



PROGRAM: _____

LOCATION: _____

DATES: _____

BELLARMINE UNIVERSITY SUMMER STUDY ABROAD FACULTY-LED PROGRAM APPLICATION

I. APPLICATION SUBMISSION

A check in the amount of \$250 (non-refundable) made payable to Bellarmine University must accompany this application. Please retain a copy of the completed application for your files.

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

NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (PREFERRED NAME)

CURRENT (MAILING) ADDRESS: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____ EMAIL: _____
(AREA CODE & CURRENT NUMBER)

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

Please provide an alternate address ONLY if you wish mailings to be sent to this address after May 1st:

ALTERNATE (HOME) ADDRESS: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP CODE)

ALTERNATE NUMBER: _____ EMAIL: _____
(AREA CODE & CURRENT NUMBER)

AGE: _____ BIRTH DATE: _____ BELLARMINE ID # _____

SEX: ☐ MALE ☐ FEMALE PASSPORT NUMBER: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP CODE)

III. ACADEMIC INFORMATION

SCHOOL CURRENTLY ATTENDING: _____ GPA: _____

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(S) OR AREA OF ACADEMIC INTEREST: _____

MINOR(S): _____

ARE YOU EMPLOYED FULL-TIME? ☐ YES ☐ NO EMPLOYER: _____

IV. PROGRAM & COURSE SELECTION

PROGRAM: _____ LOCATION: _____

LIST FACULTY TEACHING ON THIS PROGRAM:

FACULTY A: _____ FACULTY B: _____

FACULTY C: _____ FACULTY D: _____

☐ GRADUATE CREDIT (G) ☐ UNDERGRADUATE CREDIT (U) ☐ OTHER _____

SELECT ONE COURSE OR TWO COURSES:

COURSE 1: Course Code _____ Title _____ (cr. hrs.)

COURSE 2: Course Code _____ Title _____ (cr. hrs.)

V. ACCOMMODATIONS

ARE YOU A: ☐ NON-SMOKER OR ☐ SMOKER
☐ EARLY BIRD OR ☐ NIGHT OWL

☐ I PREFER SINGLE ACCOMMODATIONS AT AN ADDITIONAL COST TO ME (IF AVAILABLE).
☐ I PREFER TWIN ACCOMMODATIONS WITH THE FOLLOWING INDIVIDUAL _____.
☐ I AUTHORIZE THE BU 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. (I UNDERSTAND THAT SOME BELLARMINE PROGRAMS WILL NOT ALLOW FOR THIS OPTION. I WILL CHECK WITH THE BELLARMINE INTERNATIONAL PROGRAMS OFFICE FOR DETAILS.)

VII. APPLICATION RECOMMENDATIONS AND ACTION TAKEN

THIS STUDENT IS RECOMMENDED FOR ADMISSION TO BELLARMINE'S STUDY ABROAD PROGRAM.

DEAN IN STUDENT'S FIRST MAJOR DATE
(REQUIRED FOR BELLARMINE STUDENTS ONLY)

HOME INSTITUTION'S STUDY ABROAD OFFICE DATE
(REQUIRED FOR NON-BELLARMINE STUDENTS ONLY)

PRINTED NAME OF DEAN

PRINTED NAME OF ABOVE SIGNATURE

EMAIL

PHONE NUMBER (AREA CODE+ SEVEN DIGIT NUMBER)

VIII. BELLARMINE INTERNATIONAL PROGRAMS OFFICE APPROVAL FOR BELLARMINE & NON-BELLARMINE STUDENTS

BELLARMINE UNIVERSITY INTERNATIONAL PROGRAMS OFFICE DIRECTOR SIGNATURE

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.

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 am aware that this program requires me to be in good physical shape, by being able to walk at least three miles a day without effort. 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 \$250 deposit. I understand that should I cancel prior to the application deadline, I will forfeit the \$200 non-refundable 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 to the student. 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

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 of legal guardian of [name of student] _____ who has applied for participation in the [name of program] _____. I have read Section VII, 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.

SIGNATURE OF PARENT OR GUARDIAN

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

END OF BELLARMINE UNIVERSITY SUMMER STUDY ABROAD FACULTY-LED PROGRAM APPLICATION