Office of International Programs
430 S. Michigan Avenue, AUD 124, Chicago, IL 60605
Tel: (312) 341-3531; Fax: (312) 341-6377; Email: international@roosevelt.edu

Faculty-Led Program Application

Course Number: **PSYC 383/PSYC 483**
CHS 425/PSYC 644

Name of Class: **PSYC 383/PSYC 483 Development as a Cultural Process**
CHS 425 Social and Cultural Foundations
PSYC 644 Multicultural Psychology

Dates of Program: **May 2 – 11, 2014**

Faculty Leader: **Amy Roberts**

Your Legal Name (as indicated on your passport/birth certificate):

_____ _____ _____
First Name Middle Name Last Name

◯ Male ◯ Female

RU ID #: _____ Date of Birth (Month/Day/Year): _____/_____/_____

Permanent Address: _____
Street City State Zip Code

Local Address: _____
Street City State Zip Code

Telephone: _____ E-Mail _____

Year in University: ◯ Fr ◯ So ◯ Jr ◯ Sr ◯ Grad

GPA: _____ Major: _____ Minor:_____

CITIZENSHIP AND TRAVEL DOCUMENTS:

I am a ◯ U.S. Citizen;
◯ U.S. Permanent Resident and a citizen of _____; or
◯ Non-U.S. Citizen/Permanent Resident and a citizen of _____. Type of Visa: _____

Do you have a passport? ◯ Yes ◯ No **If yes, please attach a copy of the photo page.**

If you are a U.S. citizen, but do not have a passport, you must apply for a passport NOW. The U.S. passport application resources are online: http://travel.state.gov/passport/forms/forms_847.html

If you are not a U.S. citizen, you are required to check with the embassy/consulate general of the host country(ies) to determine whether you are required to obtain a visa prior to your departure. **You are responsible for obtaining all necessary travel documents, including valid passports and visa(s).**

ASSUMPTION OF RISK AND RELEASE OF LIABILITY:

In order to participate in the international study program, you are required to complete and sign the attached Assumption and Release of Liability, and Health and Medical Authorization Form. Your application will not be accepted if it is not accompanied by the signed forms. Please read and understand both forms before signing.

CONFIDENTIAL HEALTH INFORMATION FORM:

The Office of International Programs cannot guarantee that foreign institutions/agencies will offer the special facilities and accommodations available to people with special needs as in the U.S. Therefore, we advise you to complete and submit the attached Confidential Health Information Form as early as possible so that the OIP staff and the faculty leader can be of maximum assistance to you in attempting to meet your needs prior to departure and in ascertaining whether your needs can be accommodated in the host country(ies). If you choose not to disclose this information, you cannot later expect accommodation or consideration of any arguments that you are unable to meet fundamental program requirements because of your special medical or physical needs. Disclosure of this information will not affect your admission into the program.

Submission of my application indicates my intent to participate if admitted. By submitting this application I agree to pay the entire program fee and any out-of-pocket costs associated with participation in the program, including tuition and fees, meals, and personal expenses. I understand that my deposit and any fees paid for my participation will be refunded to me only in the event that: (1) my application is rejected; or (2) the trip is canceled. Once accepted, I will adhere to the payment schedule designated by the Office of International Programs.

Signature: _____ ***Date:*** _____

This form should be completed and submitted to the Office of International Programs with a non-refundable $200 deposit that will be applied to the cost of your program. Checks should be made payable to "Roosevelt University". Applications will not be accepted without the deposit. Please contact the Office of International Programs if you wish to pay your deposit by credit card.

Application and Deposit Deadline: December 1, 2013
Scheduled Payments Due: February 1, March 1 and April 1, 2014

Office of International Programs
Roosevelt University | Auditorium 124 | 430 S Michigan Street, Chicago, Illinois 60605
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ROOSEVELT UNIVERSITY-SPONSORED STUDENT TRAVEL
ASSUMPTION OF RISK AND RELEASE OF LIABILITY

INTERNATIONAL TRAVEL

Please read this form carefully and be aware that by signing this form and participating in this university-sponsored student travel, you will be waiving and releasing any and all claims that may arise as a result of your participation in the university-sponsored student travel.

