Study Abroad Packet
Conditions of Participation and Program Acceptance

In accordance with Southwest policy, the Department for International Studies wishes to affirm student rights and responsibilities in relationship to studying abroad.

The following statement is issued in accordance with Southwest policy and after consultation with appropriate Southwest officers. As with all academic programs, the student is responsible for learning the content of a course of study according to all standards of performance established by the faculty. In turn, the student has the right to a course grade that represents the instructor’s good faith judgment of the student’s performance in the course.

All rules for student conduct, as outlined in the Southwest Code of Student Conduct in the Student Handbook and Catalog, continue to apply while the student is overseas. Southwest Tennessee Community College reserves the right to withdraw a student from the program for violation of these rules or the laws of the host country, disruptive behavior, academic reasons, or conduct which could bring the program into disrepute. A decision to withdraw a student will be final, and refunds will not be made.

Students are expected to:
- Be responsible for all information contained in the Department for International Studies and Southwest Tennessee Community College application materials concerning fees and program details.
- Attend all orientation meetings.
- Carry a health insurance plan which provides international coverage.
- Pay all passport or visa fees as well as all personal expenses incurred while studying abroad. Any outstanding program fees at the host university will cause a hold to be placed on the student’s Southwest account until the Study Abroad Office receives confirmation that the balance owed abroad has been paid.
- Arrange for and complete all academic work within the allotted time period. Participants must be full-time students while on study abroad and exchange programs. A full course load is considered to be the same as that of a regular full-time degree candidate at Southwest Tennessee Community College. Recreational travel and activities must not interfere with the successful completion of the academic program.
- Respect the reasonable wishes of their hosts when living in a private home.
- Obey all laws, police regulations and practices of the host country and those of the countries in which they travel. Students are also subject to all academic and disciplinary regulations of the host university. Anyone engaging in unacceptable behavior will be dismissed from the program and is liable for program fees and expenses associated with early departure from the program.
- Arrive and depart from pre-arranged programs accommodations, per specified dates and times.
- Unless otherwise indicated, students are responsible for obtaining passports and all visas relating to but not limited to entering/exitng host country.

I have read and agree to abide by the above conditions of participation.

Name ___________________________________ Signature ____________________________________ Date_________

Southwest Tennessee Community College, a Tennessee Board of Regents institution, is an affirmative action/equal opportunity college.
Illegal Drug Use Policy

The use of illegal drugs is no more accepted in foreign cultures than in our own and is treated as a serious criminal offense. Sometimes people, who imagined they would never get caught, or who thought they would get off lightly if they were caught, have suffered greatly as a result of drug-related incidents. Americans in a foreign country are subject to the laws of that country. The American Embassy cannot obtain a release from jail for an American citizen, but can only aid in obtaining legal assistance.

Such activities place not only the individual but also the group and the program in jeopardy. We require that all students participating in our program read the conditions under which they agree to participate as stated below and sign this agreement prohibiting them from using illegal drugs during the term of the program.

Southwest Tennessee Community College has adopted the following for dealing with illegal drug use, and I acknowledge and agree to the following:

The consequences of illegal drug use during the program include: immediate expulsion from the program, immediate return to the United States, total forfeiture of all fees paid or due to the program, and the loss of all course credit.

Students should take responsibility, both individually and as a group for assuring that Southwest Tennessee Community College rules regarding drugs are strictly observed. If any student becomes aware that a fellow participant is violating this policy, the student should report the violation to the program director immediately.

Please return this form to the Center for International Programs and Services with your signature. This signed statement must be on file with the Center for International Programs and Services prior to your departure.

I have read the above and understand that use or possession of any quantity of marijuana, cocaine or other illegal drug is totally prohibited to participants throughout the program. I understand that this prohibition applies not only while I am in the company of fellow participants, but also when I am alone or with people not associated with the program. I have read the consequences for violation noted above and will abide by the stipulations set forth. I also understand my responsibilities in insuring that others observe the policy and responsibilities outlined above.

_______________________________________________________________ ______________________________
Signature of Participant        Date
Permission for Emergency Treatment

Please type or print all requested information.

Applicant’s Name __________________________________________________________________________________

Last     First     Middle

On rare occasions a person participating in an overseas study program faces a health emergency requiring hospitalization and immediate treatment. To prevent dangerous delay in such an emergency, Southwest Tennessee Community College strongly recommends that the student and his/her parent or guardian or that the non-student (auditor) complete and sign the following statement. Participants should carry a copy of this permission at all times while abroad.

In the event of an emergency illness or injury affecting __________________________________________________________, born __________________________________, person’s name                date

The undersigned (participants below 18 years should have this form signed by their parents or guardians) hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering an anesthetic and performing necessary surgery.

Blood Type _______________

Known allergies to medication ____________________________________________________________________________

THIS DOCUMENT MUST BE NOTARIZED BEFORE IT IS SUBMITTED TO SOUTHWEST

I have read, understand and confirm that all of the information provided is accurate and complete.

