

Name: _____



**Indiana University South Bend
Office of International Programs**

Study Abroad Programs

Office of International Programs – IUSB – 1700 Mishawaka Ave, South Bend, IN 46634-7111 - (574) 520-4402

Application Checklist

Write in the study program that you are applying for:

Your application must include the following to be processed:

- Application Form**
- Agreement and Release Form**
- Health History**
- Health Insurance Application**
-

Application Deadline: See individual program brochures or call the International Office.

Mail to

**Office of International Programs
Indiana University South Bend
1700 Mishawaka Ave.
P.O. Box 7111
South Bend, IN 46634**

or hand-deliver the above materials to:

**Director of International Programs
Scott Sernau, DW 2277**

Or

**The trip leader/resident director
for your program**

For more information contact the Office of International Programs:

(574) 520-4402

ssernau@iusb.edu

website: www.iusb.edu/~intl

Application Form

This form must be returned together with all other materials specified in the application checklist prior to the application deadline specified in the program brochure.

Personal Data

Name: _____ IU ID#: _____

Date of Birth: _____ Age: _____ Sex: _____

Citizenship: _____ Passport Number/Expiration: _____

Street Address: _____

City/State/Zip Code: _____

Telephone: (hm) _____ (wk) _____ (cell) _____

Preferred email address: _____

Do you have any physical restrictions, allergies or medical conditions? If so, explain. _____

Do you have any dietary restrictions? If so, explain. _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Telephone: (hm) _____ (wk) _____ (cell) _____

Academic Data

Division: _____ Class standing: SOPH JR SR GRAD

Major(s): _____ Minor(s): _____

Credit hours completed: _____ Cumulative Grade Point Average (GPA): _____

Languages other than English spoken or studied and what level (e.g. Spanish 204):

Name _____ Program _____



AGREEMENT AND RELEASE

This Agreement is between the undersigned student (Student) and Indiana University (IU) for participation in an IU overseas study program.

A. IU's Obligations IU agrees to:

1. Assist Student in enrolling in a program of education abroad;
2. Assist Student in making housing arrangements abroad if such assistance is included in program description;
3. Provide an IU faculty member or other on-site coordinator to serve as the representative of IU or have an agreement with a partner institution abroad to provide student services;
4. Upon successful completion of the program by Student, assign credit for the academic work, if applicable;
5. Take reasonable precautions to protect the welfare and safety of the student, including but not limited to making or adopting in conjunction with the host institution rules and regulations for student conduct designed to safeguard health, well-being and safety.

B. Student's Obligations

Student agrees to:

1. Participate fully in the academic program by attending classes, remaining at the host institution for the full academic term, carrying at least the designated course load, and completing all examinations; or participate in approved internship or not-for-credit activity;
2. Independently arrange and pay for a comprehensive health and accident insurance plan if the program does not provide an insurance plan;
3. Assume full legal and financial responsibility for the stay abroad, including but not limited to all program charges as stated in the Fee Schedules for the IU program abroad and all costs associated with illnesses or injuries sustained or experienced while abroad not covered by insurance;
4. Reimburse IU for all unrecoverable costs made on Student's behalf if Student withdraws from the program at any time;
5. Grant IU, its employees, agents and consortium partners full authority to act in an attempt to safeguard and preserve Student's health and safety during Student's participation in the program abroad, including authorizing routine or emergency medical treatment on Student's behalf and at Student's expense and returning Student to the United States at Student's expense;
6. Respect and abide by the laws and customs of the host country, the IU Code of Student Rights, Responsibilities, and Conduct, any rules and regulations for student conduct made or adopted pursuant to Paragraph A.5. above, and all other reasonable standards of conduct related to Student's education abroad program promoted by IU, its employees, agents, consortium partners, and partner institutions abroad;
7. Accept termination of participation in the program abroad with no refund of fees and take responsibility for transportation costs home if Student's conduct is determined to be detrimental to the best interests of the student, the program or IU, such a decision to be at the sole discretion of the IU program coordinator and/or the partner institution, with the concurrence of the Director of Overseas Study and/or other appropriate campus representative of the IU Office of International Programs. Student acknowledges and agrees that he/she may be required to leave the Program at the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action and that, in such circumstances, no refund will be made for any unused portion of the Program.