Student Name:

RU ID#:

Date(s) of Travel:	**May 2 – 11, 2014**
Summary of Itinerary and Destination(s):	**Guatemala**
RU Sponsor(s):	**Office of International Programs and the College of Arts & Sciences**
Name of RU faculty-led program, if applicable:	**PSYC 383/PSYC 483 Development as a Cultural Process** **CHS 425 Social and Cultural Foundations** **PSYC 644 Multicultural Psychology**

If a parent/guardian signs this form because the participant is a minor or is otherwise not authorized to enter into a contract, it is understood and agreed that the parent/guardian is making all acknowledgements and affirmations on behalf of the participant, and the parent/guardian's signature hereto shall bind both the participant and the parent/guardian.

As a participant in a university-sponsored student travel described above (hereinafter the "Travel"), I recognize and acknowledge that there are certain risks of injury, property damage, loss, emotional distress, and/or death that may arise from my participation. I further recognize and acknowledge that Roosevelt University ("Roosevelt") and Travel sponsors/organizers cannot and do not guarantee my safety; ensure that American standards of due process will apply in foreign legal proceedings; assume responsibility for my actions or the actions of individuals who are not employed by Roosevelt or the Travel sponsors/organizers; or assume responsibility for situations arising due to my failure to disclosure pertinent information.

I affirm that my health is good, that I am fit to participate in any activities presented on this Travel. By participating in this Travel, I voluntarily assume the risk of injury, property damage, loss, emotional distress, and/or death, including any medical or other costs associated therewith. I hereby release, waive, discharge and covenant not to sue Roosevelt University or any cooperating institution, or their respective trustees, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action for any loss, damage or injury, including death, that may be sustained by me or my family, or to any property belonging to me or my family, whatsoever arising out of, related to, or in any way connected with the traveling to or participation in the above-described Travel . I and my agents, representatives, assigns, heirs and successors hereby agree to indemnify, defend, and hold harmless Releasees from and against any and all liabilities, losses, claims, demands, liens, damages, penalties, fines, interest, costs and expenses, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of injury, property damage, loss, emotional distress, and/or death arising out of, in connection with, or in any manner related to the traveling to or participation in this Travel . It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releases.

I also acknowledge and fully understand that in the event I choose to extend my travel beyond the end date of Program, including travel, or commence my travel prior to the start date of Program, including travel, or otherwise make any changes to the travel plans arranged for the Program, I will be fully responsible for any such travel arrangements. Roosevelt University accepts no responsibility for lodging, food, travel, or other necessities occasional by any changes made to the agreed upon travel plans or any extension thereof.

Please initial and sign below:

____ As a Roosevelt University ("Roosevelt") student participating or wanting to participate in travel, in a country or part of a country for which the U. S. State Department has issued a Travel Warning ("Travel Warning"), I acknowledge that (1) Roosevelt University will not operate, sponsor, fund, supervise, or direct travel to such locations and (2) Roosevelt University will not grant financial aid or academic credit for programs in such locations.

____ I agree that I have carefully identified, reviewed and considered the risks of travel to my destination(s). I have read the most recent relevant U.S. State Department Travel Advisories available through http://travel.state.gov/travel/warnings.html as well as the Roosevelt University-Sponsored Student Travel Policy.

____ I acknowledge that Roosevelt University will suspend all programs in a country or any portion thereof, for which a Travel Warning is in effect, even if I am currently traveling in or planning to travel in that country.

____ I understand that conditions in my travel destination area(s) may change rapidly, and I will stay informed of current events on a frequent basis by obtaining updated security and health information from and registering with the nearest U.S. Embassy or Consulate General (see State Department Travel Warning web site for contacts), and by obtaining such information from the Department of State website. I also will enroll with the U.S. Consulate nearest my destination(s). If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates and the Department of State website.

