

Name: _____



SOUTHERN VIRGINIA
UNIVERSITY

Travel Study

Application Packet

2015-2016



General Information

Last name: _____ First Name: _____ Middle Name: _____

Country: _____ Program Director: _____ Date of Trip: _____

Gender (*circle one*): **Male** **Female** Student ID (*optional*): _____

Major: _____

Year in School (<i>circle one</i>):	Freshman	Sophomore	Junior	Senior
(Credit hour status)	(Less than 26)	(26-55)	(56-87)	(88+)

Primary Phone: (____) ____-____ Is this a cell phone? **Yes** or **No**

Mailing Address: _____ (*address*)

_____ (*city*) ____ (*ST*) _____ (*zip*)

Permanent Address: _____ (*address*)

_____ (*city*) ____ (*ST*) _____ (*zip*)

SVU E-Mail: _____

Alternate (*optional*) _____

***We will send all official Travel Study communication, including your acceptance, to your Southern Virginia email address. You must check for forwarded messages from this email account.*

Parent/Spouse Email (*preferred but not required*): _____

Are you a U.S. Citizen? (*circle*) **Yes** or **No**

If no, when does your visa expire (mm/dd/yyyy): _____

Passport Issuer (*Country or Union*) _____

Passport Number: _____

For US Department of Education Statistics:

1.) What race/ethnicity do you identify with? _____

2.) Which forms of Financial Aid will you be using to pay for your trip abroad? (*Circle all that apply.*)

Federal State Institutional (SVU) Scholarships from Other Parties None

Application/Participation Checklist

You are not an official participant in any Travel Study program until all of the information in this packet is completed by you and reviewed by your Travel Study Program Advisor, Dean of Students, Registrar and the Director of Travel Study. The following to-do list will help you complete the application process correctly and facilitate your acceptance to a Travel Study program.

- Register an **Intent to Travel** Form on MySVU.edu in the Travel Study Folder of the Academics Tab (Not sure how? Email us at travelstudy@svu.edu)
- Make your Initial Deposit of \$200 at Registration online or to Student Financial Services. (This is included in the overall price.)
- Register for your study abroad course(s) at registration online or at the registrar's office in Main Hall 108.
- ❖ Complete and Return the following forms in this packet to the Travel Study Office:
 - Emergency Contact Information/ References
 - Application/Participation Agreement
 - Travel Study Conduct Agreement (Review and sign *with your Program Director*)
 - Assumption of Risk and General Release Form
 - Vaccinations Waiver
 - Personal Health Assessment (both pages)
 - Photo Release Form
 - Copy of your Passport. **Your Passport is due to the Travel Study office at least 60 days prior to travel.**
- ❖ Meet with Student Financial Services to make arrangements for payment.
Failing to pay in full or to make Financial Arrangements before the full payment is due will result in a \$250 late fee.
- ❖ Pick up your free Travel Study T-shirt at Travel Study's Office, Main Hall 221!

Questions?

Contact us at (540) 261-8533 or in Main Hall 221
Southern Virginia University – Travel Study Department
1 University Hill Drive
Buena Vista, VA 24416



Emergency Contacts

Southern Virginia University defines an emergency as any potential risk to health, safety, or freedom as well as potential medical, natural, social, or political crisis. In order to provide assistance in an emergency, we ask that you provide us with accurate and continually updated information for your Emergency Contacts. You should keep these people informed of the details of your program as well as your travel plans before and after your program.

Primary Contact Name(s): _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Email: _____ Secondary E-mail: _____

Address: _____

Secondary Contact Name(s): _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Email: _____ Secondary E-mail: _____

Address: _____

May the above individuals be contacted to assist with financial and administrative business on your behalf for the duration of your study abroad program? Yes No

If your parents are not listed above, may we release information to them? Yes No

References

A student must list two individuals that the Travel Study office can contact in order to do background checks of the applicant. This list should not include parents, immediate or distant family, friends, and associates/peers (classmates, co-workers, etc.). These individuals are people with community standing, and may include, but are not limited to ecclesiastical leaders, employers, professors, and local leaders.

Name	Address	Phone	Email	Relationship/Position

- ❖ Upon completion of this packet and meeting with Program Director, applicant will receive confirmation of acceptance into the Travel Study program in his/her Southern Virginia email account. S/He is thereafter responsible for financial payment and trip requirements.



Application/Participation Agreement

I accept, understand and agree to abide by the conditions of the Participation Agreement outlined in this form. If I do not comply with the following conditions, the Southern Virginia University Travel Study Office will withdraw approval for my participation.

