Office of International Academic Programs
430 S. Michigan Avenue, AUD 1752, Chicago, IL 60605
Tel: (312) 281-3250; Fax: (312) 341-4324; Email: jcanhel@roosevelt.edu

[IMPORTANT] Each international study program has different requirements for group size, participation eligibility and application deadline. Familiarize yourself with the information on the course schedule. Final acceptance to the program rests with the faculty leader of the program.

POS-343-99: Urban Human Rights: Miscarriages of Justice in Chicago and London – Fall 2013

GENERAL INFORMATION: PLEASE PRINT CLEARLY.

Official Name (as indicated on your passport/birth certificate—**very important**):

_____ _____ ❑ Male ❑ Female
First Name Last Name

RU ID #: _____ Date of Birth: _____(M)/_____(D)/_____(Y)

Mailing Address: _____
Street No. City Zip Code

Telephone: _____ _____ _____
Home Work E-Mail

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

Total credit hours completed at RU: _____ GPA: _____

Academic Major: _____ Academic Minor:_____

Are you a financial aid recipient in the current academic year? ❑Yes ❑ No

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 your passport 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 line: 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's Office of the host country to see whether you are required to obtain a visa prior to your departure. **You are responsible for obtaining all necessary travel documents, including a valid passports and visa.**

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 (OIP) cannot guarantee that foreign institutions/agencies will have 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.

HEALTH INSURANCE:

Health insurance coverage is required of all participants in RU international study programs. It will be your own responsibility to verify with your insurance carrier the kind of coverage you have for traveling abroad.

I am hereby applying for the above-mentioned program. I understand that the costs of the trip for RU students are estimated to be $2,000 per student as specified in the information flyer, and that there are other costs involved, such as tuition and fees, meals and beverages, and personal expenses. ***Enclosed is my initial payment for the trip, $200.00.*** *I understand that my initial payment 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 meet the payment schedule designated by the Office of International Academic Programs.*

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

This form should be completed and submitted to the Office of International Programs with your check for $200.00, made payable to "Roosevelt University" on/before August 1, 2013. Mailing Address: Office of International Academic Programs, Roosevelt University, 430 S. Michigan Avenue, AUD 1752, Chicago, IL 60605. Phone: (312)281-3250 Fax: (312)341-4324. We accept credit card payment as well. To call in for your credit card payment, please dial: (312) 281-3250.

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's Name: _____ RU ID#: _____

Date(s) of Travel: November 23, 2013 – December 1, 2013
Summary of Itinerary and Destination(s): London
RU Sponsor(s): Office of International Programs and Department of Political Science
Name of RU faculty-led program, if applicable: POS- 343-99: Urban Human Rights: Miscarriages of Justice in Chicago and London

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 Releasees.

I also acknowledge and fully understand that in the event I choose to extend my travel beyond December 1, 2013 (end date of Program, including travel) or commence my travel prior to November 23, 2013(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

ROOSEVELT UNIVERSITY

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 (Relation) Phone

_____ _____

Emergency Contact #2 (Relation) Phone

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

_____ _____

Primary Care Physician Phone

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 (or Parent) Signature of Participant (or Parent) Date

ROOSEVELT UNIVERSITY

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 information (concerning medical conditions or disabilities) 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:** _____