

**CENTER FOR INTERNATIONAL AFFAIRS
TROY ABROAD OFFICE**

STUDENT APPLICATION FORM

I. Student Information (Please, list your name as it appears on passport/identification)

Students are required to fill out and turn in this Application and the TROY ABROAD AGREEMENT AND RELEASE FORM. All documents may be obtained from Troy University Abroad Office; in the web at: <http://trojan.troy.edu/internationalprograms/troyabroad/forms.html> For further questions, please contact **Orlando Pacheco, Director Troy University Abroad at (334) 808-6128**

PERSONAL INFORMATION

Last Name	First Name	Middle Name	
Student ID (SSN for non-Troy participants)	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street (Permanent address)-include apartment number			
City		State	Zip
Home phone	Day time phone	Cell phone	
Troy email	Personal email		

COLLEGE/UNIVERSITY INFORMATION

College/University currently attending		
Major	Minor	GPA
Level <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student		Expected to Graduate Term/Year

PASSPORT/VISA INFORMATION (A student may be required to obtain a VISA to enter to a foreign country)

Passport number	Country that issued passport	Citizenship
Date Issued	Expiration date	Place Issued

ALL STUDENTS MUST HAVE A PASSPORT - PLEASE SUBMIT A COPY AS SOON AS OBTAINED

TERM ABROAD

Semester <input type="checkbox"/> SUMMER <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester	Dates (Year)
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II. EMERGENCY CONTACTS

Last Name	First Name	Relationship
Street (Permanent address)-include apartment number		
City	State	Zip
Home phone	Cell phone	Email address

Last Name	First Name	Relationship
Street (Permanent address)-include apartment number		
City	State	Zip
Home phone	Cell phone	Email address

May we speak with your parents or legal guardian about the program? Yes No

If you answer is “yes”, please provide us with the necessary information to reach your parents:

If same as above, please check here . If your parents or legal guardian have a different address, please, provide us with the data requested below.

Parent's First Name	Last Name	Relationship
Street (Permanent address)-include apartment number		
City	State	Zip
Home phone	Cell phone	Email address

First Name	Last Name	Relationship
Street (Permanent address)-include apartment number		
City	State	Zip
Home phone	Cell phone	Email address

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III. MEDICAL INFORMATION

Please Answer the Question Below

Do you have any medical conditions for which you may need assistance while abroad (i.e. diabetes, asthma, anxiety disorder, etc.)? No Yes

I choose not to answer this question

If “No”, skip it and go to “IV. Release and Waiver of Liability”.

If “Yes”, please describe the kinds of services you may need.

Please note that this information will be given to the program coordinator at your site abroad to work with you on arrangements/services that may be available (use additional sheets if required).

MEDICAL CONDITION

Medical Condition

Services requested

Drug alert: Please be aware that prescription drug controls vary by country. Certain drugs may not be available in the country you are going to. Please contact the nearest consular office of your destination country OR contact us at studyabroad@troy.edu and put “TROY ABROAD CONSULAR INFO” in the subject line - and indicate your destination country. We will refer you to the appropriate information resource.

For certain medical conditions, you may be required to provide written consent from a physician or to demonstrate that you have sought a physician's advice about appropriate precautions to take on this trip and to bring an adequate supply of any prescribed medications. (If uncertain as to your fitness for participation, be sure to consult with your personal physician.)

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IV. Appropriate Conduct and Early Dismissal from the Program

I, _____, acknowledge that participation in a study abroad
Applicant's Name
travel program involves some risks of injury, illness, or loss of personal property. I agree to release and forever discharge Troy University, its officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind or nature arising from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries including death, damages to property and the consequences hereof resulting from my participation in the _____

to take place in _____ from _____ to _____
Name of Country/Location *Beginning Date* *Ending Date*

I further certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study. I hereby authorize the leaders of this program to provide necessary medical treatment or services for me at my expense. Further, I understand and agree to sign the full release and waiver of liability namely **TROY ABROAD AGREEMENT AND RELEASE FORM**, which I am attaching to this application.

