

**Study Abroad Office**

Campus Library • 650 W. Easterday Avenue, Sault Ste. Marie, MI 49783 Phone: (906) 635-2400 or 2404 • E-mail: studyabroad@lssu.edu

Please fill out this application packet, and submit it to the Study Abroad Office Mailbox at the Circulation Desk in the Library

Faculty Led Study Abroad Program – CUSTOMIZED FOR YOUR COURSE**STUDY ABROAD In South Africa – BIOL 300****South African Field Experience****Travel to South Africa, June 17 – July 3, 2023****Total Cost of \$7,844* includes tuition for 3 credits plus the course fee*****Subject to change due to flight costs etc.*****Applicant Information***

Full Legal Name (as shown on passport)

Current Address

City

State/Province

Postal Code

E-mail address

Phone

Alt. Phone

Citizenship

Date of Birth MM/DD/YYYY

Academic Information

Are you currently a LSSU student?

☐ Yes, my student ID # _____☐ No, my current institution is _____**LSSU Minimum 2.0 GPA required**

Current GPA _____ Current Program of Study _____

Class Status:

☐ Freshman☐ Sophomore
(26-55 credits)☐ Junior
(56-87 credits)☐ Senior
(88+ credits)☐ Other

How did you learn about this study abroad program?

☐ Faculty Member☐ Study Abroad Office☐ Class☐ Former Participant☐ Other _____

Have you traveled abroad for longer than a week?

If yes, please describe: _____

Do you meet the pre-requisite requirements as described in the program description?

☐ Yes☐ No***Application Deadlines***

You must submit your completed application by the following deadlines to be registered into the INTD200 Course.

Application Deadline: December 9, 2022***OFFICE USE ONLY***

Date Application Received _____

Application Fee Received

☐ Yes☐ No

Payment, Deposit and Refund Policies

Course Fees: The cost of the program selected may increase due to unexpected increases in airline surcharges. If this occurs, those fees will be passed on to program participants.

Application Fee: An Application Fee is not required for this course.

Administration Fee: An Administrative Fee is not required for this course.

Payment Due Dates:

Withdrawal & Refunds: Withdrawals must be in writing. Tuition for the course is refundable under University Refund Policy, however, course fees related to Study Abroad are not refundable

I have read and understand the Payment, Deposit and Refund Policies as listed above. I understand I will be notified of my acceptance. I understand that Special Course Fees may change due to unexpected increases in airline surcharges. If this occurs, I understand that those fees will be passed on to me.

Signature_____Date_____

Release of Student Information

During the course of a student's participation in a study abroad program, the Study Abroad Office or Registrar's Office may wish to provide relevant information from the student's educational records to the student's parents or other third parties. Depending on the circumstances, information to be released might include student account information, information about the program in which the student is enrolled, or non-emergency information related to the student health or safety.

Please sign below to indicate that you have read this form and authorize the Study Abroad Office or Registrar's Office to provide relevant information regarding your educational records to your parents and any relevant third parties.

Signature_____Date_____

(If this section is not signed, no student information other than "directory information" will be released to family members, etc., except in an emergency)

Registration and Financial Aid for Study Abroad Programs

Are you planning to use financial aid as all or part of your funding for this trip? ☐ Yes ☐ No

Note: Most LSSU aid, including scholarships, grants, waivers, rebates, and Michigan Indian Tuition Waivers, do NOT apply to study abroad programs.

Have you filed a FAFSA for the academic term in which you wish to study? ☐ Yes ☐ No

Use of Financial Aid for Program Payments

By signing below, I understand that the financial aid for my study abroad program may not be available until the trip start date. I agree to make any non-refundable deposits or payments that are due prior to the start date with other funds or I will provide proof of Financial Aid award that will cover the cost of the program

Signature_____Date_____

Financial Aid Agreement for Study Abroad Transfer Credit

Must be completed by students using financial aid for Study Abroad programs which grant transfer credit.

- I understand that my financial aid cannot be processed until I have submitted a completed and signed study abroad packet to the Study Abroad Office and I have been registered in the appropriate study abroad courses
- I understand that I may need to repay financial aid (including loans) disbursed through LSSU if:
 - Withdraw completely
 - Fail to attend classes
- I understand that if for any reason my financial aid should be reduced and/or cancelled, I am responsible for all program costs to LSSU.

Student's Signature

Date

Printed Name

Telephone

Permanent Address

City

State/Postal Code

LSSU Study Abroad Course Registration Form

Please complete the information in Section 1. Take this form to your Advisor and academic department for the completion of Section 2. It is your responsibility to discuss your degree plans with your academic advisor to determine how study abroad fits into and affects your degree plan. In some instances, study abroad could delay your graduation. It is up to you and your advisor to determine this and other effects of study abroad and to make decisions accordingly. Turn this completed registration form in to the Study Abroad Office along with your completed application materials.