Participant’s Signature ___________________________________________________________ Date _______________

Print Participant’s Name ______________________________________________________________________________

Before me, the undersigned authority, came the Grantor, who is eighteen (18) years of age or older, and acknowledged that he/she voluntarily dated and signed this writing, or directed it to be signed and dated as above.

Done this _______ day of ________________________, 20_______.

State of _____________________________________

County of___________________________________

NOTARY PUBLIC_________________________________________  My Commission Expires:___________________
Person to notify in case of an emergency illness or accident:

Primary Contact Person

Name ______________________________________________________________ Relationship ____________________
Address ___________________________________________________________________________________________
Home Telephone ___________________________________ Work Telephone __________________________________

Secondary Contact Person:

Name ______________________________________________________________ Relationship ____________________
Address ___________________________________________________________________________________________
Home Telephone ___________________________________ Work Telephone __________________________________

Important: Southwest Tennessee Community College also wishes to inform students and others participating in our Study Abroad Programs/Courses that it may not be possible to have access to the type of mental health assistance available in this country. In our admission process, we do not discriminate against individuals with disabilities. However, for your own welfare, we ask that, if you have had any such problem that could affect your participation in the program, you should consult with a mental health professional before you leave your home country to discuss the potential stress or other adverse consequences of study abroad. Again, please be reminded that mental health treatment is not as widely accessible in many foreign countries as it is in the United States.

__________________________________________________________  _______________________________
Signature of Participant               Date
Parent/Guardian Primary Contact
Southwest Study Abroad

☐ I give the Study Abroad Office permission to communicate with my parent/guardian/spouse regarding all issues surrounding my study abroad experience. This may include but is not limited to student account information, student conduct issues, health and safety, or academics; such contact may occur before, during or after the program.

If your parents do not live together, please provide this information for both parents. The parent listed first will be considered the primary contact.

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☐ I do not give the Study Abroad Office permission to communicate with my parents. Please contact the person(s) below instead.

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Student Name (Print)        Student Signature        Date

Southwest Tennessee Community College, a Tennessee Board of Regents institution, is an affirmative action/equal opportunity college.
International Studies
Study Abroad Scholarship Application

Please type or print clearly.

Part I Personal Information

Name ____________________________________________________________________________________

First     Middle    Last

Current Address ____________________________________________________________________________

City ____________________________________ State _________________ ZIP ____________________

Permanent Mailing Address (if different from current address) _______________________________________

City ____________________________________ State _________________ ZIP ____________________

Student Banner ID Number ___________________________________________________________________

Home Telephone ___________________________ Cellular Telephone ________________________________

Personal E-mail Address ______________________________________________________________________

Student E-mail Address ______________________________________________________________________

Classification  □ Freshman       □ Sophomore       GPA ________________________________

Major/field(s) of study _________________________________ Minor field(s) __________________________

Please estimate how many credit hours of college course work you have earned. _____________________

(Developmental Classes not included)
Anticipated Graduation Date __________________________________________________________________

Month      Year

Name of Program ___________________________________________________________________________

Country of Study ___________________________________________________________________________

Dates of Program ____________________________________________

Start Date     End Date

__________________________________________________________________________________________

Part II Essay

Essay must:

• Include your name and the name of your program
• Be typed and be approximately 300 words in length

The essay should incorporate the following:

• Why you want to study abroad and why you are interested in this particular program
• How studying abroad will help you meet your academic, professional and personal goals
• What personal strengths you have that support your acceptance into this program
• How you plan to apply your experience upon returning to the United States

Essay should be attached to your application form and be submitted together by the appropriate deadline.

__________________________________________________________________________________________

Part III Financial Need

Students participating in the study abroad program should expect to have the following expenses related to the program:

1. Tuition/Program fees

2. Application fee

3. Passport fee (additional fees for a visa may be applicable, depending on program of choice)

4. Textbooks

5. Transportation to Nashville airport
Briefly describe your financial need and include what financial assistance you are currently receiving.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Part IV

PLEASE INITIAL EACH STATEMENT AND SIGN AT THE BOTTOM, INDICATING THAT YOU UNDERSTAND THE CONDITIONS OF THE SCHOLARSHIP.

I understand that in order to apply and accept a scholarship, I must be a currently enrolled student.

__________
Initials

I understand that, during the scholarship award period, if I withdraw from my current courses, stop attending, or do not receive the necessary grades (GPA) required by the scholarship criteria, I may not be awarded the scholarship money for study abroad.

__________
Initials

I understand that I must have NO FINES owed to Southwest Tennessee Community College in order to be eligible for a study abroad program.

__________
Initials

I agree to provide ten (10) hours of service learning to Southwest, coordinated with the Service Learning Office, and I understand that my final course grade will be incomplete if the service hours are not completed according to the guidelines of the service learning contract.

__________
Initials
I understand that it is important to communicate frequently with the International Studies Department by phone or e-mail in order to be prepared for my study abroad experience. I have been informed that I will be responsible for important information that will be provided on the International Studies Web site www.southwest.tn.edu/intstudies and for the correspondence sent to me via my Southwest student e-mail account.