APPROPRIATE CONDUCT AND EARLY DISMISSAL FROM THE PROGRAM

- 1) I understand that students accepted for this program must be mature persons who want to participate because of genuine interest in the educational and cultural values which are offered by studying in a foreign setting.
- 2) I agree to 'be flexible to and understanding' of cultural differences that may result in unanticipated challenges during my abroad experience.
- 3) I agree to exercise good judgment, respect the rights and feelings of others, and subscribe to the laws and customs of the host country as well as Troy University regulations.
- 4) I understand that, while a participant in this activity, I am fully subject to and agree to strictly adhere to Troy University rules, regulations and policies, including those contained within the Student Conduct Code and to specific rules and regulations of the Program listed above.
- 5) I understand that I am required to attend all of the required Program and Troy Abroad (TROY Center for International Programs - INTERNATIONAL AFFAIRS) pre-departure, orientation sessions, on-site and reentry sessions.
- 6) I understand that all TROY students must be enrolled in Troy Abroad and that TROY Center for International Affairs will enroll me in Troy Abroad. If I choose to cancel my program, it is my responsibility to notify TROY Center for International Affairs of this cancellation in a timely manner.
- 7) I understand that the program coordinators and associated host institutions reserve the right to make changes, modifications or substitutions to course offerings and proposed excursions in cases of changes at host site locations or in the interest of the study abroad program.
- 8) I agree to pay tuition, fees, room and board according to the terms designated by the Program and the TROY ABROAD fee.
- 9) I understand that these costs may be subject to increase/decrease 1) in the event of fees reduction/raise by the foreign institution and/or 2) in the event of significant raise/decline of the value of the US dollar against the currency of the program country.
- 10) I have read and understand the program refund policies, and know that all refunds will be made in compliance with these policies. I understand that program fees will be refunded to the extent that prior commitments have not been made, and further understand that participants who are dismissed from the program for discipline problems or behavior detrimental to the program will not receive refund of any tuition, program fees or any costs associated with the departure from the program. If my cancellation is due

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to political, natural, technological or other catastrophes beyond the control of the host institution, refunds will be based only on uncommitted and/or recoverable funds.

- 11) If I am receiving TROY Financial Aid or TROY scholarships, it is my responsibility to ensure that the Office of Financial Aid has all required paperwork necessary to disburse my funds in advance of my departure. I also understand that I may have to pay back some of my Financial Aid if I don't complete the minimum amount of credit hours mandated by Financial Aid and indicated on my Course Approval Form.
- 12) I understand that I must provide evidence of travel insurance while abroad including medical evacuation and repatriation of remains.
- 13) I understand that should I need treatment abroad, I may be required to pay or show proof of ability to pay in advance for most medical expenses, and that I may have to file claims directly with the insurance company myself upon my return. Neither Troy nor the host program is responsible for my treatment or for filing claims on my behalf.
- 14) TROY strongly discourages me from operating a motor vehicle abroad (renting cars, boats, or other motorized vehicles) and from participating in certain activities identified by insurance companies as hazardous or life threatening (scuba, sky diving, etc.) Such activities and related injuries are often excluded from coverage of any existing life, medical or liability insurance which is normally carried by students, parents and institutions.
- 15) I understand that I am solely responsible for obtaining and keeping safe my passport, money, travelers checks, tickets, jewelry and other property; and that I hereby waive any and all claims against the University, program directors, faculty, the TROY Board of Trustees and any other agents for any expenses or losses due to my failure to properly safeguard these items or any other property of mine.
- 16) I understand that it is my personal responsibility to be on time for all scheduled activities, and if I fail to do so the group will depart as scheduled without me. It will be my personal responsibility to either rejoin the group or to return home at my own expense.
- 17) I will comply with other student responsibilities as designated by the Program and TROY International Affairs.

I acknowledge that if the Director finds my conduct inappropriate, he/she may at his/her discretion order my early dismissal from the Program. Dismissal means that I will be sent home as soon as is practical in the Director's judgment, will be billed for the cost of the unscheduled early trip, and will neither receive a refund on participant fees paid into the program, nor any reimbursement in tuition and fees.

I certify that all the above information is true and correct to the best of my knowledge. I have read, understand, and fully accept all of the above terms for participation in program.

Name of Applicant	Applicant Signature	Date (MM/DD/YYYY)
Name of Faculty/Staff	Faculty/Staff Signature	Date (MM/DD/YYYY)

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V. SPECIAL DURABLE MEDICAL POWER OF ATTORNEY

I, _____, address _____;
Full Name Street Address
City _____ State ____, Phone _____, a participant in the (Program Name/Location) _____;
hereby appoint _____, Program Advisor/Coordinator, as my attorney in fact to act in my capacity to do any and all of the following:

Arrange for and consent to the administration or performance of medical or surgical procedures, including the administration of drugs, for my benefit in the event I am unable to make such arrangements or personally provide such consent, provide such medical or surgical procedure is recommended by a person licensed to authorize, administer or perform such procedure under the law of the relevant jurisdiction. And my attorney in fact first makes reasonable attempts under the circumstances to contact and obtain the consent of any adult member of my family or other person designated in writing as a person to contact in case of emergency.

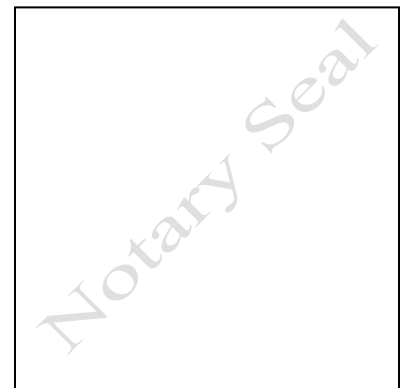
The rights, powers, and authority of my attorney in fact to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on _____ 20____ and shall remain in full force and effect, unless sooner revoked, until _____ 20____. This durable power of attorney shall not be affected by disability of the principal except as provided by statute.