Student's initials

Parent's initials (see below)

Waiver, Release and Indemnification

Students are strongly encouraged to consult the State Department Consular Information Sheets and Travel Warnings at http://travel.state.gov/travel_warnings.html and the Centers for Disease Control (CDC) at <http://www.cdc.gov> with regard to their destination country prior to signing this Agreement.

Student states that his/her participation in this program or activity abroad is wholly voluntary.

Student states that s/he understands that certain risks are inherent in foreign travel and that s/he fully accepts those risks. These risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.

Student states that s/he fully understand the above risks and the scope of the activities involved in the program and that s/he agrees to assume the risks of the participation in the program, including the risk of catastrophic injury or death.

Student states that, for and in consideration of acceptance in the program, Student and his/her heirs, successors, assigns, and personal representatives agree to indemnify, hold harmless, release and forever discharge Indiana University, its Trustees, employees, agents, and cooperating institutions and their offices and agents from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to the program abroad or suffered by Student (including those related to travel to and from the program site).

Student states that s/he agrees that information in the Student's University records, including disciplinary, academic and medical records, may be available to Overseas Study and cooperating institutions, with the understanding that the information will be kept confidential to the extent provided by law.

Choice of Law

The interpretation and performance of this Agreement shall be construed in accordance with the laws of the State of Indiana, and any litigation arising out of this Agreement shall be venued in the State of Indiana and shall be governed by the laws of the State of Indiana. **Please initial the bottom of the first page and sign below.**

Student's Signature _____ Date _____

Name (printed) _____ Program _____

This statement must be read and signed by a parent IF the applicant is a dependent student (is claimed as a dependent on either parent's tax return). The parent should sign below and initial the bottom of the first page.

Check one: I am an independent student, or My parent's signature/initials are provided

I hereby give my son/daughter named above permission to participate in an Indiana University overseas study program. I have read the statement above and agree to be jointly responsible for any financial obligation incurred by my son/daughter related to the program.

Parent's Signature _____ Date _____



Participants in IU-administered overseas study programs are enrolled in a group health insurance plan administered by HTH Worldwide Insurance. The primary accident and sickness policy is underwritten by HM Life Insurance Company. Coverage within the U.S. (if you return briefly for a holiday, vacation, or family crisis) is limited to \$5,000, but when you are abroad during the period of the program, the policy provides coverage for up to \$200,000 for accident or illness anywhere worldwide. You must pay the physician or hospital at the time of treatment and then file a claim for reimbursement directly with HTH Worldwide.

MEDICAL BENEFITS

The policy will pay 100% of the Eligible Medical Expenses (limited to the Reasonable Expenses) incurred within 52 weeks from the date of an accident or the commencement of a sickness, up to a maximum limit of \$200,000 per accident or sickness.

ELIGIBLE EXPENSES

1. Diagnosis and treatment by a Physician, surgeon, Registered Nurse, professional anesthetist or radiologist.
2. Hospital charges, which include charges for all general nursing services, are limited to Reasonable Expenses for semi-private accommodations. Intensive Care Facility charges are limited to Reasonable Expenses.
3. Laboratory, diagnostic and x-ray examinations.
4. Drugs and medicines for outpatient treatment which require a physician's written prescription, and which can only be dispensed by a licensed pharmacist, are payable up to 50%.
5. Rental or purchase of durable medical equipment, whichever is less.
6. Professional ambulance service to nearest hospital up to \$350 per accident or illness.
7. Treatment of nervous or mental disorders, drug or alcohol abuse are limited to reasonable expense. No more than one such in-patient or out-patient occurrence.
8. Expenses incurred for treatment of specified therapies, including acupuncture and physiotherapy up to \$2,500 on an in-patient basis.
9. Therapeutic/elective termination of pregnancy up to \$500.
10. Expenses incurred for treatment of injuries sustained as a result of covered motor vehicle accident, benefits paid up to a maximum of \$25,000.
11. Treatment of sport-related accidents resulting from interscholastic, intercollegiate, intramural, club or professional sports, maximum benefits paid up to \$5,000.
12. Repairs to sound natural teeth required due to an injury, up to \$250 per tooth injury.

