

WSU General Study Abroad Application

www.winona.edu/studyabroad

Name _____ Warrior ID: _____

Biographical Information

Year in school during program: **(please circle)** sophomore junior senior

Major Course of Study: _____ Minor _____

Passport Number _____

Local Address _____

City _____ State _____ Zip Code _____

Phone: _____ E-mail Address _____

Permanent Address (if different from above) _____

City _____ State _____ Zip Code _____

Phone: _____

Emergency Contacts (please include more than one):

Name #1 _____ Relation _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Name #2 _____ Relation _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Program of Choice

- Australia-Southern Cross University
- China-Hebei University of Technology
- Egypt-Misr International University
- Hong Kong-University of Hong Kong
- Japan-Akita International University
- Malaysia-INTI College
- Mexico-Universidad Internacional
- South Korea-Chung Ang University
- South Korea-Soonchunhyang University
- Spain-Centro de Lenguas Modernas
- Taiwan-Tamkang University
- Other_____

Term & Year (i.e. Fall '08)_____

How did you hear about this program?

- Study Abroad Office
 - Faculty Member
 - Poster
 - Internet
 - Another Student
 - Other_____
-
-

Application Questions (please use the back of the application if you need more space or submit additional pages):

1. How did you develop an interest in _____(country), and what factors prompted you to choose this program?
2. Describe your previous international experience if applicable. How have these or other experiences prepared you for the challenge of adjusting to a new culture and lifestyle?
3. Describe your personality as candidly as possible, including your special interests and/or hobbies.
4. This program emphasizes experiential learning. Students are expected to reflect on learning experiences in regard to academic and personal insights and to keep a journal. How do you see yourself functioning in this kind of learning environment? Explain.
5. What do you expect to get from this experience, i.e., what are your goals?

Student Data Privacy Notice

Winona State University is asking you to provide information related to your Study abroad program (i.e. copy of passport, information form etc.) which includes private and/or confidential information under State and federal law. The University is asking for this information in order to better assist you during your Study Abroad experience.

You are NOT required to submit a copy of your passport for the above limited purpose. If you choose NOT to provide the University with a copy of your passport, please leave a copy of your passport with a family member or friend.

Upon conclusion of your Study Abroad experience, the University will shred and dispose of the copy of your passport and/or birth certificate (if supplied).

With some exceptions, unless you consent to further release of your passport information, access to this information will be limited to University employees for Study Abroad purposes. However, federal and state law do authorize release of private information without your consent to

- Other school officials, including faculty within the University, who have legitimate educational interests in the information;
- Other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- The federal Comptroller General or other federal, state, or local education officials for purposes of program compliance, audit, or evaluation;
- As appropriate in connection with your application for, or receipt of, financial aid;
- The juvenile justice system, if you are a juvenile, and the information is necessary, prior to adjudication, to determine the juvenile justice system's ability to serve you;
- An alleged victim of a crime of violence, if you are the alleged perpetrator of the crime, and the release is of the results of a disciplinary proceeding against you related to the alleged crime;
- Your parents, if your parents claim you as a dependent student for tax purposes;
- A court, grand jury, or state or federal agency, if the information is sought with a subpoena;
- An institution engaged in research for an educational institution or agency related to testing, student aid, or improved instruction;
- An accrediting organization in connection with its accrediting functions;
- Appropriate persons in connection with an emergency, if necessary to protect your health or safety or the health or safety of others;
- If required by court order, or permitted by other state or federal law
- To the subject of the complaint if necessary to resolve this complaint; or in an administrative or court hearing.

Signature

Date

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

To be signed by participants attending the _____ [**Program Name**]
Program, (hereinafter, "Program") through Winona State University.

READ CAREFULLY BEFORE SIGNING

I have agreed to participate in the _____ [**Program Name**].
Winona State does not require me to participate in this program. My participation is wholly
voluntarily.

I am aware of the dangers and risks to my person and property involved in participating in this
activity. Risk associated with my participation in the program include, risk normally associated with
travel, including but not limited to risk of injury and/death. Travel will be arranged on my own for
airline tickets and for trekking and/or others as determined by University.

I have agreed to participate in a research study _____
[**Insert detail, course numbers if applicable**]

I fully understand that drug use (marijuana or others) is illegal in _____ [**Insert
country name**] and carries severe legal consequences in _____ [**Insert
country name**].
[**The previous sentence is optional.**]

I agree to not participate in this activity while on this trip and recognize that participation in this
illegal activity will result in immediate removal from the course.

In consideration of the University's agreement permit me in this program, the receipt and sufficiency
of which is hereby acknowledge, I agree as follows:

1) I represent and warrant that I will be covered throughout the program by
_____ [**Insert insurance
company name**] Travel Protection throughout my absence from the United States by a
policy of comprehensive health and accident insurance which provides coverage for illnesses
or injuries I sustain or experience while abroad, and provides coverage for emergency medical
evacuation and for repatriation of remains; and, specifically, provides coverage in the
countries where I will be living and/or traveling. By my signature below, I certify that I have
confirmed that my health insurance policy will adequately cover me while I am outside of the
United States; and, I hereby release and discharge the University of all responsibility and
liability for any injuries, illnesses, medical bills, charges or similar expenses, emergency
evacuation expenses, and repatriation related expenses that I incur while I am abroad.

