

Please print, sign, staple and submit your study abroad application and deposit to the **FVCC Business Office in Blake Hall**. Upon receipt of your deposit and study abroad application, FVCC will contact you to schedule an interview for admission into the study abroad program of your choice. If not admitted to this program, FVCC will refund the deposit in full, unless you have an outstanding balance with the Business Office.

Please attach a photocopy of your passport with this application.

Note: **Your passport must be valid for at least 6 months after the planned departure date.**

Study Abroad Program Destination (check one):

- Semester Abroad in Venice
- Tropical Flora of Costa Rica
- Chemical Oceanography

Full Legal Name (as it appears on your passport):

Last First Middle

Passport Number: _____ Sex: M F

DOB: ____/____/____

Passport expiration date: ____/____/____

Address:

City State Zip

FVCC ID #: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Academic Details:

Current Class Standing: Freshman Sophomore Non-Degree

Program of Study / Major: _____

Cumulative GPA: _____

Emergency Contact Information: By providing this information, you will allow FVCC to contact the person listed on your behalf in an emergency.

Full Name: _____ Relationship: _____

Home Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

References: List two academic references (recent college professors or high school teachers). Your references may be asked to submit an oral or written reference.

1. Name _____; phone number _____; email: _____

1. Name _____; phone number _____; email: _____

Deposit Receipt:

Payments:

Deposit Amount: \$1,000 **Submit with this Application Form**

Refund Policy: The deposit is not refundable after you have been officially admitted to the program and the program has been confirmed.

Final payment due dates and amounts differ with each program and will be made available by Global Programs. Check the Study Abroad webpage for exact due dates and trip costs.

Note: All final balances exclude applicable tuition/ fees for the credits associated with the program.

For Business Office Use Only:

Date Received: _____ Staff Signature: _____

Health Information

The purpose of this form is to help Global Programs provide maximum assistance to you should the need arise during your study abroad program. Mild physical and psychological disorders can become serious under the stresses of life while studying abroad. It is important that this office be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with program staff, faculty or appropriate professionals only if pertinent to your own well-being. Global Programs and the program you are participating in may not be able to accommodate all individual needs or circumstances.

Yes No **Are you generally in good physical condition? (If no, please explain.)**

Yes No **Do you have any allergies? (If yes, please explain.)**

Yes No **Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)**

Yes No **Are you a vegetarian, or are you on a restricted diet? (If yes, please explain. Some strict dietary concerns may be difficult to accommodate abroad.)**

Yes No **Have you ever been treated, or are you currently being treated for any psychological or emotional problems? (If yes, please explain.)**

Yes No **Are you currently taking any medications (prescription or over-the-counter) on a regular basis? (If yes, please explain.)**

Yes No **Have you had issues with substance abuse (including alcohol)? (If yes, please explain.)**

Yes No **Your safety comes first. Is there any additional information that would be helpful for this office and 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 Global Programs hereafter of any relevant changes in my health that occur prior to the start of the program.

Student Signature: _____

Date: _____

Study Abroad Agreement to Participate; Waiver and Release

In consideration of participation in Flathead Valley Community College's (FVCC) study abroad program, I,
_____, hereby agree to the following conditions:

1. I understand and will abide by FVCC's rules and policies, including the Code of Student Conduct as published online. I recognize that violations of the law, regulations, and/or FVCC rules and policies may result in (i) immediate dismissal from the program; (ii) academic withdrawal from FVCC for the semester in progress; and/or (iii) disciplinary action upon my return to campus.
2. I understand that my participation in the FVCC study abroad program may include activities and circumstances that may be hazardous to me, including, but not limited to, international travel, local transportation in the country of my travels, poor health conditions, inadequate medical treatment facilities, exposure to diseases such as the Zika virus and other inherent dangers. I recognize that I may be traveling to and from locations that pose risks from terrorism, war, insurrection, or criminal activities. I understand that I assume the risk of being taken hostage and held for payment of ransom. I hereby expressly and specifically assume the risk of injury or harm in these circumstances and release FVCC from all liability for injury, illness, death, monetary loss or property damage resulting from such circumstances during my participation with the FVCC study abroad program. I acknowledge and understand that FVCC recommends I acquire specialized insurance while overseas, which can cover everything from doctors' visits to evacuations during medical — or geopolitical — crises.
3. I will become informed about and will comply with the laws, rules and regulations and customs of my host country, community and program.
4. The program facilitator and the Study Abroad Committee shall have the right to dismiss me from the program at any time if I engage in any of the behaviors described below, and (i) my conduct violates FVCC's Code of Student Conduct; or (ii) I violate laws, rules and regulations, or customs of my host country, community and program; or (iii) the program facilitator and the FVCC Study Abroad Committee have reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons or property or threatens the future viability of the program. The following behaviors are among those that may result in immediate dismissal from the program: alcohol abuse; physical or sexual assault; harassment; possession, use or distribution of illegal drugs; setting a fire or possession of explosives; possession of a weapon; and theft. The program facilitator, with the concurrence of the Study Abroad Committee, may temporarily suspend me pending final resolution of the matter. I understand that a decision to dismiss me from the program will be final and I consent to being sent home at my own expense with no refund of fees.
5. In the event of an infraction which does not cause an immediate danger or constitute behavior described in paragraph 3 above, and where there is an allegation of a violation of the laws, regulations and customs of the host country, community or program or a violation of the Code of Student Conduct, the Study Abroad Committee has the right to enforce the standards of conduct described in the Student Handbook, in its sole judgment, and the committee may impose sanctions, up to and including expulsion from the program. I recognize that procedures for notice, hearing and appeal applicable to student disciplinary proceedings at FVCC do not apply to study abroad programs. I understand that a decision to dismiss me from the program will be final and I consent to being sent home at my own expense with no refund of fees.