__________
Initials

I acknowledge that all statements on this Study Abroad Scholarship Application are complete and accurate to the best of my knowledge.

__________________________  _______________________
Applicant's Signature        Date
Consent for Release of Information

Name____________________________________________________________ SSN#____________________________

Program for which you are applying ____________________________________________________________________

TO THE STUDENT: The information released by your signature on this form will be reviewed by the Office of International Studies, along with your completed application packet, to determine your suitability for study abroad. It will be shared with program staff, faculty, or appropriate professionals only if pertinent to the study abroad program or the safety of related personnel or participants.

By signing below, I authorize the release of information contained in my student records. I understand that this includes any academic records I may have and financial aid information related to the payment of my study abroad program fees.

___________________________________________________________________________  ___________________
Signature of Student            Date

Please return this form to either of the following locations:

Southwest Tennessee Community College
International Studies Office
Macon Cove Campus Library
Administrative Office ML 238

or

Southwest Tennessee Community College
Union Avenue Campus
B Building Room 221

Southwest Tennessee Community College, a Tennessee Board of Regents institution, is an affirmative action/equal opportunity college.
International Studies Health Insurance Statement

Name __________________________________________________ Program _______________________________

It is imperative that all Southwest study abroad participants have health insurance while abroad.

PRIVATE HEALTH INSURANCE

It is best that you have a comprehensive health insurance policy and are covered by it during the period of the program abroad. It is your responsibility to verify that your policy will cover you while abroad. Some do not. If you will have private health insurance during the program please provide the following information:

Policy Number _____________________________________________________________________________________

Group Policy Number _______________________________________________________________________________

Issued to __________________________________________________________________________________________

By _______________________________________________________________________________________________

(name of insurance company)

Contact Information _________________________________________________________________________________

(telephone number and address)

HEALTH INSURANCE THROUGH ISIC

Southwest provides all participants with very basic health insurance through the ISIC Card (International Student Identification Card) but it is a “secondary” policy. “Basic” means that the insurance will not cover major extended health issues and “Secondary” means that it will pay for health coverage only if you do not have other insurance. For complete details on the ISIC coverage please consult the following website: http://www.Myisic.com/MyISIC/Travel/Main.aspx?MenuID=5004#Subhead1

Important Note: Neither your private insurance policy nor the ISIC policy will pay expenses directly to the health care provider (doctor or hospital) overseas. This means that you are responsible for paying all health expenses up front in cash, and for keeping all medical records and receipts to submit to your insurance company or ISIC upon return for reimbursement. BE PREPARED BY KNOWING YOUR INSURER’S GUIDELINES!

☐ I am covered by a private policy during the program abroad
☐ I am not covered by a private policy while abroad. I understand that the coverage provided by the International Student Identification Card is basic in nature and does not cover major long term health issues.

Participant’s Signature ___________________________ Date ___________________________

Southwest Tennessee Community College, a Tennessee Board of Regents institution, is an affirmative action/equal opportunity college.
Southwest Tennessee Community College (hereinafter, “Southwest”) offers a study abroad program through the Department for International Studies. The parties acknowledge that the student resides in and Southwest is located in Memphis, Tennessee, and that Tennessee is the appropriate forum for any matter related to study abroad programs.

I, ____________________________, acknowledge that there are certain risks inherent in the study abroad program, including but not limited to death, injury, and damage arising during my participation in the study abroad program, and not all risks can be prevented. I further acknowledge and agree that it is solely my decision and responsibility, and not that of Southwest, to determine, in consultation with my physician if necessary, whether my physical condition permits me to participate in any element of the study abroad program. If any accommodation is required, I agree to submit appropriate documentation to Southwest prior to my participation in the study abroad program. I acknowledge and agree that Southwest does not provide health and accident insurance for my participation in the study abroad program, and that I am responsible, financially and otherwise, for any medical bills incurred as a result of emergency or other medical treatment. I also acknowledge that in the event that I withdraw from the program during the course of the program I will not be entitled to any refund of fees and charges paid.

I further understand that, if I incur a disciplinary sanction prior to my departure overseas, this may result in withdrawal of support for my scholarship. I understand that my application process may include supplementary materials, which I agree to complete all additional forms or applications.

For good and adequate consideration, receipt of which is hereby acknowledged, I agree to the following:

1. This Agreement shall be governed by and interpreted in accordance with the laws of Tennessee without regard to its conflict of law principles.

2. If I am accepted to the Southwest Study Abroad program, I agree to follow all rules set forth by Southwest, TnCIS, or any other affiliated agency with the study abroad program.

3. In the event that any provision of this Agreement is deemed to be unenforceable, the remaining provisions shall continue in full force and effect.

4. If accepted, I will participate in all required orientations and complete all student evaluations.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND THAT I SIGN VOLUNTARILY.

____________________________________      _____________________________________  __________________
Student’ s Name (Print)           Student’ s Signature     Date