



Study Abroad Registration Packet

Please read through all instructions and materials carefully before beginning the process.

Once you have all of the documents below,
send them from your UST e-mail to studyabroad@stthom.edu.

Required Application Components:

- ❑ **Application form** (attached). Fill out all fields and save your responses as a pdf with your name.
(Ex. "Doe_Jane-StudyAbroadApplication.pdf")
- ❑ **Deposit.** This deposit is non-refundable! Pay online or in person at the Business Office using credit card, cash, or check. Contact the Business Office to confirm that the deposit has been applied to the correct semester. Make sure to get a receipt e-mailed to you and save the receipt.
(Ex. "Doe_Jane-StudyAbroadDepositReceipt.pdf")
- ❑ **Passport.** Scan the ID/picture page and save it with your name. Your passport must be valid for 6 months after the return date of the study abroad program.
(Ex. "Doe_Jane-Passport.jpg")

Note: If you have applied for a new or renewed passport, you may send a scan of your passport application receipt instead. Once you receive the new passport, please scan and send it.

(Ex. "Doe_Jane-PassportApplicationReceipt.jpg")

- ❑ **U.S. Visa or Permanent Residency Green Card.** [International students ONLY] Scan and save with your name.
(Ex. "Doe_Jane-GreenCard.jpg" or "Doe_Jane-USVisa.jpg")

Note: Visa holders are required to check in with the International Student Office. If you hold a U.S. Visa and require a visa to travel to your study abroad destination, it is your responsibility to obtain that visa (unless a visa is required of all travelers in the group.)

- ❑ **Signature Page.** Print, sign, and scan the signature page (the final page of this document). It must be physically signed -- typed signatures cannot be accepted.
(ex. "Doe_Jane-SignaturePage.jpg")

Important Payment Information

Payment Arrangements: Make payment arrangements with the Business Office. Contact the Business Office to ensure that your payment for study abroad is applied to the correct semester. For summer programs, the amount must be paid in full by the stated deadline.

Using Financial Aid: You must pay for your program in full prior to departure. When using financial aid to pay for all or part of a program, it is the responsibility of the student to make arrangements with the Financial Aid Office. It may be necessary for a student to pre-pay for programs that travel before financial aid is disbursed.

UST Business Office: 713-525-2172 / businessoffice@stthom.edu

UST Financial Aid Office: 713-525-2170 / finaid@stthom.edu

Contact the Study Abroad Office with any questions or for more information.
studyabroad@stthom.edu | 713-525-3535 | <http://stthom.edu/studyabroad>



Part A: Registration Information

Program Location: _____ Dates: _____

Course(s) you will be taking as study abroad: _____

Personal Information:

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

E-Mail: _____ Phone (Primary): _____ Phone (Add'l): _____

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

Date of Birth: _____ City of Birth: _____ Age at time of travel: _____ (mm/dd/yyyy)

Gender: [M / F]

Marital Status: [Drop-Down]

Are you of Hispanic, Latino, or Spanish descent?

- No
Yes, Mexican, Mexican-American, or 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: _____
Other race: _____

Academic Information:

Enrollment Status: [FT / PT]

Undergraduate Students:

Classification: [Drop-Down]
Major(s): _____
Minor(s): _____
Other: _____

Graduate Students:

Program: [Drop-Down]
Concentration: _____



Program Fees, Costs, and Payment Information

Program Cost:

The total program cost is composed of the travel cost + tuition + fee. Travel cost includes airfare, housing, some meals, ground transportation, excursions, and insurance. Tuition is dependent on credit hours.

Table with 2 columns: Cost Category and Amount. Rows include Study Abroad Fee (\$75.00), Travel Cost, Tuition (with formula), and Total Program Cost.

- I understand that winter program costs, including the study abroad fee, are to be paid with Fall tuition, Spring CTB courses and program costs, including the study abroad fee, are to be paid with Spring tuition, and Summer I and II program costs, including the study abroad fee, are to be paid with Summer tuition.
Payments must be made on my school account in the Business Office. A copy of my payment must be provided to the Study Abroad Office. I understand that no refunds will be given after normal drop dates for CTB courses or February 8 for Summer I and II programs.

I understand this requirement. Initials here (and sign #1 on the signature page)

- Flight deviation requests are possible but must be made in writing via your UST email address to studyabroad@stthom.edu within 14 calendar days of your application. The request must include return date request and amount you are willing to pay for deviation. The fee will include the flight change fee and any fare difference. You MUST depart Houston with the group.