6. FVCC may make changes to the program itinerary at any time for any reason, with or without notice, and FVCC shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. FVCC is not responsible for penalties assessed by air carriers based on operational and/or itinerary changes regardless of whether the participant or FVCC makes the flight arrangement. FVCC may substitute hotel accommodations or housing at any time. Specific room and housing assignments are within the sole discretion of FVCC.
7. Although FVCC endeavors to take all reasonable steps to assure my safety and good health while studying abroad, I accept responsibility for educating myself about the risks inherent in international travel. FVCC assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel or transportation reservations, missed carrier connections, sickness, injuries (including death), losses, damages, weather, strikes, acts of God, public health risks, criminal activity, terrorism, expense, accident or damage to property, inconveniences, failure or negligence of any nature in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or common carrier beyond FVCC's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other factors I am required to spend additional nights, FVCC will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property is transported at my own risk entirely.
8. FVCC, in its sole discretion, may cancel the program or any aspect of the program prior to departure and, in its sole discretion, FVCC may cancel the program or any aspect of the program after departure, requiring all participants to return to the United States, if FVCC believes that any person is or likely will be in danger if the program or any aspect of the program is continued. I understand that if I ignore or refuse to comply with FVCC's directive to return to the United States, I do so at my own risk.
9. I shall be responsible for my own health care and travel insurance, conduct, financial integrity and travel plans while studying abroad on a FVCC-sponsored study abroad program. In the event of serious illness, accident or emergency, my designated emergency contact(s), as indicated on the application, may be notified. I shall inform the on-site program facilitator of problems that arise during my stay abroad so that assistance can be provided.
10. In the event that I need emergency care, hospitalization or surgery while participating in the program, I authorize FVCC, through its representatives, to secure any necessary treatment. I understand that such treatment shall be solely at my expense, and I shall reimburse FVCC or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, FVCC may notify my emergency contact(s). I hereby release and forever discharge FVCC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with an emergency or health problem during my participation in the study abroad program.
11. I shall comply with FVCC course credit requirements, academic policies and procedures.
12. I shall be solely responsible for any and all costs incurred on my behalf by FVCC while participating in the program. Costs incurred on my behalf include, but are not limited to, monies advanced on my behalf for non-refundable deposits at venues, airfare, accommodations and program fees. In addition, I shall be solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal or dismissal from the program prior to its completion, including but not limited to withdrawal or dismissal for reasons of health, family emergency, illegal drug use or alcohol abuse, legal detention, or disciplinary action by a representative(s) of FVCC as described in this Agreement.

13. If I withdraw, depart or am dismissed from a program for any reason prior to its formal completion, I understand and accept that I may not be eligible for any academic credits. Should I receive permission to return home early, I may be eligible to receive a grade of "W" on my FVCC academic transcript. FVCC tuition and fees may be refunded according to FVCC policy, as stated in the Academic Catalog and online.

14. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge and hold harmless FVCC and its employees, agents, officers, trustees and representatives (in their official and individual capabilities), and their successors and assigns, from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participating in the study abroad program and related activities whether such liability, claims, or demands results from travel, from disease, including, but not limited to, the Zika virus, consumption of food, acts of terrorism or from civil unrest or otherwise. I understand and acknowledge that this Release discharges FVCC from any liability or claim against it with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my participation in the study abroad program at FVCC. I understand that FVCC assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, accident, monetary loss or property damage.

15. I agree to be photographed and understand that these photos may be used for FVCC marketing, recruitment and publicity purposes.

16. This agreement is to be construed under the laws of the State of Montana; and if any portion of this Agreement is held invalid, the balance of this Agreement shall, notwithstanding, continue in full legal force and effect.

In signing this document, I acknowledge I have read this entire document, have had an opportunity to ask questions and consult with an attorney if I choose, understand its terms, agree to the terms stated, am giving up substantial legal rights I might otherwise have, and have signed it knowingly and voluntary.

Signature: _____

Date: _____

Please fill-in time slots during which you are **AVAILABLE** to meet for an interview that do not conflict with school, work, etc. Thank you!

	Monday	Tuesday	Wednesday	Thursday	Friday
8 a.m.					
9 a.m.					
10 a.m.					
11 a.m.					
12 noon					
1 p.m.					
2 p.m.					
3 p.m.					
4 p.m.					
5 p.m.					
6 p.m.					