

Bellarmino University/Pontificia Universidad Católica del Ecuador Ecuador Study Abroad Program Application

I. APPLICATION SUBMISSION

A deposit in the amount of \$1,000 payable by check or credit card to Bellarmine University must accompany this application. Please retain a copy of the completed application and the deposit receipt for your files.

II. PERSONAL DATA (FULL NAME AS IT APPEARS ON YOUR PASSPORT)

Name _____
(last name) (first name) (middle name) (preferred name)

Current (Mailing) Address _____
(street & number) (city) (state) (zip code)

Phone Number _____ E-mail _____
(area code + current number)

Please notify the Bellarmine (IPO) International Programs Office immediately of any changes to your mailing address/ phone number.

*Please provide alternate address ONLY if you wish mailings to be sent to this address after May.

Alternate (Home) Address* _____
(street & number) (city) (state) (zip code)

Alternate Number _____
(area code + current number)

Age _____ Birthdate _____ Bellarmine ID # _____

Sex Male Female

Emergency Contact _____ Relationship _____ Phone Number _____

Address _____
(street & number) (city) (state) (zip code)

Bellarmino University/Pontificia Universidad Católica del Ecuador

ACADEMIC INFORMATION

School currently attending _____ G.P.A. _____

Degree seeking student yes no

I am currently a college freshman sophomore junior
 senior graduate student
 n/a other (please describe) _____

I will be applying for financial aid specifically for this program yes no

I grant permission to my institution's financial aid office to release information regarding my award status.

yes no

Major or area of academic interest _____

Full-time Employed yes no Employer _____

IV. COURSE SELECTION (Please refer to the course description when specifying course level)

Graduate Credit (G) Undergraduate Credit (U)

Other _____ Bellarmine ID # _____

Select one course or two courses.

Course 1 _____ Credit hrs

Course 2 _____ Credit hrs

ACCOMMODATIONS

Study Abroad Program Application

Are you a: Non-smoker or Smoker

Are you an: Early bird or Night Owl

I prefer single accommodations

I prefer twin accommodations with the following individual _____

I authorize the BU & PUCE Program personnel to select my roommate

Bellarmine will attempt to accommodate your rooming requests, but cannot guarantee such.

VI. TRANSPORTATION

I will be departing and returning with the Bellarmine group.
(I understand that NO deviations in the schedule can be made.)

I will be making my own travel arrangements with the travel provider directly and at my own expense.

VII. APPLICATION RECOMMENDATIONS AND ACTION TAKEN

This student is recommended for admission to BU/PUCE's Study Program.

Approved

Signature of Bellarmine Nursing Dean date

Bellarmine International Programs Director date

ASSUMPTION OF RISK, AGREEMENT TO ABIDE BY CODE OF CONDUCT, RELEASE OF LIABILITY, AND LIMITED MEDICAL AUTHORIZATION

Code of Conduct: I hereby agree that in consideration of my being permitted to participate in this program I will be subject to the supervision and authority of the faculty and/or director in charge; that standards of conduct will be stipulated by the faculty and/or director that I will meet; and that I will display maturity and responsibility as a representative of my university. I also understand and agree that the faculty and/or director in charge has the authority to make decisions regarding my continued participation in the program if they determine that my conduct warrants disciplinary action or if they determine that my continued participation, for whatever reason, poses an immediate risk of harm to me or to others. I understand that any costs resulting from my termination from the program are my responsibility.

_____ Initial

Assumption of Risk and Waiver of Liability: I recognize that participation in an international educational program entails certain risks to my property and person that, in rare circumstances, can be serious or even lethal. I freely assume those risks. I further understand and agree that Bellarmine University, through which I am participating in the program, shall not assume any liability for damage to or loss of my property or for financial obligations incurred by me within the United States or elsewhere. I also agree to give up any rights I may otherwise have to sue or otherwise bring claims against Bellarmine and its employees, through which I am participating in this program, and/or any of their officers, faculty, employees or agents, for personal injuries or death or other harm except for those injuries, death or other harm caused by a deliberate wrongful act of the aforementioned university, and/or their officers, faculty, employees or agents. Further, I agree that any claim I may bring shall be governed by the laws of the Commonwealth of Kentucky and shall be pursued only in the appropriate court or administrative agency within the Commonwealth of Kentucky. I understand that it is possible for me to purchase insurance, at my own expense, that will indemnify me against the risk of the financial losses outlined in this paragraph. I also understand that Bellarmine requires medical insurance coverage for my benefit while in the program. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that Bellarmine is not responsible for any uninsured losses. I further acknowledge that I am free to purchase additional medical insurance if I so choose.

_____ Initial

Medical Emergency: In the event of an emergency, I authorize the faculty and directors of the program to take whatever action they deem is warranted and appropriate regarding my health and safety. This includes but is not limited to placing me in a hospital or other health care facility within the country I am visiting and/or arranging for my transport back to the United States if deemed medically necessary and appropriate. I understand that any additional medical or evacuation costs above and beyond that covered by insurance will be at my own or my parent's expense.

_____ Initial

Having read the above and desiring to participate in the Bellarmine Program, I hereby apply for admission to the Bellarmine Program and course (s) requested and enclose my \$1000 deposit. I understand that should I cancel prior to the application deadline, I will receive a full refund less the \$100 non-refundable portion of my application deposit. If I cancel after the application deadline, I am responsible for any unrecoverable expenses incurred by Bellarmine on my behalf. In addition, should I cancel within 30 days of the trip's scheduled departure, I will also be charged an additional administrative cancellation fee of \$300. Should Bellarmine cancel a program prior to departure, a full refund will be issued. Should Bellarmine terminate a program in progress, all program payments to Bellarmine less non-recoverable expenses will be refunded. Further, I have read and understand the procedures for admissions, registration, and payment of fees; will familiarize myself with all Bellarmine regulations; and, once admitted, will provide upon request information (including a health care provider's statement) about any medical problems I have that might affect my ability to fully participate in all Bellarmine activities.

_____ signature of applicant

_____ date

If the applicant is under the age of majority at the time he or she is making this application, his or her parent or legal must review and sign in the space indicated below.

Declaration and Release of Parent or Guardian for Participants who are under the age of majority at the time of application:

I certify that I am the parent or legal guardian of [name of student] _____ who has applied for participation

In the [name of program] _____ I have read Section VIII, printed above

and I understand it. Further, in consideration of [name of student] _____ being permitted to participate in the Bellarmine program, I accept and agree to be bound by, on my own behalf and on behalf of [name of student] _____

the terms and conditions set forth in the "Assumption of Risk, Agreement to Abide by Code of Conduct, Release of Liability, and Limited Medical Authorization" section above.

_____ name of parent or guardian

_____ date

On this date, [date the form is being signed] _____, before me personally appeared [name of parent or guardian]

_____ to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that [he/she] executed the same as [his/her] free act and deed.

_____ notary public