line)
	Copy of Health Insurance Card
	International Student Information Documents (for international students only)
Documents Due by December 5, 2008	
	Copy of ISIC card
	Copy of Spring 2009 Registration
	Copy of Passport (photo page only)

Checklist for administrative use only:

Fall 2008 GPA _____ Transfer Student GPA _____

Student has no serious violations on file pending with Office of Student Conduct and/or Residence Life _____

Student is not on academic probation or academic warning or dismissal _____

Copies of documents submitted:

- ___ Completed application with Participation Agreement and Waiver Form
- ___ Copy of Passport
- ___ Copy of Health Insurance Card
- ___ Copy of ISIC card
- ___ Copy of Spring 2009 Registration
- ___ \$150.00 Deposit
- ___ International Student Information