



**Study Abroad Office**

Campus Library • 650 W. Easterday Avenue, Sault Ste. Marie, MI 49783  
Phone: (906) 635-2404 • E-mail: studyabroad@lssu.edu

Please fill out this application packet, and submit it to the Study Abroad Office Mailbox at the Circulation Desk in the Library

**Faculty Led Study Abroad Program – CUSTOMIZED FOR YOUR COURSE**

**STUDY ABROAD In Amsterdam**

**ECON 200: Economics of Cannabis in Amsterdam**

**Travel Dates: May 14-25, 2024**

**Total Cost of \$6,130\* includes tuition for 3 credits and course fee**

**\*Subject to change due to flight costs etc.**

**Applicant Information**

Full Legal Name (as shown on passport) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

Citizenship \_\_\_\_\_

Date of Birth MM/DD/YYYY \_\_\_\_\_

**Academic Information**

Are you currently a LSSU student?  Yes, my student ID # \_\_\_\_\_  
 No, my current institution is \_\_\_\_\_

**LSSU Minimum 2.0 GPA required**

Current GPA \_\_\_\_\_ Current Program of Study \_\_\_\_\_

Class Status:  Freshman  Sophomore (26-55 credits)  Junior (56-87 credits)  Senior (88+ credits)  Other

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

Have you been convicted of a misdemeanor or felony?  Yes  No

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 application by the following deadlines to be registered into the ECON200 Course.

**Application Deadline: February 2, 2024**

**OFFICE USE ONLY**

Date Application Received \_\_\_\_\_

Application Fee Received  Yes  No

## Payment, Deposit and Refund Policies

**Course Fees:** \$6,130.00 includes tuition, airfare, lodging, transportation and entry to cultural sites.

**Application Fee:** \$100.00 Due upon application submission. This fee will be applied to the total cost of the course.

**Trip Deposit Fee:** \$500.00 due by February 2, 2024. This fee will be applied to the total cost of the course.

**Payment Due Date:** Full cost of course must be paid prior to departure.

**Withdrawal & Refunds:** Withdrawals must be in writing. Tuition and course fees are refundable under University Refund Policy, if LSSU cancels the course. However, course fees and deposits related to Study Abroad are not refundable if student withdraws.

I have read and understand the Payment, Deposit and Refund Policies as listed above. I understand I will be notified of my acceptance. I understand that Special Course Fees may change due to unexpected increases in airline surcharges. If this occurs, I understand that those fees will be passed on to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release of Student Information

During the course of a student's participation in a study abroad program, the Study Abroad Office and 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 the 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 or I will provide proof of Financial Aid award that will cover the cost of the program

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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](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: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_  
 (Required)

**LSSU COURSE INFORMATION:**

Subject	Number/Section	Course Title	Credits
ECON	200	Economics of Cannabis in Amsterdam	3

**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: \_\_\_\_\_

**SECTION 3 – PLEASE FORWARD to the Provost's Office if Dean is not available:**

Approval – Provost Office: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Registrar's Office Approval: \_\_\_\_\_

**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 \_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_ ("the Program"). In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. \_\_\_\_\_ I have or will secure health insurance to provide adequate coverage (including emergency evacuation and repatriation coverage) for any injuries or illness that I may sustain or experience while participating in the Program. By my signature below (or that of my legal guardian) I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the University, and its employees and agents from any responsibility or liability for any and all expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses. HTH Health Insurance or its equivalent is required for all students.
2. \_\_\_\_\_ 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.
3. \_\_\_\_\_ 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.
4. \_\_\_\_\_ 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.
5. \_\_\_\_\_ 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.
6. \_\_\_\_\_ 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.
7. \_\_\_\_\_ 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.
8. \_\_\_\_\_ 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.
9. \_\_\_\_\_ 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.
10. \_\_\_\_\_ The University shall not be liable or considered in default under this Agreement when the delay of performance, or nonperformance, 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.
11. \_\_\_\_\_ 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.)
12. \_\_\_\_\_ 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 Study Abroad 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 Study Abroad 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 | 1 of 2

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, Study Abroad Office, Sault Ste. Marie, MI 49783.

### Part I - To be completed by student

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

### Part II - To be completed by reference

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 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/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

**Confidential Reference Form | 2 of 2**

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, Study Abroad Office, Sault Ste. Marie, MI 49783.

**Part I - To be completed by student**

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 reference**

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 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.

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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"/>
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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