1. I will participate in any and all orientation programs (including a 1 credit pre-trip preparation course) provided by my program advisor and will be held responsible for the information presented therein.
2. I will provide the Travel Study Office a copy of my passport **at least 60 days prior to my departure date**.
3. Southern Virginia University reserves the right to modify, alter and/or cancel the program, classes, schedules, and/or itineraries for any reason including, but not limited to health, safety, political, and/or economic risks at the study site, the availability of the program director and the number of participants. If my program is terminated or modified, Southern Virginia is not liable for nonrefundable travel costs.
4. I understand that if I am placed on academic probation, fail to attend classes, fail to uphold the Southern Virginia Honor Code or am found in violation of the laws or regulations of my host country at any time prior to or during my Travel Study program, that my acceptance and participation in my Travel Study program may be terminated.
5. I agree to pay the full program cost to Southern Virginia University. I understand that failure to pay in full prior to departure will result in my termination from the program and loss of all non-refundable payments.
6. I understand that in case of a risk to me or to the Travel Study program, the Travel Study Office or my program advisor will contact my emergency contacts.
7. I give the Southern Virginia University Travel Study permission to order and release my student records and transcripts to parties directly involved with the acceptance and processing of my Travel Study application.
8. I will be a currently matriculated student at Southern Virginia University in good academic standing, or a qualifying continuing education student* at the time of travel.
9. I understand that any misrepresentations or misstatements of fact in this application could result in expulsion or the termination of my Travel Study.

Cancellation Policy

1. If I decide not to participate in the program, I will inform the Travel Study office and program advisor **in writing** of my decision as soon as possible.
2. \$50 of the application fee is non-refundable. If I cancel my program **more than two weeks after** declaring my intent to travel, I will forfeit my full deposit of \$200.
3. If I cancel my participation in the program after the first payment is due, I understand that I forfeit all funds paid and am responsible for payment in full of the program cost unless a waitlisted student is available to take my place.
4. In the event that Southern Virginia Travel Study cancels a program for academic, personnel or financial reasons, I will be reimbursed for all refundable payments and deposits made toward my travel program.
5. In the event that Travel Study cancels a travel program because of political instability in the host country, terrorism, acts of god, travel advisories, warnings or restrictions imposed by the US government, I will receive a reimbursement of all refundable payments through voucher for future travel or as a credit to my Southern Virginia student account. Graduating or non-returning students may apply to receive up to 80% reimbursement.
6. I understand that non-refundable costs, including but not limited to airfare, personal expenses and some program expenses are my responsibility to pay in a timely manner regardless of who initiates or the reason for the cancellation.

Signature: _____ Date: _____

Parent/Guardian Signature (if participant is under 18): _____ Date: _____

*Continuing education participants are any persons who desire to travel and are not enrolled at any undergraduate university, or a Southern Virginia alumnus/alumnae who graduated in (at least) the academic year previous to the academic year of the Travel Study program, or a special guest or minor child of the travel study faculty or program director.



Travel Study Conduct Agreement

- ❖ A vital step in completing your application to go abroad with Southern Virginia University is to review this conduct agreement with your Program Director. **You will not travel without his/her signature.**

Group travel is a tremendously rewarding experience. You will have the opportunity to make friends for life and heighten the experience by sharing it with those of similar interests and backgrounds. You will also be led by a well prepared and knowledgeable Program Director whose expertise in his/her field of study will enrich your experience immeasurably. In return each member of the group will need to agree to a few simple guidelines.

1) Safety

You will receive instruction regarding safety precautions that should be taken while attending your Travel Study program. As a rule, you should always be in groups of three or more. Going on dates is not permitted during Travel Study.

2) The Southern Virginia Honor Code Applies While Abroad.

As with all academic programs at Southern Virginia University, Travel Study program participants will strictly keep the Honor Code. You will also pay special attention to and abide by local customs as outlined by individual program advisors. This includes appropriate dress and grooming.

3) Participate Fully

All participants in Travel Study are expected to follow the daily itinerary outlined by the program advisor and attend all classes and meetings held in preparation for and while traveling abroad.

4) Be On Time/ Be Flexible

You will have various meeting times each day while traveling. **Bring a watch:** having the courtesy to be on time makes all the difference during group travel. However even the best travel plans never go quite perfectly. **Flexibility** and a sense of humor are the keys to a good Travel Study experience.

5) Conflict Resolution

Personality conflicts, communication problems, and other disagreements are inevitable in any group. Overlook whatever you can. Think of others. Make peace. If you have persistent or serious concerns about the behavior of others, report them to the program director.