Once you have been approved for your study abroad program, this form will be sent to the Registrar's Office and you will be registered into the course(s) listed below. Online registration is not available for this study abroad program.

If you decide to withdraw, it is your responsibility to formally drop your course(s). You are required to follow the Add/Drop/Withdrawal Policy as outlined on LSSU's Course Registration Information website at http://www.lssu.edu/scheduling/add_drop.php. If you have any concerns, please contact the Registrar's Office at 906.635.2682.

SECTION 1 - To be filled out by STUDENT (Please Print):

Last Name: _____ First Name: _____ Student ID: _____

Phone: (____) _____ LSSU Email: _____ Major: _____

Student Signature: _____ Date: _____ Semester: _____
(Required)

LSSU COURSE INFORMATION:

Subject	Number/Section	Course Title	Credits
Special Topics: South African Field Experience (Summer)	BIOL300	Exploring Cultural, Interdisciplinary, and Healthcare Issues in Ireland	3
Special Topics: African Wildlife Conservation (Spring)	BIOL300	Exploring Cultural, Interdisciplinary, and Healthcare Issues in Ireland	1

SECTION 2 – To be completed by ADVISOR / ACADEMIC DEPARTMENT:

How will the course(s) apply toward the student's degree requirements? Will a waiver or course substitution be required for these courses to be used for the student's degree program? If yes, please attach appropriate paperwork. Please add any additional comments (if applicable):

Advisor: _____ Signature: _____ Date: _____

Dean: _____ Signature: _____ Date: _____

SECTION 3 – PLEASE FORWARD to the Provost's Office if Dean is not available:

Approval – Provost Office: _____ Date of Approval: _____

Registrar's Office Approval: _____

Waiver and Release Agreement

I, _____ am a student at Lake Superior State University ("the University") and have agreed to participate in the University's Study Abroad Education program in _____ from _____ until _____ ("the Program"). In consideration for being permitted to participate in the Program, I hereby agree and represent that:

- ____I have or will secure health insurance to provide adequate coverage (including emergency evacuation and repatriation coverage) for any injuries or illness that I may sustain or experience while participating in the Program. By my signature below (or that of my legal guardian) I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the University, and its employees and agents from any responsibility or liability for any and all expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses. HTH Health Insurance or its equivalent is required for all students.
- ____I understand and agree that, although the University will attempt to maintain the Program as described in its publications, it reserves the right to change the Program including, but not limited to, the curricula, instructors, itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that the University, or its employees and agents, shall not be responsible or liable for any expenses or losses that I may sustain because of these changes.
- ____I understand and agree that I must comply with all applicable University rules, regulations and policies governing students. I understand and agree that the University reserves the right to dismiss me from the Program at any time should my actions or general behavior, in the sole discretion of the University; be determined to constitute a danger to myself, others, or to the acceptability of the Program to its hosts, or if it is determined that my actions or general behavior impedes or obstructs the progress and objectives of the Program in any way.
- ____I understand and agree that there are unavoidable risks in travel overseas, and I hereby release and promise not to sue the University, or its employees and agents, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence of the employees or agents of the University. I also agree to indemnify and defend the University, its Board of Trustees, agents and employees against any liability incurred by them as a result of my conduct.
- ____I also understand and agree that I will have to rely upon medical facilities generally available in the locale where I am traveling. The University assumes no responsibility for such health matters.
- ____I acknowledge that I have consulted with a qualified medical doctor and that based on that consultation there are no physical or mental health-related reasons or problems which preclude or restrict my participation in the program or which require any accommodation.
- ____I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.
- ____I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing the agreement; I have the right to consult with the adviser, counselor, or attorney of my choice.
- ____I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the Michigan Court of Claims, and be determined by the laws of the State of Michigan.
- ____The University shall not be liable or considered in default under this Agreement when the delay of performance, or nonperformance, is caused by circumstances beyond its control and occurring without its fault, including failure of suppliers, subcontractors, and carriers, acts of civil or military authorities, national emergencies, fire, flood, acts of God, riot, natural and/or man-made disaster, civil disturbance, labor dispute, work stoppage/slowdown, insurrection, and war, provided the party invoking this paragraph provides reasonable prompt notice thereof to the other.
- ____This agreement represents the complete agreement with the University concerning the University's responsibility and liability for my participation in the Program. This agreement and waiver supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral. This agreement shall not be changed or amended in any way except in writing signed by University Provost and/or the Provost's designated representative and myself (or legal guardian.)
- ____I represent that I am at least eighteen years of age, if not, that I have secured below the signature of my parent or guardian as well as my own.

