

**Program:** International Audio, Society and Community

**Program Course Dates:** May 19-25

**Study Abroad Fee:** \$150

\*Fee goes toward insurance

**Deadline (for Application and Deposit):** January 31, 2010

Congratulations on your decision to Study Abroad on this course!! This application packet contains two forms that need to be submitted to the Office of Study Abroad (OSA) no later than January 31st.

In addition to these two forms, you will need to include more information along with your application, as listed in the box below. Following are more details on the items and information needed along with this packet:

First, you need two (2) passport sized photos so the OSA can generate your International Student Identity Card (ISIC). Please, write your name on the back of the photos.

Second, the deposit guarantees your place in the program. Please make checks out to Webster University, and write down your student ID. (Non-Webster students, please write the name of the program on your check's memo line.) If the program is not offered, your deposit will be refunded. If the program is offered, the deposit will be credited towards your Study Abroad fee, and other program costs if applicable.

Third, you need to submit a photocopy of your passport—the inside page with your photo—as well as the final page with the barcode.

Fourth, if you are a Webster student, you need to register separately for this course. Your registration is not handled by the Office of Study Abroad, unless you are a non-Webster student. Non-Webster students cannot register until after they have been assigned a Webster ID.

It is your responsibility to speak with your Academic Advisor if you have questions on how this course counts toward your degree.

For more information on the Study Abroad application, or the international health insurance provided, please contact the Office of Study Abroad at 314-968-6988.

**Office of Study Abroad Application Checklist, to be completed by OSA:**

- |  |  |
|--|--|
| <input type="checkbox"/> Application (1 page)  | <input type="checkbox"/> Deposit (non-refundable after deadline)                   |
| <input type="checkbox"/> Health Sheet (1 page) | <input type="checkbox"/> Passport Photocopy (inside page with your photo)          |
| <input type="checkbox"/> Passport Photos (2)   | <input type="checkbox"/> Enrollment Confirmation (Webster students w/ application) |

I certify that I have read the above information, and have submitted the necessary documentation to the OSA.

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

**OFFICE OF STUDY ABROAD –  
FACULTY LED PROGRAM  
STUDENT APPLICATION AND RELEASE**  
(Please Print)

**Course:** \_\_\_\_\_ **No:** \_\_\_\_\_ **Term:** \_\_\_\_\_

Name as it appears on your Passport: \_\_\_\_\_ Nickname: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Place of Birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
City, State/Province, Country

If U.S. Citizen, Social Security No.: \_\_\_\_\_ If not a U.S. citizen, as you a permanent residence of the U.S.?  Yes  No

Home Address:

Street Address, Apartment Number, Etc. City State Zip Code Country

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Ethnic Origin (*Optional information used for statistical purposes only*)

White – non-Hispanic origin  Hispanic  Asian or Pacific Islander  Black – non-Hispanic origin  American Indian or Native Alaskan  Non U.S. Citizen

### Considerations

Students are required to stay with the program until the final date of the program as announced and to complete its academic requirements as established by the faculty leader. Participants are expected to comply with all Webster University regulations. Faculty leaders may establish additional requirements that are essential to the students' achievement of their educational goals. The program leader may dismiss from the program any student who does not comply with the relevant regulations and requirements and warns participants if they are not acting in compliance with program regulations. Participants are expected to take responsibility for changing their behavior or risk early dismissal and consequent loss of time, money, and academic credit. Webster University does not grant program fee refunds to students who are dismissed from their programs.

### Medical Information

If there is any relevant medical information about you that the trip coordinator/advisor should know, please complete the Medical Information form.

### Authorization of Treatment and Release

I realize that participation in activities on and off campus could constitute a potential risk. I acknowledge that even with the best supervision, and strict observance of rules, accidents are still possible.

I will not hold Webster University responsible in case of accident or injury whether enroute to or from an activity or during participation of such activity. I agree to hold Webster University, its employees, agents, representatives, teachers, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature which may arise by or in connection with participation in any university activity.

In the event of an emergency, I authorize Webster University to make arrangements as reasonably necessary for the welfare of the student. I authorize the hospital/physician/dentist to perform medically necessary procedures. I understand that the cost of medical attention and ambulance are not the responsibility of Webster University, its employees, agents, representatives, teachers, and/or volunteers.

### Emergency Contact Information (In Case of an Emergency Notify the Following)

Name	Relationship	Home Phone	Work Phone	Language*

\*Language spoken by your emergency contacts (if other than English).

### Deposit

Webster University requires a confirmation deposit, which is part of the study abroad fee, from each student. The nonrefundable deposit is due at the time the Student Application form is sent to Webster in order to confirm a place in the program. The University guarantees space on the program for the participant upon receipt of this non-refundable deposit.

**I certify** that I understand this document and the information given on this application is correct and complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



OFFICE OF STUDY ABROAD – FACULTY LED PROGRAM MEDICAL INFORMATION

(Please Print)

Course/Program: \_\_\_\_\_ Term: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

If U.S. Citizen: \_\_\_\_\_ If not a U.S. citizen, are you a permanent resident of the U.S. \_\_\_ Yes \_\_\_ No

Male Female Social Security No.: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Street Address, Apartment Number, Etc. City State Zip Code

Ethnic Origin (Optional information used for statistical purposes only)

- White – non-Hispanic origin Hispanic Asian or Pacific Islander Black – non-Hispanic origin American Indian or Native Alaskan Non U.S. Citizen

Emergency Contact Information (In Case of an Emergency Notify the Following)

Table with 5 columns: Name, Relationship, Home Phone, Work Phone, Language\*

\*Language spoken by your emergency contacts (if other than English).

Medical Information

Please, include below any relevant medical information about you that the trip coordinator/advisor, should know.

List any medical condition: \_\_\_\_\_

List any drug allergies: \_\_\_\_\_

List other known allergies (foods, drinks, etc.): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Authorization of Treatment and Release

In the event of an emergency, I authorize Webster University to make arrangements as reasonably necessary for the welfare of the student. I authorize the hospital/physician/dentist to perform medically necessary procedures.

I understand that the cost of medical attention and ambulance are not the responsibility of Webster University, its employees, agents, representatives, teachers, and/or volunteers.

I certify that the information given on this application is correct and complete .

Signature of individual financially responsible for this student.

Student Signature Date

Signature Date