

**Austin Community College Study Abroad Application Packet
Mexico – May 2006
APPLICATION COVER PAGE and CHECK LIST**

Student Name _____
(Last Name, First Name, Middle Name)

Program Name: BUSG 1191 International Study Tour
Departure Date: May 20, 2006 **Return Date:** May 29, 2006
Faculty Leader: Don Morris
Destination Countries: Mexico

The deadline to submit this application is February 28, 2006. Once your application is accepted the deadline to register for the course is March 8.

The following items are required

| <i>FORM / REQUIREMENT</i> | <i>SUBMITTED</i> |
|--|-------------------------|
| 1. Contact & Academic Information | |
| 2. Release from Liability | |
| 3. Emergency Contact, Authorization, and Consent for Treatment | |
| 4. Proof of International Student ID and Health Insurance | |
| 5. Statement of Agreement and Return Policy | |
| 6. Copy of first four pages of passport (Required)/ Visa (if needed) (Passport MUST be valid for 6 months or more after the last date of the program) | |
| 7. Recent passport-sized Photo | |

Passport

Students must have a passport no later than February 28. There can be no exceptions to this since passports are required in order to purchase airline tickets and make hotel reservations. See www.austincc.edu/quinn for passport information. NOTE: Obtaining your passport is required to apply for a program. It does NOT guarantee that your application will be accepted.

Academic Standing

In order to participate in Austin Community College-sponsored Study Abroad Programs, the applicant must be in good standing and enrolled for college credit at Austin Community College during the semester of travel, or during the spring semester immediately preceding travel occurring during a summer semester.

Submit Application to: **Don Morris**
7748 Hwy, 290 West
Austin, TX 78736

If you have any questions please contact Don Morris at 223-8118, dmorris@austincc.edu.

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CONTACT and ACADEMIC INFORMATION

Student Name _____
Last Name, First Name, Middle Name(s)

Social Security or Student ID Number: _____

Date of Birth _____ Sex: M F
Month/Day/Year

Local Address: _____

Telephone #1: _____ Telephone #2: _____

Email: _____

Permanent Address (if different from above)

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Telephone: (home) _____ (work) _____

Academic Information

Major at ACC: _____ Anticipated graduation date _____

When were you last enrolled at ACC? Currently enrolled
 Previously enrolled Year _____ Semester _____

Credit hours completed? _____

Verified through Datatel (ACC use only) _____

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RELEASE FROM LIABILITY

STATE OF TEXAS, TRAVIS COUNTY

I, the undersigned, certify that I am eighteen (18) years of age or older, and that I have voluntarily agreed to participate in travel to foreign countries as part of the International Internship Program of Austin Community College. I hereby waive, release and discharge Austin Community College, its trustees, officers, agents, servants, volunteers and employees and its partners, their communities, governing boards, officers, employees, volunteers and representatives from any and all liability, actions, causes of action, claims, demands or suits arising out of any personal injury and/or any injury to property, real or personal, caused by, or arising out of, my participation in the program, including without limitation, illness and/or death, property loss or damage. In the event that ACC or its partners provide transportation for me, this RELEASE shall extend to and release any volunteer driver or employer driver from any aforesaid liability.

I further agree to indemnify and hold harmless Austin Community College, its trustees, officers, agents, servants, volunteers and employees and its partners, their communities, governing board, officers, employees, volunteers and representatives from any and all claims, demands, causes of action, grievances, controversies, obligations, suits, damages of every kind and character whatsoever and by whomsoever caused, solely, jointly or otherwise, including without limitation, those relating to my travel and or my stay in another country, in any manner and in any capacity claimed, owned, held or possessed by the undersigned directly or indirectly, arising out of as a result of or attributable to , and events, transactions, occurrences and circumstances of my participation in the program. Furthermore, I intend this RELEASE to be legally binding on my heirs, executors, administrators, estate and assigns.

The parties agree that any claim or dispute arising from or related to this RELEASE shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the laws of the State of Texas. All such mediation and arbitration shall take place in Austin, Texas. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this RELEASE and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

I have read this release carefully and fully understand the same. I warrant that counsel for Austin Community College does not represent me in this matter and has given me no advice regarding the effect of signing this document. I further warrant that no promise, statement, threat or agreement not herein expressed has been made.

*****Sign Before a Notary*****

DATE _____

SIGNATURE _____

PRINTED NAME _____

*****Sign Before a Notary*****

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RELEASE FROM LIABILITY

Student Name _____
(Last Name, First Name, Middle Name)

BEFORE ME, the undersigned authority, on this day personally appeared ____

Known to me to be the person whose name is subscribed to the foregoing RELEASE, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed, and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on the ____ day of _____

Notary Public in and for the State of Texas

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EMERGENCY CONTACT, AUTHORIZATION, and CONSENT FOR TREATMENT

Medical services and general health conditions in other countries are often different from those in the United States. No information will be released to a third party without your written consent. If you are accepted into a program, you may need to have a physician complete a medical report.

