

**OFFICE OF STUDY ABROAD –
FACULTY LED PROGRAM
STUDENT APPLICATION PACKET**

Program:	Study Abroad in the Netherlands (Global Legal Studies)	
Program Course Dates: (please check which courses you will attend)	<input type="checkbox"/> June 2-6	The European Union
	<input type="checkbox"/> June 9- 13	Arbitration of International Disputes
	<input type="checkbox"/> June 16- 20	Collision Course
	<input type="checkbox"/> June 23-27	Applied International Human Rights Law
Cost:		
	Tuition	Summer 2008 Tuition
	Lab Fee	To be determined
	Study Abroad Fee	\$250
Deposit (non-refundable after deadline):	\$250	
Deadline (for Application and Deposit):	March 21, 2008	

Congratulations on your application to Study Abroad!! This application packet contains two forms that need to be submitted to the Office of Study Abroad (OSA) no later than February 15.

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.

It is your responsibility to speak with your Academic Advisor if you have questions on how this course counts toward your degree. Course registration will be handled by Linda Wynns after you have submitted this information. She can be reached at wynnslc@webster.edu

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

- | | |
|--|--|
| <input type="checkbox"/> Application (1 page) | <input type="checkbox"/> Global Legal Studies Housing Request Form |
| <input type="checkbox"/> Health Sheet (1 page) | <input type="checkbox"/> Passport Photocopy |
| <input type="checkbox"/> Passport Photos (2) | <input type="checkbox"/> Deposit (non-refundable after deadline) |

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

Student Signature _____ Date _____

Global Legal Studies Housing Request Form

Student Name: _____

Webster Student ID number: _____

Please indicated below which weeks you will require housing. The number of weeks that you require determines the appropriate program fee to be charged to your account.

_____ **Week 1: June 2-6**

_____ **Week 2: June 9-13**

_____ **Week 3: June 16-20**

_____ **Week 4: June 23-27**

Program Fees

Remember that the fees for this program correspond with the number of weeks you require housing in Leiden, not the number of courses you are enrolled in. (The program fee includes housing, international health insurance, ISIC card, and Lonely Planet guidebook to The Netherlands).

In addition to this program fee, tuition will be charged to your University account. Costs for tuition are determined by the Summer 2008 per credit hour rate.

Please return this form no later than March 21st, along with your Short Term application, to:

Office of Study Abroad
Webster University- Webster Hall 116
470 E. Lockwood Avenue
St. Louis, MO 63119
Fax: (314) 968-5938

Application Deadline
February 15, 2008

GLOBALIZED LEGAL STUDY AIRFARE SUBSIDY

Please print or type all information

Name as it appears on your Passport:

Nationality: _____ First Middle Last

Student ID No.: _____ Date of Birth: ____/____/____

E-mail Address: _____

Your Webster Home Campus Location: _____

- The student enrolled to take six or more credit hours (two or more courses) in the Globalized Legal Studies Program may be eligible for an airfare subsidy of up to one thousand dollars (USD 1,000).
- Students taking the required number of credits must agree to the provisions as listed below to qualify for the subsidy award.
- The travel dates are arranged by the student directly with Webster University's travel agency.
- The student will be responsible for paying any amount over USD 1,000 in the event that the airfare to and from Leiden is more than such amount. The payment would be made to the travel agency directly.
- All changes to the ticket are the sole responsibility and expense of the student.

Please place an
ID quality photo
here this size.

*It must be on
glossy or photo
paper.*

SUBSIDY:	USD 1,000 toward a Roundtrip Coach-class Airline Ticket
Campus Location:	Leiden, the Netherlands
Destination City:	Amsterdam, the Netherlands
Airport:	Schiphol International Airport
Term:	SUMMER 2008

Minimum Eligibility Requirements:

- Acceptance into the Globalized Legal Studies Program in Leiden.
- If an English as a Second Language student, release from ESL program.
- Good academic and social standing.
- Good financial standing.
- Student must not currently receive tuition remission or tuition exchange benefits.

Note: While students should meet the minimum eligibility requirements, **this does not guarantee** the award.

Conditions of the Award:

- Successfully complete a minimum of two of the courses (six credits) in the program.
- Remain enrolled as a student in good standing while abroad.
- If a student withdraws early, does not successfully complete the courses abroad with Webster University, the one thousand dollars (USD 1,000) subsidy of the airline ticket will be posted to his/her student account.
- If the student decides to change the ticket once it has been booked, the student is financially responsible for any change fee and re-booking.
- Students should be booked on flights to ensure timely arrival in Amsterdam.
- Student must have an International Student Identification Card (ISIC) prior to the ticket being released to the student.
- The award will be reflected on the student's account as a Business Office charge and a Financial Aid credit, and could be considered taxable.
- Noncompliance with the conditions of the award may result in revocation of the award.

I have read this form and understand the terms and conditions as listed above.

Student Signature

Date

Please print full name

For official use only:

Kimberly McGrath: _____ Date: _____

Guillermo A. Rodríguez; _____

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)

Table with 5 columns: Name, Relationship, Home Phone, Work Phone, Language*. Includes a note: *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

Male Female

Social Security No.: _____

resident of the U.S. ___ Yes ___ 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