2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives,
hereby release and forever discharge the University and its employees, agents, officers,
trustees and representatives (in their official and individual capacities) ("Releasees") from any
and all liability whatsoever for any and all damages, losses or injuries (including death) I
sustain to my person or property or both, including but not limited to any claims, demands,
actions, causes of action, judgments, damages, expenses and costs, including attorney fees,
which arise out of, result from, occur during, or are connected in any manner with my
participation in the Program and/or any travel incident thereto, whether caused by the
negligence of the Releasees or otherwise; except that which is the result of gross negligence
and/or wanton misconduct by the Releasees.

3) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with my participation in _____ **[Insert program name]** Program or any travel incident thereto.

4) I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion thereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that I am at least eighteen (18) years of age, that by signing it am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Dated: _____

(Signature)

Name (Printed)

This Space Intentionally Blank

Health insurance coverage is mandatory while you are abroad. You will need to provide evidence that your existing coverage will cover emergencies abroad. Medical conditions that may require special accommodations will require a release statement from you doctor.

Attend a mandatory **Pre-departure Orientation** session prior to leaving for your study abroad school.

If you plan to continue your studies at Winona State University, please make the necessary arrangements prior to your departure for course registration and housing for your **next semester** of enrollment. Submit your proposed course schedule to the Registrar’s Office.

Once you are abroad:

1. Provide the Study Abroad Office with your new address. You can email us at studyabroad@winona.edu.
2. If you are participating in a Winona State University program, arrange for your final grades to be sent to the Registrar’s Office, WSU, P.O. Box 5838, Winona, MN 55987-5838. Hand delivered transcripts must be in an official university sealed envelope. If you are participating in a study abroad program sponsored through another university or college, arrange for your final grades to be sent to the Registrar’s Office, WSU, P.O. Box 5838, Winona, MN 55987-5838. Hand delivered transcripts must be in an official university sealed envelope.

After you get back

1. Be prepared to experience reverse culture shock when you return.
2. Consider volunteering as a student mentor to promote exchange programs.
3. Submit photos for others to enjoy
4. Join the study abroad office at the Returnee Reception to learn about professionalizing your experience.

Study Abroad Application Checklist

Your Checklist	For Office Use Only	
		Complete application.
		Receipt of application fee.
		Transcripts from all universities.
		Signed Student Data Privacy Notice.
		Copy of passport.
		Signed Waiver, Release & Indemnification Agreement
		Proof of health insurance
		Reference form one.
		Reference form two.
		Copy of itinerary including dates, times, flight number(s), hotels, and phone numbers
		Copy of visa from ‘hosting’ country (e.g. Spain, Korea, etc.

Submit this application and receipt of \$50 application fee from the Cashier's Office to the Study Abroad Office.

Study Abroad Office
Winona State University
Minne 120
P.O Box 5838,
Winona MN 55987-5838
Phone: 507-457-5500 or 507-457-5546
E-mail: studyabroad@winona.edu

IMPORTANT: Indicate to the Cashier's Office what program you are choosing and during what term and year.
E-mail studyabroad@winona.edu or stop by Minne 120 to receive the appropriate pre payment code.

Along with this application I am submitting a transcript, two letters of recommendation and receipt of payment for the application fee from the Cashiers Office.

Signature _____ Date _____

WSU Study Abroad Reference Form (page 1 of 2)

Applicant-Two references are required.

Note: Complete this section and give the reference form to your academic advisor and/or professor who best knows your academic abilities:

Applicant's Name: _____

Application Deadline: _____

(I hereby agree to waive my right to access of the information contained in this reference).

Applicant's Signature: _____ Date: _____

Reference

Note: This section is to be completed by reference person

The applicant is applying to study abroad through a Winona State University Program. The selection committee will be looking at the student's academic record, motivation, maturity, and ability to adapt to life with people from different backgrounds and cultures. We appreciate your candid evaluation of the applicant. Please complete the form (2 pages) and return them in an envelop to the address below before the application deadline. Thank you very much for your time and consideration.

How long and in what capacity have you known the candidate? _____

Please evaluate the applicant on the scale of:

A=excellent, B=very good, C=adequate, D=minimal potential, X=no opinion.

	A	B	C	D	X
Current academic performance					
Maturity					
Flexibility/adaptation to new situation					
Communication skills					
Cooperativeness					

Overall recommendation:

I highly recommend this applicant
 I recommend this applicant
 I recommend this applicant with reservation
 I do not recommend this applicant

Name:	Position:
Institution:	
Telephone:	E-mail:
Signature:	Date:

Please return the completed form in a sealed envelop to the address below. Please contact us if you have any questions.

Thank you.
 Study Abroad Office
 Winona State University
 Minne 120
 P.O Box 5838,
 Winona MN 55987-5838
 Phone: 507-457-5500 or 507-457-5546
 E-mail: studyabroad@winona.edu

WSU Study Abroad Reference Form (page 2 of 2)

Please type on a separate paper or write on this paper your evaluation of the applicant regarding:

1. The applicant's academic and non-academic strengths, and/or
2. Any reservations you may have with regard to the applicant's participation in the program.

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	A	B	C	D	X
Current academic performance					
Maturity					
Flexibility/adaptation to new situation					
Communication skills					
Cooperativeness					

Overall recommendation:

I highly recommend this applicant
 I recommend this applicant
 I recommend this applicant with reservation
 I do not recommend this applicant

Name:	Position:
Institution:	
Telephone:	E-mail:
Signature:	Date:

Please return the completed form in a sealed envelop to the address below. Please contact us if you have any questions.

Thank you.

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