| | |
|--|-----------------|
| Student Information | |
| STUDENT NAME _____ <small>(Last Name, First Name, Middle Name)</small> | |
| SSN _____ | |
| ADDRESS _____ | |
| Phone # 1 _____ | Phone # 2 _____ |

| | |
|------------------------------|--|
| Physician Information | |
| Physician Name _____ | |
| Physician Phone _____ | |
| Physician Address _____ | |
| _____ | |

| | |
|---|-------|
| Consent for Treatment | |
| I hereby grant _____ <small>(Faculty name (s))</small> | |
| authorization to obtain treatment for me in the event of emergency illness, accident or injury. | |
| _____ | _____ |
| Student Signature | Date |

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EMERGENCY CONTACT, AUTHORIZATION, and CONSENT FOR TREATMENT

Student Name _____
(Last Name, First Name, Middle Name)

Completion of the following portion of this form is optional and will be only used in an emergency.

Emergency Information:

| | |
|---|--|
| Name of person to contact in an emergency | |
| Telephone number(s) for emergency contact | |
| Name of personal physician | |
| Telephone number of personal physician | |
| Medical training (first aid, EMT, nurse, etc.) if any | |

1. You are responsible for consulting with your physician if you have a medical condition (such as asthma, epilepsy, diabetes mellitus, anaphylactic reaction to insect venom, pregnancy, or a strong allergic reaction to plants, etc.) that might affect your performance during your participation in the travel abroad program. If requested, your professor can provide you with a detailed description of the activity for evaluation by your physician.
2. You may want to tell the professor, or another participant in the activity, where you are carrying medication (such as an inhaler or Epipen) which you would need in an emergency.
3. You are responsible for providing and administering any medications that must be taken orally or by injection for a medical condition.

If there is anything concerning your health that you want to share with your professor, please write this information below and add your initials. This information will be kept strictly confidential:

Initial Here: _____

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EMERGENCY CONTACT INFORMATION, AUTHORIZATION, and CONSENT FOR
TREATMENT

If you will require any special accommodations please contact the Office of Students with Disabilities for a formal evaluation. Faculty leaders must have the proper documentation from the Office of Students with Disabilities before reasonable accommodation can be provided.

In the event of a serious emergency, I authorize Austin Community College. Its employees, and/or agents (collectively “the College”) to secure medical transportation or treatment on my behalf. I understand that the College is not required to obtain medical transportation or care. I understand that the College will attempt to contact one of the individuals I have designated as an emergency contact. I authorize the College to release the information on this form to health care providers for the purpose of securing health care services in the event of an emergency. I understand and agree that I am responsible for all expenses, fees, or costs incurred as a result of the medical transportation or care secured by the College. I understand and agree that the College is not liable for any injury or damage that may occur as a result of medical treatment received.

I certify that the above is true and correct to the best of my knowledge.

Student Signature

Date

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PROOF of INTERNATIONAL STUDENT ID and HEALTH INSURANCE

Student Name _____
(Last Name, First Name, Middle Name)

All students participating in ACC Study Abroad Programs must obtain an International Student ID. In addition, you must obtain adequate evacuation insurance and current health insurance that provides coverage outside of the United States (levels must be appropriate to your program).

Information about the ISE card is available at:

<http://www.isecard.com/isecard/about.html>

Insurance cost vary and you may obtain this through local travel and insurance agencies

Once obtained, complete the following information and provide a copy of your card and insurance coverage:

International Student ID # _____

Proof of current: Evacuation Insurance

Level _____

Health Insurance

Level _____

Attach copies here:

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STATEMENT OF AGREEMENT AND RETURN POLICY

Student Name _____
(Last Name, First Name, Middle Name)

Program _____

I hereby represent that I will obey and uphold all the rules and requirements established by Austin Community College, observe all program schedules, and follow all directives given to me by supervisory personnel in all matters pertaining to the Study Abroad Program. I grant ACC the right to terminate my participation in this program if it is determined that my conduct is detrimental to or in conflict with the program or out of harmony with the best interest of the group as a whole, in which event I shall be sent home at my own expense. I further realize that any violation of these rules or regulations may be just cause from suspension or expulsion from Austin Community College.

I hereby certify that I will bring sufficient funds, or access to funds, to pay for my early return trip home.

I the undersigned, agree to participate in the ACC International Program listed above. I recognize that I will be an ambassador for the United States of America and Austin Community College. I will therefore conduct myself in such a way as to leave a positive image of the USA and Austin Community College.

I will also commit to the following:

- In the event that I participate in an internship, I will foster a good relationship with the companies with whom I work so that they will welcome additional US interns.
- I will behave responsibly, especially with regard to drugs and alcohol.
- I will maintain excellent attendance and punctuality.
- I will contribute valuable input to the program based on my experience.
- I will complete the learning objectives that are assigned to me by my home and host advisors.
- I will be available in both the host and home countries to make presentations regarding the program so that my fellow students, members of the industrial community, and administrative staff also benefit from my experience.
- I authorize the Center for International Programs and its partners to use my photo in future advertising and publications.

Signature Date