____ I further agree that if my travel destination area(s) come(s) under a Travel Warning, I will immediately and as soon as possible depart such area. If I choose to stay in such area, I understand that Roosevelt University will not support my travel.

____ I understand that I am not required to travel, and that Roosevelt University urges me not to travel to my destination(s) if a Travel Warning is in effect for such destination(s) or any portion thereof.

____ I hereby acknowledge that I am participating voluntarily in the travel described above. I also acknowledge that my participation in this travel may expose me to significant risks, especially if a Travel Warning is in effect for my destination(s). Such risks may include, but not be limited to, terrorism, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I understand that Roosevelt University is not responsible for my safety, and that I assume full responsibility for all risks associated with my travel.

____ I affirm that I have health insurance that will remain in effect and cover any injuries or other health problems sustained during my travel. I have submitted proof of health insurance to the Office of International Programs.

____ I hereby acknowledge that I have discussed my travel with at least one of my parents or my legal guardian who has also read and signed this form as indicated below.

I have carefully read this release and fully understand its contents. I am aware that by signing this document, I am waiving my right to sue Roosevelt University and any cooperating institution, and their respective trustees, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns and successors. This release is complete and signed of my own free will. I am aware that this release is a contract between myself and Roosevelt University. I certify that I have the legal authority to enter into this contract.

Student Signature:

Date:

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HEALTH AND MEDICAL AUTHORIZATION FORM

If a parent/guardian completes and signs this form because the participant is a minor or is otherwise not authorized to enter into a contract, it is understood and agreed that the parent/guardian is making all certifications and authorizations in the place of the participant, and the parent/guardian's signature hereto shall bind both the participant and the parent/guardian.

I, _____, certify that all responses made on this health and medical authorization form are true and accurate, and I will notify the Office of International Programs of any relevant changes in my health that may occur before departure.

I acknowledge and agree that Roosevelt personnel shall not be responsible for holding, keeping track of, or administering any medications, whether prescription or over-the-counter, during this university-sponsored student travel , and that such obligations shall be solely my responsibility.

In the event of my illness or injury during the university-sponsored student travel, I hereby authorize Roosevelt personnel to take me to the nearest hospital or emergency care facility. In such instances, Roosevelt or emergency personnel should attempt to contact:

Emergency Contact #1 (Relationship):
Phone Number:

Emergency Contact #2 (Relationship):
Phone Number:

I further authorize Roosevelt or emergency personnel to contact my primary care physician in the event of an emergency.

Primary Care Physician:
Phone Number:

I acknowledge that any emergency and/or medical expenses incurred are my responsibility, not Roosevelt's, while on such travel. Regardless of my insurance coverage, I hereby agree to assume sole responsibility for any and all expenses incurred as a result of my emergency and/or medical care.

Name of Participant:

Signature of Participant (or Parent):

Date:

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CONFIDENTIAL HEALTH INFORMATION FORM
FOR INTERNATIONAL AND DOMESTIC PROGRAMS

The purpose of this form is to help the Roosevelt University International or Domestic Programs be of maximum assistance to you in attempting to address your needs prior to departure and in ascertaining whether your needs can be accommodated in the host country (ies). It is important that the program personnel be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. Mild physical or psychological disorders can become more serious when subjected to the stress of traveling and studying abroad. The information you provide will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The University may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

Yes__ No__ 1. Are you generally in good physical condition? (If no, please explain.)

Yes__ No__ 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.)

Yes__ No__ 3. Do you have any allergies? (If yes, please explain.)

Yes__ No__ 4. Are you taking any medications? (If yes, please explain.)

Yes__ No__ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)

Yes__ No__ 6. Are you a vegetarian or are you on a restricted diet? (If yes, Please explain.)

Yes__ No__ 7. Is there any additional health or medical information that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain.)

I certify that all responses made on this Health Information form are true and accurate, and I will notify the Office of International Programs hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of the applicant:

Date: