

Old Dominion University
Semester / Year Study Abroad Application
Page Two

List subjects you would like to take while abroad (this does not commit you to taking any specific courses):

Other Information

I do ____ do not ____ intend to apply for financial aid through Old Dominion University.

*If you plan on using financial aid for study abroad, please be sure to ask the study abroad advisor for a budget.

Extracurricular Activities, Scholarships, Honors:

Supporting Documents:

1. **One Faculty Reference.** Please use the attached form. This must be from an Old Dominion faculty member who has taught you in at least one course. Work supervisors do not count.
2. **Statement of Purpose.** Describe your reasons for wanting to study abroad and how you anticipate that study abroad relates to your personal, academic and career goals. Consider the following questions when preparing this statement:
 - a. How did you initially become interested in study abroad?
 - b. What are your primary goals for this experience?
 - c. Why did you choose this particular country/program?

***Note:** It should be one – two pages in length, double-spaced, and typed.

3. **Official transcript(s).** Submit an official transcript for all coursework completed at ODU. Please pick it up from the Registrar's Office in Rollins Hall and hand deliver it to our office or ask the Registrar to send it to the attention of **Michael Dean – Office of Study Abroad, 2006 Dragas Hall.** You may also be required to submit official transcripts from all institutions from which you have transferred credit.

Old Dominion Student Agreement on Use of Financial Aid and Payment for Exchange Programs

Name: _____

UIN: _____

Program Name: _____

Program term: _____

I understand that in order to receive financial aid through ODU during my period of study abroad, I must maintain a courseload equivalent to full-time study at ODU:

Undergraduate students: 12 credits per semester, 6 credits during summer

Graduate students: 9 credits per semester, 3 credits during summer

Failure to maintain a full-time courseload could result in denial of financial aid for subsequent terms.

I understand that in order for my financial aid for study abroad to be processed, I must submit a budget prepared by the study abroad advisor to the appropriate counselor in the Financial Aid Office. If I withdraw from the program, I need to inform both the Office of Study Abroad and the Financial Aid Office of this change in status.

Under the terms of the exchange agreement, I understand that the Office of Study Abroad will bill my student account regular tuition charges and fees for 12 credits. If my financial aid is not sufficient to cover this charge, I understand that it is my responsibility to pay the balance on my account. In order to expedite this process, I agree to the following:

I understand that I am responsible for the direct payment of all expenses associated with the exchange other than tuition directly to the appropriate source. Questions about this should be directed to the study abroad advisor.

Signature: _____

Date: _____

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Emergency Contact Information

Name: _____

Relationship to Applicant: _____

Address: _____
Street

City

State

Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____ Cell Phone: () _____

Confirmation of Enrollment Statement

If accepted, I fully intend to participate in the following study abroad or exchange program:

Name of University: _____ Term: _____

I understand that a participation fee of \$225 is due **upon my application to the program**, and that this fee is **non-refundable** unless the program is canceled or I am not accepted into the program. I further understand that I may be liable for expenditures made on my behalf by the Office of Study Abroad up to the cost of the published fee for the program. Withdrawal from the program 90 days prior to departure may incur costs beyond the \$225 fee due to requirements by programs for housing, airfare, and other commitments.

Please check one:

_____ I am attaching a check in the amount of \$225 payable to Old Dominion University.

_____ I hereby authorize the Office of Study Abroad to bill my account for the \$225 participation fee.

Signature: _____

Date: _____

Old Dominion University Faculty Recommendation Form

Name of Applicant: _____

Reference requested from: _____

Check one of the following statements and sign below:

_____ I waive my right to examine this recommendation when completed and understand that it will remain confidential.

_____ I do not waive my right to review this document when completed.

Signature of Applicant: _____ Date: _____

To the faculty member:

How long have you known the applicant? Since _____

Continuous Contact No contact since _____ Infrequent Contact

Only through records Other (please describe) _____

According to the following criteria, how would you evaluate the applicant's readiness for study abroad?

	Unable to evaluate	low	acceptable	very good	excellent
Motivation for study abroad					
Academic performance					
Emotional stability					
Respect for customs, rules and values of others					
Ability to handle stress					
Flexibility					

I recommend this applicant without reservation

I do not recommend this applicant

I recommend this applicant with reservation

Please describe reservation: _____

Signature of Referee: _____

Date: _____

Name of Referee: _____

Department: _____

***Please return (or have student return in a sealed envelope) completed form to:
Office of Study Abroad, 2006 Dragas Hall**

Program Name: _____

International Study Participation Agreement Old Dominion University

INSTRUCTIONS: Read entire document carefully before initialing each page and signing.

As a student participant in Old Dominion University's (ODU) international study program, you are agreeing to the following conditions established by the ODU Office of Study Abroad (OSA), which includes Program Directors, Program Faculty, Program Coordinators, faculty, staff and administrators of ODU, generally referred to in this document as "the official representatives of ODU". The International Study Participation Agreement applies to international programs developed, administered and managed by all colleges, academic departments and administrative units of Old Dominion University including but not limited to the following: the Office of Study Abroad, the Career Management Center, the Office of Student Activities and Leadership, the Recreation and Wellness Department, and the Darden College of Education's Programs for Continued Learning.

- University Policies:** I understand the rules governing student responsibility and behavior as stated in the Old Dominion University Honor Code, Monarch Creed, Student Disciplinary Policies and Procedures, and the Student Abroad Handbook are in effect for the duration of the program. I am responsible for adhering to established policies, heeding verbal and written announcements, and exhibiting reasonable and acceptable behavior which shows genuine concern for social patterns of the host culture as well as my personal integrity at scheduled events and on excursions.
- Program Orientation:** I am responsible for attending required pre-departure and on-site orientation meetings, for submitting all forms and identification materials by the specified due date(s), for following instructions for course registration, and for complying with requests related to my enrollment. I understand that failure to do any of the above may result in my removal from the program.
- Payment of Fees:** I accept the responsibility for coordinating timely payment for tuition and associated program fees and for following university procedures for financial aid and scholarship(s) disbursement. I am responsible for making payment of all remaining account balances in accordance with the program payment schedule, and I am responsible for all late fees and/or costs for collection of fees in accordance with standard University procedures. Non-payment of fees will jeopardize my continuing participation in the program and may result in withdrawal or dismissal.
- Costs Related to Withdrawal, Dismissal and/or Absence:** I shall be solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal or dismissal from the program prior to its completion, including withdrawal for reasons of health, family emergency, illegal drug or alcohol use or abuse, legal detention, etc., or disciplinary action by official representative(s) of the University. Costs incurred on my behalf include, but are not limited to, monies advanced on my behalf for non-refundable deposits at other institutions, legal documents, special fees, air, ground, and/or sea transportation, tours and excursions, housing contracts, and program activities, events, and visits. If I withdraw, depart, or am dismissed from a program for any reason prior to its formal completion, I will not be eligible for any academic credits, and further I understand that the fees charged for the program pay for the program as a whole, and that I cannot be refunded for parts of it that I miss due to absence, withdrawal and/or dismissal. **If I withdraw within 120 days prior to the start date of the program, I will be responsible for the full program fee. Cancellation or withdrawal after the program has started will result in the forfeiture of all fees.**
- Scholarships:** I will return any and all scholarship monies awarded or received to the OSA should I withdrawal from the international study program prior to or following commencement.
- Travel to Program Site:** Unless included by the OSA as part of the program, I am responsible for securing travel arrangements that will allow timely arrival to the program site for on-site orientation and for notifying the OSA of my itinerary and transportation methods, and full contact information (email, cell phone number, physical address, etc.). I am responsible for investigating and applying for appropriate documentation, e.g. passport, visa, health certificate, financial statement. If I should purchase an airline ticket without the approval of the Program Director(s) and OSA, I understand that ODU will not be held liable for the price of the ticket or any fees associated with changing the ticket, should the program be cancelled for any reason.

Initial _____

7. **Attendance:** I acknowledge that attendance is mandatory at all classes and course-related outings and excursions except in cases of illness and/or emergencies beyond my control. Visits by family and friends are not reasons for an excused absence. With the exception of personal and family emergencies where the student and the official representative(s) of ODU have made appropriate arrangements, students must remain on the program abroad for its entire duration in order to receive credit. There is no provision for making up missed examinations for any reason.
8. **Free time:** I am responsible for travel, lodging, and meals during designated free times within the inclusive program dates, during periods of independent activity, and before or after the program.
9. **Conduct and Dismissal:** I understand that as a U.S. or other foreign national citizen in a foreign country, I will be subject to the laws of that country. I agree to conduct myself in a manner that will comply with the regulations of my host university and of the program as administered by the Program Director(s) and the Office of Study Abroad. I understand that the official representative(s) of ODU has the right to dismiss me from the program at any time if: a) my conduct is deemed unacceptable or violates established rules of behavior; b) I violate laws, rules and regulations of my host country, community, institution or program; or c) the official representative(s) has reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons, including myself, or property, threatens the future viability of the program, or brings the program into disrepute or its participants into legal jeopardy. I understand that a decision to dismiss me from the program will be final; that separation from the program will terminate my status as a program participant; can result in the loss of all academic credit; and I will not be entitled to any refunds and will remain responsible for costs incurred on my behalf. I understand that once dismissed I will not be allowed to remain in program facilities (such as housing) nor participate in any program activities.
10. **Alcohol:** I acknowledge and will abide by ODU Drug and Alcohol Policy 6603. I understand that ODU prohibits the illegal or otherwise irresponsible use of alcohol by students and that it is my responsibility to know the risks associated with alcohol use and abuse. Because I will be studying and traveling in countries where the legal age for alcohol consumption and/or rules regarding the consumption of alcohol are different than in the United States, I accept the responsibility to know relevant country and local laws concerning the possession, use, and abuse of alcohol. If I am of legal age and choose to consume alcohol while abroad, I will be expected to drink and behave responsibly. The illegal or excessive consumption of alcohol or misconduct due to alcohol consumption will not be tolerated and will result in disciplinary action, including but not limited to dismissal from the program and judiciary proceedings.
11. **Drugs:** Illegal drugs as determined by the laws of the United States and the Commonwealth of Virginia in any form are not tolerated. Possession or use of illegal drugs is punishable by fine, imprisonment, and/or deportation. Student participants found using or possessing illegal drugs in any form are subject to immediate dismissal from the program and judiciary proceedings.
12. **Health Care and Emergencies:** I am responsible for my own health care, conduct, financial integrity and travel plans related to the program. I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, the administration of an anesthetic, or surgery. Therefore, in the event of injury or illness to my (self, son, daughter), I hereby authorize ODU by and through its authorized representative(s) or agent(s) in charge of said program, to secure medical treatment including the administration of an anesthetic and surgery based upon the advice of a qualified health care professional. I also authorize any official representative(s) of the program to provide any health information as appropriate. It is understood that such treatment shall be solely at my expense and I agree to reimburse ODU for any expenses which it might suffer on account of said injury or treatment thereof. In the event of serious illness, accident, or emergency, my designated emergency contact(s), as indicated on the Program Application Form, may be notified.
13. **Health insurance:** I certify that for the international study program I am covered by international health insurance as contracted by ODU directly or through participation in an Office of Study Abroad affiliated program. I acknowledge that it is my sole responsibility to ensure that my health insurance coverage is adequate for my needs.
14. **Disability Accommodations:** I accept the responsibility for registering with ODU Disability Services to determine eligibility for services and accommodations related to disabilities, if appropriate; and further, I understand that an Access Plan outlining my accommodations should be submitted to the OSA at least sixty (60) days before the program commencement date in order to assess and determine the ability of the university to provide a reasonable accommodation.

Initial _____

15. **Operating Motor Vehicles:** I understand that ODU strongly discourages students owning or operating vehicles during international study. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles in foreign countries extremely hazardous. Insurance requirements, or other financial responsibility laws, vary from country to country. If, however, I choose to operate a motor vehicle while abroad, I recognize that ODU assumes no financial responsibility for care or legal aid in the event of an accident, infraction, fine, injury, and vehicle breakdown while operating a motor vehicle.
16. **Personal Responsibility:** Although ODU is sponsoring this program, I understand that neither ODU nor any of the directors, instructors, staff or travel arrangers will supervise me at all times. I will have the opportunity and the right to independently leave the group periodically, subject to the requirements for participation in and attendance at classes and other activities that are a required part of the Program. Therefore, I will be responsible for my own safety and cannot hold ODU liable for any injuries to my person or property or any other losses as a result of my participation in the Program.
17. **Third-party Liability:** I understand that ODU does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. Additionally, I expressly understand and agree to indemnify and hold harmless Old Dominion University, its Board of Visitors, its Office of Study Abroad, its agents, affiliates, officers, and employees from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of travel or activity conducted by or under the control of Old Dominion University that may occur as the result of actions by third parties with regard to the aforesaid Program.
18. **Assumption of Risk:** I recognize that it is a privilege to participate in the ODU international study program. I realize that study in another country exposes me to risks of physical and emotional harm that I may not be exposed to while studying on the ODU home campus including but not limited to injuries caused by weather, animals, transportation, disease, natural disaster, flora or fauna, and actions of third parties. I acknowledge that ODU has attempted to inform me of the nature of those risks and to advise me how to minimize those risks. I expect that ODU will continue to endeavor to use good faith efforts to keep me informed of material developments that would affect those risks, but I agree that I am the one responsible for my safety and the safekeeping of my property. In consideration of my (self, son, daughter) being permitted to participate as a student in the international study program, I hereby acknowledge the risks of physical and emotional harm or injury and financial obligation inherent in the program. Moreover, I assume the risks identified and acknowledge the existence of other risks of injury and financial obligation that are not articulated here. I agree to hold harmless and release the Commonwealth of Virginia, ODU and its Board of Visitors, and their respective agents and employees including, but not limited to program directors, program faculty, program coordinators, faculty, staff/administrators and personnel of Old Dominion University from any liability whatsoever for injury, illness, death or loss or damage to property which may occur in connection with my participation in this program, and I agree to not make any claim or to commence any litigation or other proceeding against any of the foregoing.

Initial _____

This _____ day of _____, _____
 (day) (month) (year)

I have read and understand the above provisions and agree to be bound thereby.

 Student Participant Printed Name

 Student Participant Signature

 Parent or Guardian Printed Name
 (if student is under 18 years of age)

 Parent or Guardian Signature

Note to Student: Please keep a copy for personal reference.