



PROGRAM TITLE: _____

APPLICATION PROCEDURE AND CHECKLIST

- As you fill out this packet please **print legibly**
- Complete this application form in its entirety and sign where indicated
- Attach two official PASSPORT SIZE head shots.
- Attach a copy of the information page of your passport (the page with your picture) and VISA if applicable.
If you do not yet have a passport, please apply for one immediately and mail/drop off a copy of the information page once you have received your passport. Proof of application for a passport is required upon submission of this packet (i.e. receipt).
- Complete the Class Registration Form upon submission of this packet to Diana Garcia, Tiller Hall.
- ★** If you wish to have a different return date, you must email speaksd@stthom.edu within 10 days of this application.
- Make a copy of this packet for your records.
- Cleared to study abroad by the Office of Student Affairs:**

Print Name legibly	Signature	Date
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PART A- REGISTRATION INFORMATION

Last Name: _____ **First Name:** _____ **UST ID#:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-Mail Address: _____ **Cell Phone:** (____) _____ - _____

Add. Phone Number: (713, 281, 832 or _____) - _____ **Frequent Flier #:** _____

Classification: Freshman (0-30) Sophomore (31-60) Junior (61-90) Senior (90+) Senior 5 Graduate

Marital Status: Single Married Other _____ **Enrollment Status:** Full-time Part-time

Major: _____ **If graduate student:** MLA MBA, Concentration: _____

Gender: Male Female **Age at time of travel:** _____ **Date of Birth:** ____ / ____ / ____ **City of Birth:** _____

mm dd yyyy

Tuition and Program Cost: \$ _____ Cost Includes: 3 or 6 hours tuition, airfare (unless otherwise noted on flier), Room and breakfast, Ground Transportation, Excursion & Insurance.

All flight deviation requests must be provided in writing to speaksd@stthom.edu within 10 days of your application. . The request must include return date request, amount you are willing to pay for deviation. This request must be from your UST email address

Please list the course(s) you will be taking: 1. _____ 2. _____

Payment Schedule: _____ Deposit Due upon registration-- \$1,000 **(Nonrefundable)**
_____ Payment two:
_____ Payment three:
_____ Final payment:

I understand that all payments must be made prior to November 27 for winter locations, January 31 for Spring Break or March 31 for summer locations. Payments must be made at the Business Office to the appropriate account. A copy of my payment must be provided to Diana Garcia in Tiller Hall. **I understand that no refunds will be given after November 27th and March 31st.**

Signature (STUDENT OR, IF UNDER 21, PARENT/GUARDIAN) _____ Date _____



University of St. Thomas- Study Abroad Program
Registration & Application Packet

Last Name: _____ **First Name:** _____ **UST ID#:** _____

Are you of Hispanic, Latino, or Spanish descent?

- No
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other: _____

Race; select all that apply: White Black, African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Pacific islander, please specify _____ Some other race _____

Are you an international student? No Yes

If yes: I hold an F visa I hold a J visa I hold an M visa

Primary source of funds for study abroad:

- Personal and family
- University scholarship
- Foreign government
- US government
- US private sponsor
- Foreign private sponsor
- International organization
- Current employment

List any UST Scholarships:

Will you be applying for Financial Aid? _____

(Please note that you must pay for your program prior to departure and it is the responsibility of the student to sign proper forms at the financial aid office when using a scholarship for partial payment of study abroad program. Financial aid posts to the student account during or after the study abroad program and credit should be refunded then)



Last Name: _____ First Name: _____ UST ID#: _____

PART B- EMERGENCY MEDICAL CARE AUTHORIZATION

In the event of a medical emergency, the University of St. Thomas 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 resident faculty, or appropriate authority, of the University of St. Thomas Study Abroad program to secure whatever treatment is deemed necessary for me/my child including the administration of an anesthetic and/or surgery.

Signature (STUDENT OR, IF UNDER 21, PARENT/GUARDIAN) _____
Date _____

B) I do not authorize the University of St. Thomas to secure medical treatment on my/ my child's behalf.

