



Non-USC Program Application

Student Information

Name: _____ SSN: _____

Email Address: _____ Primary Phone #: _____

Name of Organization Sponsoring your Program: _____

Program Location: City _____ Country _____

Host Institution: _____ Program Dates: _____

Local Address (street, city, state, zip): _____

Permanent Address (street, city, state, zip): _____

Permanent Phone: _____ SC Resident Out of State Resident

Date of Birth (MM/DD/YY): _____ Citizenship: _____ Gender: M F

Ethnic Background (optional, to be used for anonymous statistical reporting purposes only):

- Native American/Alaskan Native Asian American/Pacific Islander African American
Hispanic American Caucasian/White, Non-Hispanic Multiracial
Middle Eastern Other: _____

Financial Aid Received: Loans Grants Scholarships Other _____

Major: _____ Minor: _____

Grad. Date (MM/YY): _____ Honors College: Yes No Capstone: Yes No

Current Class Standing: Freshman Sophomore Junior Senior Grad

Academic Advisor: _____ Study Abroad Advisor: _____

Emergency Contact: _____ Relationship to You: _____

Contact's Address (street, city, state, zip): _____

Daytime phone: _____ Evening phone: _____ Email _____

I give International Programs permission to communicate with my emergency contact person regarding all issues surrounding my study abroad program. Yes No

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Press Release Information

High School: _____ Scholarships/Awards Won: _____

Description of activities you will be involved in while abroad: _____

Current Career Goals or Interests: _____

Mother's Name _____ Address _____

City _____ State _____ Zip _____

Father's Name _____ Address [if different from above] _____

City _____ State _____ Zip _____

Newspaper(s) to receive information _____

I agree to allow the release of this information by the USC Study Abroad Office and the USC Office of Media Relations. Information may be used in a variety of mediums including but not limited to broadcast, print, and internet. Yes No

Student Agreement

Please read the following statements carefully before signing your application:

I understand that the information released by my signature on this form will be reviewed by International Programs along with my application to determine my suitability for study abroad. By signing below I authorize the release of information contained in my student records as defined by the Family Education and Right to Privacy Act of 1974 (FERPA). I understand that this includes any judicial/disciplinary records I may have.

If I accept a study abroad placement I agree to the following conditions:

- I will take part in all aspects of the program, including orientation and evaluation.
- I will pay the designated program fee and administrative costs to the appropriate institution/organization.
- I will purchase insurance coverage as required.
- I will have the status of non-degree student at my host institution.
- My study abroad placement will be limited to the period specified. An extension request is subject to review and approval by International Programs and my host institution.
- I must remain enrolled as a full-time student at my host institution unless special permission is otherwise granted.
- My placement may be terminated early if I do not maintain minimum academic standards, if I may be at risk of causing harm to myself or to others, or if I am found to be in violation of laws or regulations of my host country or institution.
- If I withdraw from the program any time after accepting the placement or if my placement terminated as described above: a) I may still be obligated to pay the full program fee at the discretion of my home and host institutions, and b) I will forfeit my right to receive benefits as a participant and must reimburse my host institution for any money advanced to me to cover benefits after the date of my withdrawal.

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I am responsible while studying abroad for compliance with all conduct regulations of the University of South Carolina as listed in the Carolina Community at <http://www.sa.sc.edu/cc2002/>. I also understand that I am subject to the laws and regulations of the host country and host institution where I will study.

Applicant's signature: _____ Date: _____

Applicant's Parent/Guardian signature: _____ Date: _____
(Required only if student is less than 18 years of age)

General Statement of Responsibility & Waiver

Please complete the following form, inserting the complete name of the program in which you (or your son/daughter) will be participating. **Initial next to each numbered section** in the space provided, indicating that you have read and understand each section of this form. Sign your name, then print your name and the date in the spaces provided at the end of this form, on page two. **Please note:** if the student studying abroad is not of legal age (18 years) at the date of signing, this form must also be signed by the participant's parent or legal guardian in the space provided.

Statement of Responsibility/Waiver of Liability

In consideration of my (self/son/daughter) being permitted to participate as a student in the

_____ program administered by the University of South Carolina, I hereby certify that I understand and agree with the following terms of my (son's/daughter's) participation in the program and I do hereby release the University of South Carolina from liability and assume the risk and financial responsibility as follows:

- ___ 1. I understand that as a visitor in a foreign country, I will be subject to the laws of that country. I agree to conduct myself in a manner that will comply with the regulations of the University of South Carolina and of my host university/program provider. I understand that illegal or otherwise inappropriate behavior is cause for my dismissal from the program by officials of the University of South Carolina or my host university/program provider. I understand that such behavior may also subject me to the USC judicial process upon my return.
- ___ 2. I understand that while representatives of the University of South Carolina Study Abroad Office, including program directors and other affiliated staff, will make every effort to assist me in the event of an emergency, responsibility for my safety and welfare is mine alone. I am aware that the Study Abroad Office recommends in orientation programs and in written pre-departure materials that I register with the U.S. Embassy or Consulate in my host country, and that I take a variety of actions to avoid illness, injury, crime, terrorism, political disruption, and war.
- ___ 3. I have read and understand pre-departure information and references, including but not limited to the sections on health, safety and security abroad in the "USC Pre-Departure Guide" and in the "Pre-departure Checklist." I take full responsibility for following the precautions and instructions as described in the above-mentioned materials and in the US State Department Travel Advisories, located at <http://travel.state.gov/travel/warnings.html>.

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- ____ 4. I understand that I am required to secure adequate health, hospitalization, medical evacuation and repatriation insurance to cover myself during the entire period of my participation in the program.
- ____ 5. In the event of illness or injury to me, I authorize an official representative of the University of South Carolina or my host university to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.
- ____ 6. I understand that I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action by officials of the University of South Carolina or my host university/program provider.
- ____ 7. I agree to pay tuition and other academic fees for full-time study for the duration which I have been selected to participate in the study abroad program. I understand that I am obligated to pay these fees for the full period even in the case of my voluntary or involuntary withdrawal from the exchange program. I understand that these fees cannot be refunded or used to cover the cost of classes for which I register at the University of South Carolina unless appropriate officials at the University of South Carolina determine that my withdrawal is due to exceptional circumstances beyond my control and that a refund will result in no financial loss by the University of South Carolina or my host institution/program provider.
- ____ 8. I agree to complete a “Study Abroad Approval Form” as required based on the program I have chosen and submit it to the Study Abroad Office prior to participation in the study abroad program. I understand that final decisions on transfer of academic credit toward college and department requirements can be made only after my return from abroad and after presentation of satisfactory documentation of my program of study.
- ____ 9. I expressly understand and agree to indemnify and hold harmless the University of South Carolina and my host institution and their agents, affiliates, officers, and employees from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of my participation in this program.

I have read and understand the above provisions and agree to be bound thereby.

Signature of Participant

Date

Name (please print)

If the above-signed is not of legal age at the date of signing, this form must also be signed by the participant's parent or legal guardian below.

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As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to participate in the program, and agree to be bound by the conditions outlined above as if I myself had signed above.

Signature of Parent/Legal Guardian

Date

Name (please print)