6) *****No Borrowing or Lending Money*****

Borrowing money from and lending money to other participants is not allowed on Travel Study. Each participant is responsible for their own expenses and Travel Study will not be liable for any unpaid debts as a result. If you have financial issues before your trip, talk to



Student Financial Services. If you experience financial difficulties while on your trip, talk to your program director.

7) Financial Arrangements

All financial arrangements must be made before attending a travel study. If you have not paid in full or set up a payment plan with Student Financial Services, you will be charged a \$250 late payment fee.

8) Luggage and Personal Items

Bring the minimum amount of luggage you can reasonably manage for the length of your trip. It is advisable that you bring only one large carry-on suitcase as luggage is often delayed, damaged and/or lost especially while traveling to less developed countries. Items of value can be lost or stolen and should be left at home. You alone have full responsibility for all personal items brought on a trip.

I have read and will abide by the Travel Study Conduct Agreement.

Student Signature: _____ Date: _____

Parent/Guardian Signature (*If Participant is under 18*): _____ Date: _____

I have reviewed the Travel Study Conduct Agreement with the above student.

Program Director: _____ Date: _____



ASSUMPTION OF RISK AND GENERAL RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS -READ AND UNDERSTAND BEFORE SIGNING

I am a participant in the Southern Virginia University Travel Study trip to (country you are traveling to) _____ . I have chosen to undertake this trip voluntarily and am not required to travel to a foreign country as a requirement for receiving my degree. This agreement confirms my understanding of the following:

1. Risks of International Travel: I understand that participation in Travel Study to international destinations involves risks not found in study at SVU. These risks include without limitation potential difficulties/dangers involved in traveling to, within, and returning from, international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local weather conditions. The country or countries to which I will travel may have health and safety standards substantially below those enjoyed in the United States, and I recognize that I may be subjected to potential personal danger, loss or damage of personal belongings, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly.

I also acknowledge that in working, living and traveling in cities abroad, I may experience problems associated with urban living, including but not limited to increased crime (which includes kidnapping), pollution, and high population density. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that SVU recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well being. I have read and understood the U.S. Department of State Consular Information page (available on the State Department website at <http://travel.state.gov>) about the country or countries to which I am traveling.

2. Health Insurance: Medical Care. I carry valid and current medical and travel insurance and have a valid insurance identity card that I will bring with me. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in travel study. I understand that I hold sole responsibility for payment in full of all costs of medical care I may receive out of country.

3. Standards of Conduct: I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations, and with Southern Virginia University's Honor Code (www.svu.edu/honorcode). I promise to act responsibly and will become informed of, and will abide by all such laws, regulations and standards. I will comply with SVU's policies, standards and instructions for student behavior. I agree that SVU has the right to enforce the standards of conduct described above.

4. Travel Arrangements: I understand that Southern Virginia University does not represent or act as an agent for, and cannot control the acts or omissions of any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the travel study. I understand that SVU is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.

5. GENERAL RELEASE: Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my Travel Study. To the maximum extent permitted by law, I hold harmless and agree to indemnify Southern Virginia University, and its trustees, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in Travel Study (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary or gross negligence.

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Virginia, which shall be the forum for any lawsuits filed under or incident to this agreement or SVU Travel Study.

Signed: _____ Date: _____

Parent/Guardian Signature (if participant is under 18):

Student Name (print): _____

Signed: _____ Date: _____



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Vaccinations Waiver

Before traveling abroad, you will need to be sure that you are up to date on your routine vaccinations. These vaccines are necessary for protection from diseases that are still common in many parts of the world even though they rarely occur in the United States. If you are not sure which vaccinations are routine, you can check the Center for Disease Control and Prevention (CDC) website.

You may also have been provided with information specific to your Travel Study program. However it is **your** responsibility to check both the U.S. State Department's Travel Site and the CDC website (see both links below) to see what, if any, vaccinations and/or medical tests are required or recommended for your host country. It is also **your responsibility** to obtain any vaccinations and/or medical tests before you travel abroad.

U.S. State Department's Travel Site: http://travel.state.gov/travel/tips/health/health_4971.html

The Centers for Disease Control and Prevention Website: <http://www.cdc.gov>

Please keep in mind that there are different categories of vaccinations of which you should be aware: routine, recommended, and required.

You should **plan on getting your vaccinations and medications at least one month before you leave** (and some vaccinations may require a series of shots taken months apart), so make your appointments **well in advance** of your Travel Study trip departure date.

I, the undersigned, certify that I will have the vaccinations recommended by the U.S. State Department and Centers for Disease Control and Prevention before the start of travel. I understand that failure to do so will jeopardize my ability to attend the trip.

