



Study Abroad Office

Fletcher Center for Student Services
 650 W. Easterday Avenue, Sault Ste. Marie, MI 49783
 Phone: (906) 635-2677 Fax: (906) 635-6669 • E-mail:
 studyabroad@lssu.edu

Please fill out this application packet, and submit it with a **\$25 application fee**.

STUDY ABROAD IN SCOTLAND: Experience Scotland 2018 and 2019

- | | |
|--------------------------------------|--|
| Programs: | Dates: |
| <input type="checkbox"/> Spring 2018 | January 25-May 11, 2018 |
| <input type="checkbox"/> Summer 2018 | <input type="checkbox"/> Module 1, May-June <input type="checkbox"/> Module 2, June-July |
| <input type="checkbox"/> Fall 2018 | August-December, 2018 |
| <input type="checkbox"/> Spring 2019 | January-May, 2019 |
| <input type="checkbox"/> Summer 2019 | <input type="checkbox"/> Module 1, May-June <input type="checkbox"/> Module 2, June-July |

Applicant Information

Full Legal Name (as shown on passport) _____

Current Address _____

City _____

State/Province _____

Zip/Postal Code _____

E-mail address _____

Phone _____

Alt. Phone _____

Citizenship _____

Date of Birth MM/DD/YYYY _____

M F

Gender (circle one)

Academic Information

Are you currently a LSSU student? Yes, my student ID # _____

LSSU Minimum 2.5 GPA required No, my current institution is _____

Current GPA _____ Current Program of Study _____

Class Status: Freshman Sophomore Junior Senior Graduate Other
*Most trips require min. Soph. status (26-55 credits) (56-87 credits) (88+ credits)

How did you learn about this study abroad program? Faculty Member Study Abroad Office Class Former Participant
 Other _____

Have you traveled abroad for longer than a week?

If yes, please describe: _____

Do you meet the pre-requisite requirements as described in the program description? Yes No

Application Deadlines

You must submit your completed LSSU application and \$25 non-refundable fee 10 days prior to the dates shown below and be accepted by LSSU before submitting your application to University of Wisconsin River Falls.

UWRF APPLICATION DATES FOR PRIORITY CONSIDERATION:

SPRING: November 1 **SUMMER:** March 15 **FALL:** May 15

DEADLINES ARE THE SEMESTER PRIOR TO TRAVEL DATES LISTED ABOVE

OFFICE USE ONLY

Date Application Received _____

Application Fee Received Yes No

Payment, Deposit, and Refund Policies

- Program Fees:** The cost of the program selected may increase due to unexpected increases in airline surcharges. If this occurs, those fees will be passed on to program participants.
- Application Fee:** **There are two applications for the Experience Scotland program - both are non-refundable. The LSSU application and administration fee of \$25 is required with this completed application. Once your application is approved by LSSU, you will apply directly through University of Wisconsin River Falls at <http://www.uwrf.edu/WisconsinInScotland/ApplicationProdedures/StudentApplicationProcess.cfm> and pay another \$25 application fee directly to UWRF.**
- Payments:** **All payments will be made through LSSU, except the \$25 UW second application. The charges for each program will be displayed on your LSSU fee statement once you are accepted and enrolled. Each program is separately priced, based on the semester of attendance and number of modules for summer. A price sheet and budget is available on the LSSU website.**
- Withdrawal & Refunds:** Withdrawals must be in writing. Costs and fees related to the study abroad program are generally not refundable. If you are unable to attend the program due to a covered emergency (as determined by the University and its insurance provider), your account will be reviewed for refund eligibility on a case-by-case basis.

I have read and understand the Payment, Deposit, and Refund Policies as listed above. I understand I will be notified of my acceptance by an official letter sent from the Study Abroad Office that will be sent to the current address I provided. I also understand my acceptance letter will include a Decision Form that I must return within two weeks from the date of my acceptance letter or I will be withdrawn from the program, and agree to adhere to the parameters of the program as outlined by the Study Abroad Office. I understand that program fees may change due to unexpected increases in airline surcharges. If this occurs, I understand that those fees will be passed on to me.