<i>Name of Participant</i>	<i>Participant Signature</i>	<i>Date (MM/DD/YYYY)</i>
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Parent or Legal Guardian (if 19 years old or younger).

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who has produced a _____ as identification and who did take an oath.

Notary Public



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TROY ABROAD AGREEMENT AND RELEASE FORM

Last Name	First Name	Middle Name
Student ID (SSN for non-Troy participants)	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street (Permanent address)-include apartment number		
City	State	Zip
Program Title and Site		
Program Title	Site	

I, the undersigned, a student at Troy University and an applicant for the TROY ABROAD Study Abroad Program indicated above (hereafter referred to as the 'Program') do waive and release all claims against Troy University and its agents, any tour organizer or arranger employed or utilized by Troy University or the undersigned, arising out of or relating to participation in said Program including but not limited to claims for any injury, loss, damage, accident, delay, or expense resulting from the use of any vehicle, any strikes, war, weather, sickness, quarantine, government restrictions or regulations or arising from any act or omission of any steamship, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or other firm, agency, company or individual.

I also release Troy University and its agents and agree to indemnify them, with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to the person or property of others that I may cause, while participating in the Program.

I understand that the air carrier's liability for loss or damage to baggage, or for death or injury to person or property is limited by their tariffs and/or by the Warsaw Convention. I understand that Troy University is not responsible for any injury or loss whatever suffered by me during independent travel (which I understand is unsupervised) or during any absence from any group Program or other supervised activities.

I have read, understand and comply with the requirements of the Troy Abroad program as stated on the TROY ABROAD Application Form.

I have read, understand and comply with the requirements, payment and refund policies and other policies of the Program I will be attending.

I hereby grant Troy University and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith.

I authorize Troy University and its agents, at their discretion, to place me, at my own (or my parents) expense, and without my further consent, in a hospital for medical services and treatment or, if no hospital is readily available, to place me in the hands of a local medical doctor for treatment. If deemed necessary, I authorize Troy University or its agents, to transport me back by commercial airline or otherwise at my own (or my parents) expense for medical treatment.

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In the event Troy University or its agents advance or loan any monies to me or incur special expense on my behalf, I (and my parents) agree to make immediate repayment upon my return and understand that said expenses unpaid will be placed on my university account.

I understand that if this is a “Group Program”, that group standards must be observed. I will comply with Troy University’s and the Program’s rules, standards and instructions for student behavior.

I hereby also waive and release all claims against Troy University and its agents arising at a time when I am not under the direct supervision of Troy University or its agents or arising out of my failure to remain under such supervision or to comply with such rules, standards and instructions, and I agree to indemnify Troy University and its agents against any consequences thereof.

I agree that Troy University shall have the right to enforce appropriate standards of conduct and performance and that they may at any time terminate my participation in the Program for failure to maintain these standards or for any actions or conduct which Troy University considers incompatible with the interest, harmony, comfort and welfare of other students.

If my participation is terminated, I consent to being sent home at my own (or my parents) expense with no refund of fees.

On group tours or other activities arranged by Troy University or its vendors, I will accept the will of the majority whenever a matter of choice is presented to the group. I will also accept in good faith the instructions and suggestions of Troy University or its agents in all matters relating to Troy University’s Program or in the personal conduct of Program participants.

I understand that from time to time Troy University’s publicity material may include statements by its students and or their photographs, and I consent to such use of my comments and photographic likeness.

I understand that Troy University reserves the right to cancel Programs due to an insufficient number of participants or otherwise, to change initial assignments, and to make alterations in Programs and itineraries as may be required. In addition, I understand that Troy University’s Program charges are based on currently applicable tariffs, government regulations and currency exchange rates and are subject to minor change depending on the tariffs, regulations and rates in effect at time of departure.

All references in the Agreement and Release to “Troy University” and “its agents” shall include Troy University and all of its trustees, officers, directors, staff members, campus directors, chaperons, group leaders, employees, agents, volunteers, and affiliated organizations. All references herein to the “parents” of the applicant shall include the legal guardian or other adult responsible for the applicant.

<i>Name of Student</i>	<i>Student Signature</i>	<i>Date (MM/DD/YYYY)</i>
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Parents/Legal Guardians (In case the student is 19 years old or younger):

<i>Mother’s Name</i>	<i>Mother’s Signature</i>	<i>Date (MM/DD/YYYY)</i>
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<i>Father’s Name</i>	<i>Father’s Signature</i>	<i>Date (MM/DD/YYYY)</i>
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<i>Legal Guardian’s Name</i>	<i>Legal Guardian’s Signature</i>	<i>Date (MM/DD/YYYY)</i>
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