Signed _____

Date _____

Print _____

Parent's signature (if participant is a minor)

Date _____

Personal Health Assessment

Part of the application process for a Southern Virginia Travel Study program is an honest self-assessment of your overall health. Travel can be very physically, mentally and emotionally stressful. While traveling, you will be expected to keep a much more rigorous daily schedule than you may while taking classes and living on campus. You will also have limited control over some aspects of your daily routine and activities. Going on a trip, while dealing with serious physical limitations, will prevent you from fully enjoying your travel experience and create undue restrictions for the group as a whole.

Your honest evaluation of your health will help both you and your program director determine your best course of action while preparing to go abroad. **This form will be treated as confidential and only shared with the professionals overseeing your travel program.**

Please circle "Yes" or "No"

- | | | |
|--|-----|----|
| 1) Do you have any pre-existing medical and/or psychological conditions? | Yes | No |
| 2) Do you currently see a doctor or counselor on a regular basis? | Yes | No |
| 3) Do you have dietary restrictions? | Yes | No |
| 4) Do you have any allergies? | Yes | No |
| 5) Do you have any physical disabilities? | Yes | No |
| 6) Do you have any sensory challenges? (Deafness, Blindness etc.) | Yes | No |
| 7) Have you ever had a major illness? | Yes | No |
| 8) Have you ever had a major surgery? | Yes | No |
| 9) Have you been hospitalized in the last year? | Yes | No |
| 10) Have you ever been treated for drug or alcohol addiction? | Yes | No |
| 11) Have you ever been treated for a mental or emotional disorder? | Yes | No |
| 12) <i>Is walking five miles a day too difficult for you?</i> | Yes | No |
| 13) <i>Is walking up at least three flights of steps too difficult for you?</i> | Yes | No |
| 14) Do you take any medications? | Yes | No |
| 15) Do you have any medical or emotional conditions which may worsen or be triggered as a result of stress, time change, dietary changes, strenuous walking or hiking etc? | Yes | No |
| 16) Do you have any other physical or mental health concerns that you feel a program director should be aware of prior to travel? | Yes | No |
| 17) Do you have any documented learning disabilities? | Yes | No |

Continued on next page...



If you answered "yes" to any of the previous questions, please explain in detail below or attach a separate sheet.

If you suffer from any allergies requiring treatment, please list them below. If you need more space, either complete it on the back, or attach another sheet of paper.

Allergies (Circle)

NONE

<input type="radio"/> <u>Food or environmental</u>	<u>Reaction</u>	<u>Treatment, if exposed</u>
_____	_____	_____

<input type="radio"/> <u>Medication</u>	<u>Reaction</u>	<u>Treatment, if exposed</u>
_____	_____	_____

<input type="radio"/> <u>Other</u>	<u>Reaction</u>	<u>Treatment, if exposed</u>
_____	_____	_____

Please list your current medications here.

Medication

<u>Name of Medication</u>	<u>Purpose</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I certify that the above information is true to the best of my knowledge. I understand that false statements could lead to a termination of my Travel Study. I also acknowledge the following:

I, and my parents or guardians, agree to release and hold harmless Southern Virginia University and its employees and agents from any claims arising out of the provision of medical care while I am participating in Travel Study.

I understand and agree that this form will be released to Southern Virginia University and its agents.

If my parents or guardians have not signed this form, I represent and certify that I am not a minor.

Signature of Applicant: _____ Date: _____

Signature of Parent/ Guardian (if student is under 18 years of age): _____ Date: _____



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Photo Release Form

Participant's name _____

I hereby authorize Southern Virginia University to publish the photographs taken of me, and my name, for use in the university's publications, advertisements, websites, etc.

I acknowledge that since my participation in publications, advertisements and websites produced by Southern Virginia is voluntary, I will receive no financial compensation.

Note: You will have a number of photographs taken during your Travel Study. Many of these will be published to the web by your friends through social media sites, etc. Also, out of the tens of thousands of Travel Study photos taken each year, our office will pick a handful to use in our publications and on the website. Signing this photo release form will allow us to use your image for those purposes.

We also hope you will share the photos you have taken with us after your trip. If we choose one of the photos you have taken for publication, we will always make contact, through email, asking for your permission and will give credit to you for its use.

I further agree that my participation in any publication, advertisement and website produced by Southern Virginia University confers upon me no rights of ownership whatsoever. I release the university, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: _____ Date _____

Parent Signature (*If participant is under 18*): _____ Date: _____

Permanent Mailing Address: _____

Email Address: _____

Phone: _____

Don't Forget!

A copy of your passport is due 60 days before travel!