Release of Student Information

During the course of a student's participation in a study abroad program, the Study Abroad Office or Registrar's Office may wish to provide relevant information from the student's educational records to the student's parents or other third parties. Depending on the circumstances, information to be released might include student account information, information about the program in which the student is enrolled, or non-emergency information related to the student health or safety.

Please sign below to indicate that you have read this form and authorize the Study Abroad Office or Registrar's Office to provide relevant information regarding your educational records to your parents and any relevant third parties.

Signature _____ Date _____

(If this section is not signed, no student information other than "directory information" will be released to family members, etc., except in an emergency)

Registration and Financial Aid for Study Abroad Programs

Are you planning to use financial aid as all or part of your funding for this trip? Yes No

Note: Most LSSU aid, including scholarships, grants, waivers, rebates, and Michigan Indian Tuition Waivers, do NOT apply to study abroad programs.

Have you filed a FAFSA for the academic term in which you wish to study? Yes No

Use of Financial Aid for Program Payments

By signing below, I understand that my financial aid for my study abroad program may not be available until the trip start date. I agree to make any non-refundable deposits or payments that are due prior to the start date with other funds. When my financial aid disburses into my account, I authorize Lake Superior State University to apply my Federal Title IV financial aid toward payment of my tuition, fees, room, board and other charges billed by the host University. I make this request to be assured that my account at LSSU will be paid in a timely manner. I further understand that I have the right to rescind this request in writing, without penalty, if I choose to pay other charges without the use of Title IV financial aid.

Signature _____ Date _____

Waiver and Release Agreement

I, _____, am a student at Lake Superior State University (“the University”) and have agreed to participate in the University’s Study Abroad Education program in SCOTLAND from _____ until _____ (“the Program”). In consideration for being permitted to participate in the Program,

1. I understand and agree that, although the University will attempt to maintain the Program as described in its publications, it reserves the right to change the Program including, but not limited to, the curricula, instructors, itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that the University, or its employees and agents, shall not be responsible or liable for any expenses or losses that I may sustain because of these changes.
2. I understand and agree that I must comply with all applicable University rules, regulations and policies governing students. I understand and agree that the University reserves the right to dismiss me from the Program at any time should my actions or general behavior, in the sole discretion of the University; be determined to constitute a danger to myself, others, or to the acceptability of the Program to its hosts, or if it is determined that my actions or general behavior impedes or obstructs the progress and objectives of the Program in any way.
3. I understand and agree that there are unavoidable risks in travel overseas, and I hereby release and promise not to sue the University, or its employees and agents, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence of the employees or agents of the University. I also agree to indemnify and defend the University, its Board of Trustees, agents and employees against any liability incurred by them as a result of my conduct.
4. I also understand and agree that I will have to rely upon medical facilities generally available in the locale where I am traveling. The University assumes no responsibility for such health matters.
5. I acknowledge that I have consulted with a qualified medical doctor and that based on that consultation there are no physical or mental health-related reasons or problems which preclude or restrict my participation in the program or which require any accommodation.
6. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.
7. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing the agreement; I have the right to consult with the adviser, counselor, or attorney of my choice.
8. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the Michigan Court of Claims, and be determined by the laws of the State of Michigan.
9. The University shall not be liable or considered in default under this Agreement when the delay of performance, or non performance, is caused by circumstances beyond its control and occurring without its fault, including failure of suppliers, subcontractors, and carriers, acts of civil or military authorities, national emergencies, fire, flood, acts of God, riot, natural and/or man-made disaster, civil disturbance, labor dispute, work stoppage/slowdown, insurrection, and war, provided the party invoking this paragraph provides reasonable prompt notice thereof to the other.
10. This agreement represents the complete agreement with the University concerning the University’s responsibility and liability for my participation in the Program. This agreement and waiver supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral. This agreement shall not be changed or amended in any way except in writing signed by University Provost and/or the Provost’s designated representative and myself (or legal guardian.)
11. I represent that I am at least eighteen years of age, if not, that I have secured below the signature of my parent or guardian as well as my own.

Student

Date

Signature of parent or guardian (If required)

Medical Information and Release Form

Student Name: _____ **ID #** _____

The medical review of this form and acceptance into a program are independent of one another. The purpose of this form is to help the Study Abroad Office to provide appropriate assistance to you should the need arise during your exchange program. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in the study abroad program. The information provided will remain confidential as allowed by law. Relevant information will be shared with the program staff, faculty, or appropriate professionals as it relates to your health and safety. This information is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable and attach other sheet if necessary.

