

### Contact Information:

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Student's Name: \_\_\_\_\_ Bethel University ID#: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Bethel Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact Information:

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Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Program Information:

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Exchange or Study Abroad Program Partner: \_\_\_\_\_

Location of Program (City and Country): \_\_\_\_\_

Program Dates (beginning and ending): \_\_\_\_\_

Course Title(s) and Description. Attach a copy of the syllabus if available.

### **APPLICATION CONFIRMATION NON-BETHEL UNIVERSITY PROGRAM ABROAD**

I understand that:

- I must apply to the Non-Bethel University program per its deadlines and instructions.
- The non-Bethel University program will bill me for its program fees and associated expenses.
- There are no campus-based or non-campus-based Title IV funds available for this program.
- Bethel University has no control over non-Bethel University programs' policies or procedures.
- I may apply for study abroad scholarships/fellowships through the Study Abroad Advisor and/or other sources. I should review deadlines, eligibility requirements, and other relevant information before applying.
- I must be covered by accident/illness insurance to provide adequate health coverage for myself outside the United States, including medical emergency evacuation and repatriation of remains.
- Certain countries will not let me enter the country without a student visa. I know that obtaining a student visa, if necessary, is my responsibility.

### **AUTHORIZATION AND CONSENT FORM**

Please read carefully before applying your signature below.

The following agreements are designed to protect all participants in Bethel University administered\* or Bethel recognized programs: the students, the faculty, Bethel University, its trustees, officers, agents and employees, and the agencies and individuals cooperating with Bethel University. We require that all students sign these forms to indicate their agreement and permission.

I understand that participation in the program is entirely voluntary and that any program of travel involves some element of risk. I agree that in consideration of Bethel University permitting me to participate, I will assume the liability for, and indemnify, hold harmless, and defend Bethel University, its trustees, officers, agents and employees from any and all claims or damages for any sickness, personal injury, death, property damage or any other loss that may arise, either wholly or in part out of any negligent, intentional or other act or omission by me in connection with the program, including those claims or damages that may arise out of the joint or concurrent negligence of Bethel University.

1. I understand that Bethel University or the sponsoring institution reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the interest of the group. Should Bethel University cancel the program, full refunds will be made unless the cancellation is due to political, natural, technological or other catastrophes beyond its control, in which case Bethel University will be able to refund only uncommitted and recoverable funds. Should another sponsoring institution cancel its program, its refund policy, if any, will apply. In the event that I choose to withdraw from the program after being accepted, I will be responsible for the entire cost of the program. Refunds will be considered only in cases of serious illness or emergency and the amounts of refunds will be determined individually on the basis of recoverable costs by Bethel University at the time of the withdrawal.
2. I understand that I am expected to comply fully with the laws and regulations of the host country regarding travel documents such as student visas and study permits. Obtaining the necessary permission to enter or remain in a country is my sole responsibility.

3. I understand that Bethel University is not responsible for my welfare during periods of independent travel or during any absence from the program or from any other programmatic supervised activity, and if I engage in such travel or absence do so at my own risk.
4. I understand that for satisfactory completion of the course(s) for credit, I am expected to attend lectures, field excursions or other activities which are germane to the educational program and to complete all assignments in a timely fashion.
5. I understand that as a participant in the program, I am a representative of Bethel University and the United States and by signing this agreement I pledge to deport myself in a manner that reflects favorably on both and uphold the rules, standards, and instructions for student behavior set forth in the Bethel University Student Handbook. Bethel University and/or the sponsoring institution may discipline me or dismiss me from the program for behavior detrimental to the program. A dismissed student will receive no refund from Bethel University.
6. I understand that Bethel University requires that appropriate sickness and accident insurance cover all students for the duration of the program and that students are responsible for all medical expenses. In addition, I understand that payment for medical expenses customarily will have to be advanced and reimbursement sought later from the insurance carrier. I understand that students participating on Bethel University administered\* programs and bi-lateral exchange programs will be insured by an insurance plan mandated by Bethel University. I understand that students participating on non-Bethel University -programs should check with their program to determine if insurance is provided. If it is not, comprehensive sickness and accident insurance that includes medical emergency evacuation and repatriation of remains must be purchased independently.
7. I understand that programs abroad may not regularly employ health care professionals on site and make no representation with respect to accessibility of services and facilities abroad. Appropriate treatments, especially psychological, may not be as readily available abroad as in the United States. I must, therefore, make provision before departure for continuation of medical treatments such as prescriptions or special diets.
8. In the event that I cannot give my consent, I hereby authorize Bethel University's representative to consent for me to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed necessary or advisable by a licensed physician during the period I am enrolled in a Bethel University administered\* program. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of Bethel University to give specific consent to the diagnosis, treatment or hospital care which is in the best judgment of a licensed physician and is deemed advisable.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Witness of Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Study Abroad Advisor: \_\_\_\_\_ Date: \_\_\_\_\_