Signature (STUDENT OR, IF UNDER 21, PARENT/GUARDIAN) _____
Date _____

INSTRUCTIONS SPECIFIC TO MY MEDICAL STATUS

Do you have any medical conditions? Yes No

If Yes: Medical condition(s): _____

Symptoms that may indicate unstable medical status: _____

Best method of assistance: _____

Current medications: _____

Known allergies and other instruction: _____

Treating physician's name and phone#: _____

Medical insurance provider and number: _____



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Last Name: _____ First Name: _____ UST ID#: _____

EMERGENCY CONTACT INFORMATION:

Contact 1: Name _____ Relationship to you _____

Primary Number: _____ Secondary Number: _____ Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact 2: Name _____ Relationship to you _____

Primary Number: _____ Secondary Number: _____ Other: _____

Address: _____ City: _____ State: _____ Zip: _____

PART C- INSURANCE INFORMATION.....

All students in the UST group programs will be insured by Lewer Agency. If you have additional insurance that is valid for their participation in the above-mentioned program, please provide your insurance coverage information.

I do not have other insurance.

Insurance Carrier (Company): _____ Policy #: _____ Group #: _____

Subscriber's Name: _____ Subscriber's Phone #: _____ Relationship to you: _____

Subscriber's Address: _____ City: _____ State: _____ Zip: _____

All students and parent/guardian (if applicable) must sign the statement below:

I certify that I/my child will maintain adequate medical insurance coverage from the start of the program through the end of the academic enrollment period. If this coverage is not through the University of St. Thomas, I certify that I/my child will maintain enrollment in the above medical insurance plan for the duration of the program. I understand that the University of St. Thomas Study Abroad Office is not responsible for my/my child's medical expenses. I acknowledge that I am legally responsible for all medical and insurance expenses incurred by myself/my child. I certify that this information is true and accurate.

Signature (STUDENT OR, IF UNDER 21, PARENT/GUARDIAN) _____ Date _____

NOTE: *If you have insurance other than the University of St. Thomas medical insurance through The Lewer Agency, be sure to bring claim forms for your insurance carrier with you abroad.*



Last Name: _____ **First Name:** _____ **UST ID#:** _____

PART D- TERMS AND CONDITIONS

As a participant, I agree that I will:

1. Review all materials and information pertaining to study abroad prior to participation
2. Assume responsibility for my own personal preparation for the activity
3. Obtain and maintain appropriate insurance coverage
4. Understand and comply with these terms of participation and emergency procedures
5. Understand and comply with all UST Codes of Student Conduct
6. Obey the law
7. Conduct myself in a manner that is respectful of others
8. Accept responsibility for my own decisions and actions
9. Keep the trip coordinator informed of my needs

Please read and initial the following:

I have read and understand the University of St Thomas Study Abroad Handbook and agree to abide by the policies and conditions therein.	Initial: _____
I understand that if I choose to cancel, any monies paid to the program are non-refundable.	Initial: _____
I understand that if I choose to cancel, I may be charged for expenses incurred on my behalf in addition to the non-refundable deposit (Page 1).	Initial: _____
I have read and understand The Acceptance Statement and Student Declaration for the UST Study Abroad Program (Hand Book Page 16).	Initial: _____
I have read and understand the Technical Standards for the UST Study Abroad Program and I am able to meet these standards (Hand Book Page 17-18).	Initial: _____
I have read and understand the Study Abroad Agreement, Release and Participant Agreement form (Hand Book Page 19-20).	Initial: _____
I have read and understand the study abroad accommodations and disability services for students (Hand Book Page 21).	Initial: _____
I have read and understand the release waiver and indemnity form (Hand Book Page 21).	Initial: _____

“I understand the requirements and agree to abide by study abroad and UST regulations.”

Signature (STUDENT OR, IF UNDER 21, PARENT/GUARDIAN)

Date