Disabilities

Please list any special accommodations, if any, that you will require while studying abroad:

Allergies

Medication allergy	Reaction	Treatment, if exposed

Food or environmental allergy	Reaction	Treatment, if exposed

Medications

Please list any medications you are taking on a daily basis

Additional Health Conditions

Do you have any health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your ability to participate in this program? Yes No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition _____ How often do you have symptoms? _____

Plan for managing this condition while studying abroad: _____

Health and Emergency Agreement

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization Form for access and review by the director of the International Education Office and the appropriate health care professionals at Lake Superior State University. If further medical information is required, I understand that I will be contacted by a health care professional at LSSU who will ask for a specific release for my personal health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety, it may be discussed in a confidential manner with the director of the Study Abroad Office and appropriate health care professionals representing the host institution.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Lake Superior State University, through its representatives, to secure any necessary treatment. If treatment is not covered under my own health insurance or LSSU's insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Lake Superior State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency, Lake Superior State University may notify my emergency contacts listed on the study abroad application.

I certify that all responses made on this form are complete, true and accurate, and I will notify the Study Abroad Office immediately of any changes in the state of my health. I understand that if I withhold information on this form, I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand participation in the study abroad program is contingent on receipt by the LSSU International Education Office of this completed and signed form.

Signature _____ Date _____

Emergency Contact: *Please list two contacts that should be notified in case of emergency*

Primary Contact Name		Relationship	
Current Address	City	State/Province	Zip Code
Home phone	Work Phone	Cell Phone	E-mail address

Secondary Contact Name		Relationship	
Current Address	City	State/Province	Zip Code
Home phone	Work Phone	Cell Phone	E-mail address

Confidential Reference Form

In order for your application to be considered, you will need to have two academic references. These references can be current or former instructors and academic advisors. Please complete Part I of this reference form and give the form directly to the person you wish to use as a reference. If the person is on campus at LSSU, they may send the form directly to the Study Abroad Office via inter-campus mail. If the person is an off-campus reference, please provide them with a pre-addressed envelope to the Study Abroad Office, Lake Superior State University, 650 W. Easterday Avenue, Fletcher Center for Student Services, Sault Ste. Marie, MI 49783.

Part I - to be completed by applicant

Name of Applicant	Date of Request
Name of Study Abroad Program	
City	Country
Evaluator's Full Name	Deadline for Request

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below:

Applicant's Signature	Date
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Part II - to be completed by evaluator

The above mentioned applicant is applying for a study abroad program as designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. **Please return this completed form to the Study Abroad Office.**

1. Basis and extent of your acquaintance with the applicant.

2. Please indicate the applicant's academic attributes. You may elaborate in the comment section on the next page if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comment section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet if necessary.)

5. Additional comments:

Evaluator's Signature

Date

Printed Name

Position/Title

Office Address

Telephone Number

Confidential Reference Form

In order for your application to be considered, you will need to have two academic references. These references can be current or former instructors and academic advisors. Please complete Part I of this reference form and give the form directly to the person you wish to use as a reference. If the person is on campus at LSSU, they may send the form directly to the Study Abroad Office via inter-campus mail. If the person is an off-campus reference, please provide them with a pre-addressed envelope to the Study Abroad Office, Lake Superior State University, 650 W. Easterday Avenue, Fletcher Center for Student Services, Sault Ste. Marie, MI 49783.

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	Excellent	Good	Fair	Poor	No opportunity to observe
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Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comment section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet if necessary.)

5. Additional comments:

Evaluator's Signature

Date

Printed Name

Position/Title

Office Address

Telephone Number

LSSU Study Abroad Course Registration Form

Please complete the information in Section 1. Take this form to your Advisor and academic department for the completion of Section 2. It is your responsibility to discuss your degree plans with your academic advisor to determine how study abroad fits into and affects your degree plan. In some instances, study abroad could delay your graduation. It is up to you and your advisor to determine this and other effects of study abroad and to make decisions accordingly. Turn this completed registration form in to the Study Abroad Office along with your completed application materials.

