



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

Program:	Globalized Legal Studies
International Program Course Dates*: <i>*On-site course dates at international location</i>	Week 1 (July 5-9) Week 2 (July 12-16) Week 3 (July 19-23) Week 4 (July 26-30)
Deposit (non-refundable after deadline):	\$250
Deadline (for Application and Deposit):	April 15

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 the deadline.

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.

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

- | | |
|-----------------------------------|---|
| ___ Application (1 page) | ___ Deposit (non-refundable after deadline) |
| ___ Health Sheet (1 page) | ___ Passport Photocopy |
| ___ Housing Request form (1 page) | ___ Course Selection (indicate on form) |
| ___ Passport Photos (2) | |

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)

Table with 5 columns: 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)

Name Relationship Home Phone Work Phone Language*

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

GLOBALIZED LEGAL STUDIES PROGRAM IN LEIDEN
Summer 2010

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. These fees are listed in the Frequently Asked Questions (FAQ) and Fact Sheet.

_____ **Week 1:**

_____ **Week 2:**

_____ **Week 3:**

_____ **Week 4:**

Housing Fees

Remember that the housing fees correspond with the number of weeks you require housing in Leiden, not the number of courses you are enrolled in. See FAQ for details.

Please this form no later than Friday, April 15, 2010 to:

Office of Study Abroad
Webster University- Loretto Hall #165
470 E. Lockwood Avenue
St. Louis, MO 63119
Fax: (314) 963-6019