EXPENSES NOT COVERED

1. Diagnosis or treatment of congenital conditions.
2. Surgery for the correction or refractive error and services, eye examinations, eye glasses or contact lenses or hearing aids, except when medically necessary of the treatment of an injury.
3. Routine physical or health examination and preventative medicines.
4. Services and supplies not medically necessary for diagnosis or treatment, or not recommended by attending physician.
5. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
6. Treatment of weak or strained feet, acne, congenital anomalies, or sebaceous cyst.
7. Claims arising from the influence of alcohol or intoxicants, or the use of drugs except as prescribed by licensed physician.
8. Experimental or investigative supplies or services.

9. Out-patient physiotherapy or acupuncture.
10. Deviated nasal septum
11. Organ or tissue transplants
12. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician.
13. Services related to the diagnosis or treatment of infertility, fertility or birth control.
14. Injury or sickness covered under any other insurance.
15. Self-inflicted injury while sane or insane, suicide, or any attempt there at.
16. Act of war, declared or undeclared; service in the Armed Forces of any country; riot, civil commotion, or acts of terrorism.
17. Flying except as a fare paying passenger on a scheduled airline.
18. Plastic or cosmetic surgery, unless directly related to an injury which necessitated medical treatment within 24 hours of the accident.
19. Treatment for injuries arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping.
20. Expenses incurred in excess of reasonable expenses.

*This is a layman's summary of policy coverage. For a complete description of all benefits and exclusions, contact HTH Insurance (<http://www.hthstudents.com>).

MEDICAL EVACUATION

The Company will pay, as a result of a covered injury or sickness, and upon the written certification of the attending physician, for air evacuation of the insured, including physician or nurse accompaniment, up to \$100,000. Evacuation may be to his/her natural country or to a hospital elsewhere. Any expenses in respect to Medical Evacuation require prior approval by HTH. Call one of the two numbers listed below.

REPATRIATION

In event of the death of the covered person, the Company will pay for those expenses as may reasonably be incurred up to \$15,000 in connection with the preparation and transportation of the body to the person's place of residence in his/her home country. This benefit does not include the transportation of anyone accompanying the body, visitation or funeral expenses. Any expenses in respect to repatriation require prior approval by HTH.

Contacts for evacuation or repatriation

For prior approval of and assistance with medical evacuation or repatriation.

United States (Baltimore, MD)	1-610-254-8771 (call collect)
From within the U.S.	1-800-257-4823

assist@worldwide.com

REIMBURSEMENT OF EXPENSES

To file for reimbursement, send claim forms (available at each program site) and appropriate documentation from physician or hospital directly to:

HTH Worldwide Insurance Services
Attn: International Claims Department
One Radnor Corporate Center, Suite 100
Radnor, PA 19087 USA Fax: 610.293.3529
E-mail: studentclaims@hthworldwide.com

MEDICAL HISTORY

International Programs
Indiana University South Bend
574 520-4402

Name _____ Overseas Study Program _____
(print)

Please provide below information that will help our staff overseas obtain medical assistance for you in the case of accident or illness. Language barriers and incomplete medical records can delay treatment . It is therefore important that you provide any information that might be relevant in a medical emergency.

1. Are you currently receiving, or have you recently received any medical or psychological care of which you want us to be aware in case of an emergency? If so, describe fully.

2. List any other on-going physical or emotional conditions which might require treatment abroad, or that might be exacerbated by changes in climate, diet or exercise. What treatment is recommended?

3. What medications or other substances are you allergic to? _____

4. Are you on a medically restricted diet? If so, give details. _____

5. Overseas Study endeavors to provide reasonable accommodations for students with *documented* disability conditions (e.g., physical, learning, etc.). If you are receiving disability-related accommodations at IU or anticipate needing them at your overseas site, attach documentation confirming the disability and information about accommodations currently provided at IU (e.g., a letter from Disabled Student Services). Provide details relevant to your request for accommodation(s) abroad on a separate sheet

(If you choose not to disclose disability related needs prior to the program, IU will not be able to assist you in arranging special accommodations.)

6. Do you have a physician who should be consulted in case of an emergency? If so, list below.

Physician's name _____ Phone (____) _____

I grant IU, its employees, agents and consortium partners full authority to act in an attempt to safeguard and preserve my health and safety during my participation in the program abroad, including authorizing routine or emergency medical treatment on my behalf and at my expense and returning me to the United States at my own expense.

Signature

Date