I understand this requirement. Initial here (and sign #2 on the signature page)

Primary source of funds for study abroad: (drop-down select)

Travel Documentation

Frequent Flyer Membership:

Frequent Flyer #: Program:

Passport Information: Enter your information exactly as it appears on your passport.

First: Middle: Last:
Passport #: Issuing country: Expiration date: (mm/dd/yyyy)

Are you an international student? [Y/N]

If yes: Green Card/U.S. Visa Information: Enter the information exactly as it appears on your documents.

Type of document: [Green Card / Visa F / J / M]

First Name: Last Name:
Issuing country: Expiration date: (mm/dd/yyyy)



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 authorization may assist in obtaining necessary emergency medical care.

To prevent dangerous delays 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.

Initials: ____ (and sign #3 on the signature page)

Medical Information

Current Physician Name: _____ Phone: _____

Current medications: _____

Known allergies (esp. allergies to medicines): _____

Do you have any known medical conditions? [Y/N]

If yes:

Medical Condition(s): _____

Symptoms: _____

Best method of assistance: _____

Additional comments regarding your medical history and care:

Emergency Contact Information:

Contact #1:

Full Name: _____

Relationship: _____

Phone (Primary): _____

Phone (Secondary): _____

E-Mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact #2:

Full Name: _____

Relationship: _____

Phone (Primary): _____

Phone (Secondary): _____

E-Mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____



Part C: Insurance Information

All students in the UST group programs will be insured by LowerMark. If you have additional health insurance that is valid overseas, please provide your insurance coverage information.

I do not have other insurance.

I do have other insurance:

Insurance Carrier/Provider: _____
Policy #: _____ Group #: _____
Subscriber's Name: _____ Relationship to you: _____
Subscriber's Phone #: _____ Subscriber's Street Address: _____
City: _____ State: _____ Zip: _____

All students and parent/guardian (if applicable) must read 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.

I understand this requirement. Initial here ____ (and sign #4 on the signature page)

NOTE: If you have insurance other than the University of St. Thomas medical insurance through LowerMark, make sure that it covers you internationally, and bring claim forms from your insurance carrier with you abroad.



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 United States and local laws.
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:

INITIALS:

Table with 2 columns: Statement and Initials. Row 1: I have read and understand the University of St. Thomas Study Abroad Handbook, including the Acceptance Statement and Student Declaration, Technical Standards for UST Study Abroad, Study Abroad Agreement and Release and Participation Agreement, Study Abroad Accommodations and Disability Services, Release waiver and indemnity form. I agree to abide by the policies and conditions therein. Row 2: I understand that if I choose to cancel, any monies paid to the program are non-refundable and I may be charged for expenses incurred on my behalf in addition to the non-refundable deposit. Row 3: I understand I have the option to purchase travel insurance to cover cancellation of my trip for any reason (such as death in the family or pre-existing medical conditions.) I understand that this insurance must generally be purchased within 14 days of paying the deposit, and that insurance cannot be refunded if the trip is cancelled by UST for any reason. I understand that I can contact the Study Abroad office for more information about travel insurance.

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

Initial here ____ (and sign #5 on the signature page)

Please save your responses and proceed to the signature page.



Signature Sheet

Print, sign, and scan this page and include it in your application documents.

- 1. I understand the full cost of the program (travel cost + tuition) and that flight deviations must be requested within 2 weeks of application submission.

Signature (Parent signature required if under 18)

- 2. I understand that Study Abroad programs must be paid in full and that failure to do so will result in a business office hold and inability to register for future semesters.

Signature (Parent signature required if under 18)

- 3. I authorize the University of St. Thomas to secure medical treatment on my/ my child's behalf in the event that medical treatment is necessary.

Signature (Parent signature required if under 18)

- 4. 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. And I acknowledge that I am legally responsible for all medical and insurance expenses incurred by myself/my child. 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.

Signature (Parent signature required if under 18)

- 5. I understand the requirements and agree to abide by study abroad and UST regulations.

Signature (Parent signature required if under 18)

- 6. I understand that third-party travel insurance is an additional option which I can purchase if I so choose.

Signature (Parent signature required if under 18)

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| <p>To be filled out by the Academic Advisor: This student has discussed his/her plans to study abroad with me and we have discussed how Study Abroad fits into his/her academic program.</p> <p>Name: Signature: Date:</p> | <p>To be filled out by the Business Office: This student has discussed his/her plans to study abroad with me and has been informed about all relevant payment information.</p> <p>Name: Signature: Date:</p> |
|--|--|