Once you have been approved for your study abroad program, this form will be sent to the Registrar's Office and you will be registered into the course(s) listed below. Online registration is not available for this study abroad program.

If you decide to withdraw, it is your responsibility to formally drop your course(s). You are required to follow the Add/Drop/Withdrawal Policy as outlined on LSSU's Course Registration Information website at http://www.lssu.edu/scheduling/add_drop.php. If you have any concerns, please contact the Registrar's Office at 906.635.2682.

SECTION 1 - To be filled out by STUDENT (Please Print):

Last Name: _____ First Name: _____ Student ID: _____

Phone: (_____) _____ LSSU Email: _____ Major: _____

Student Signature: _____ Semester of Study Abroad: _____

LSSU COURSE INFORMATION: * Courses will be listed as INTD 310

Subject	Number/Section	Course Title	Credits
Scotland Course	LSSU Course Equivalency		

SECTION 2 – To be completed by ADVISOR/ ACADEMIC DEPARTMENT:

How will the course(s) apply toward the student's degree requirements? Will a waiver or course substitution be required for these courses to be used for the student's degree program? If yes, please attach appropriate paperwork. Please add any additional comments (if applicable):

Advisor: _____ Signature: _____ Date: _____

Dean: _____ Signature: _____ Date: _____

LSSU TO UNIVERSITY OF WISCONSIN RIVER FALLS

Study Abroad Disciplinary Clearance Form

To the Student:

Every student who participates in an LSSU Study Abroad program must undergo a Disciplinary Clearance review. Your signature provides consent for release of information from the point of receipt of this form by the LSSU Study Abroad Office through the start date for your program. It is your responsibility to notify our office immediately if you have new violations or changes in your disciplinary status after submitting this form.

Printed Name	Signature	Date
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Program Name: _____ Program Term: Fall Semester Spring Semester Summer

Program Year: _____ Host Institution: _____ UWRF CCIS CCIEE JCMSU Other

The remainder of this form must be completed by the appropriate administrative official at your home institution. If you are not sure who this individual is, check with your Study Abroad Office.

To the Administrative Official:

This student has applied to participate in a Lake Superior State University-sponsored Study Abroad program. We therefore need a confidential statement evaluating this student's disciplinary record. While prior disciplinary history does not necessarily preclude a student's participation in our program, this information is taken into consideration during review and must be submitted in order for the student to be evaluated for admission to the program. Please return this form directly to: Study Abroad Office, Lake Superior State University, 650 W. Easterday Ave., Sault Ste. Marie, MI 49783.

Recognizing that a student's status can change from the completion of this form until the time of departure, we request notification of any new violations or changes to this record.

State of Attendance: from _____ (month/year) to _____ (month/year).

This student **has never received** a judicial sanction at this institution.

This student **is not currently under** active judicial sanction but had the previous sanctions (please describe).

This student **is currently under** judicial sanction (please describe).

Please feel free to add additional comments relating to the applicant's personal suitability for study abroad on the back of this form or on a separate reference letter.

Based on their disciplinary record, I **WOULD** recommend this student for participation in a study abroad program.

Based on their disciplinary record, I **WOULD NOT** recommend this student for participation in a study abroad program.

Contact Information for Questions – Take this page with you on your trip

Registrar’s Office
Nancy Neve, Registrar
(906) 635-2080
nneve@lssu.edu

Business Office
Craig Krouth – Student Accounts
(906) 635-2734
ckrouth@lssu.edu

Risk Management – Insurance
Wendy Beach
Risk Manager
(906) 635-2626
wbeach1@lssu.edu

Deborah J. Faust
Director of Financial Aid & Study Abroad
Lake Superior State University
650 West Easterday Avenue
Sault Ste. Marie, MI 49783
(906) 635-2677 Fax (906) 635-6669

Public Safety – 24 hour LSSU Campus Contact
(906) 635-2100

Important Phone Numbers (In case of lost or stolen cards, or emergency)

Credit Card Phone Number _____

Bank Debit Card Phone Number _____

Health Insurance Phone Number _____

Other _____

Other _____

Other _____

Other _____

International Dialing Instructions

To dial the United States from Scotland:

Enter 01 for the country code.

Dial the phone number including area code.