 Student

 Date

 Signature of parent or guardian (If required)

Medical Information and Release Form**Student Name:** _____ **ID #** _____

The medical review of this form and acceptance into a program are independent of one another. The purpose of this form is to help the Study Abroad Office to provide appropriate assistance to you should the need arise during your exchange program. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in the study abroad program. The information provided will remain confidential as allowed by law. Relevant information will be shared with the program staff, faculty, or appropriate professionals as it relates to your health and safety. This information is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable and attach other sheet if necessary.

Disabilities

Please list any special accommodations, if any, that you will require while studying abroad:

Allergies

Medication allergy	Reaction	Treatment, if exposed
Food or environmental allergy	Reaction	Treatment, if exposed

Medications

Please list any medications you are taking on a daily basis

Additional Health Conditions

Do you have any health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your ability to participate in this program? Yes ☐ No ☐

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition _____ How often do you have symptoms? _____

Plan for managing this condition while studying abroad: _____

Health and Emergency Agreement

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization Form for access and review by the Director of the Study Abroad Office and the appropriate health care professionals at Lake Superior State University. If further medical information is required, I understand that I will be contacted by a health care professional at LSSU who will ask for a specific release for my personal health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety, it may be discussed in a confidential manner with the director of the Study Abroad Office and appropriate health care professionals representing the host institution.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Lake Superior State University, through its representatives, to secure any necessary treatment. If treatment is not covered under my own health insurance or LSSU's insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Lake Superior State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency, Lake Superior State University may notify my emergency contacts listed on the study abroad application.

I certify that all responses made on this form are complete, true and accurate, and I will notify the Study Abroad Office immediately of any changes in the state of my health. I understand that if I withhold information on this form, I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand participation in the study abroad program is contingent on receipt by the LSSU Study Abroad Office of this completed and signed form.

Signature _____ Date _____

Emergency Contact: *Please list two contacts that should be notified in case of emergency*

Primary Contact Name			Relationship		
Current Address		City	State/Province		Zip Code
Home phone	Work Phone	Cell Phone	E-mail address		
Secondary Contact Name			Relationship		
Current Address		City	State/Province		Zip Code
Home phone	Work Phone	Cell Phone	E-mail address		

Confidential Reference Form

In order for your application to be considered, you will need to have two academic references. These references can be current or former instructors and academic advisors. Please complete Part I of this reference form and give the form directly to the person you wish to use as a reference. If the person is on campus at LSSU, they may send the form directly to the Study Abroad Office via inter-campus mail. If the person is an off-campus reference, please provide them with a pre-addressed envelope to the Study Abroad Office, Lake Superior State University, 650 W. Easterday Avenue, Study Abroad Office, Sault Ste. Marie, MI 49783.

Part I - to be completed by applicant

Name of Applicant

Date of Request

Name of Study Abroad Program

City

Country

Evaluator's Full Name

Deadline for Request

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below:

Applicant's Signature

Date

Part II - to be completed by evaluator

The above mentioned applicant is applying for a study abroad program as designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form to the Study Abroad Office.

1. Basis and extent of your acquaintance with the applicant.
2. Please indicate the applicant's academic attributes. You may elaborate in the comment section on the next page if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comment section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet if necessary.)

5. Additional comments:

Evaluators Signature

Date

Printed Name

Position/Title

Office Address

Telephone Number

Confidential Reference Form

In order for your application to be considered, you will need to have two academic references. These references can be current or former instructors and academic advisors. Please complete Part I of this reference form and give the form directly to the person you wish to use as a reference. If the person is on campus at LSSU, they may send the form directly to the Study Abroad Office via inter-campus mail. If the person is an off-campus reference, please provide them with a pre-addressed envelope to the Study Abroad Office, Lake Superior State University, 650 W. Easterday Avenue, Study Abroad Office, Sault Ste. Marie, MI 49783.

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Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet if necessary.)

5. Additional comments:

Evaluator's Signature

Date

Printed Name

Position/Title

Office Address

Telephone Number

Contact Information for Questions – Take this page with you on your trip

Study Abroad Office
 Teresa Yelverton – Academic Success and Student Support Coordinator
 (906) 635-2404

Registrar's Office
 Nancy Neve, Registrar
 (906) 635-2080

Business Office
 Jesse Monroe – Student Accounts
 (906) 635-2734

Risk Management – Insurance
 Garth Magiera, Safety & Risk Specialist
 (906) 635-2626

Financial Aid
 Katelynn Coon, Director of Financial Aid
 (906) 635-2650

Public Safety – 24 Hour LSSU Campus Contact
 (906) 635-2100

Important Phone Numbers (In case of lost or stolen cards, or emergency)

Credit Card Phone Number _____

Bank Debit Card Phone Number _____

Health Insurance Phone Number _____

Other _____

Other _____

Other _____