

Name: _____



Indiana University South Bend Office of International Programs

Office of International Programs – IUSB – 1700 Mishawaka Ave, South Bend, IN 46634-7111

Overseas study program:

Please include the following with your application:

- Application Form**
- Essay**
- Agreement and Release Form**

Application Deadline: See individual program brochures or call the International Office.

Mail to:
**Office of Academic Affairs
Indiana University South Bend
1700 Mishawaka Ave.
P.O. Box 7111
South Bend, IN 46634**

or hand-deliver to:
**Administrative Assistant
International Programs
Office of Academic Affairs,
AI 246L
OR
The trip leader for your program**

For more information contact the Office of International Programs:
(574) 520-4231
zwicker@iusb.edu
website: www.iusb.edu/~intl

APPLICATION FORM

This form must be returned together with the other materials specified in the application checklist prior to the application deadline specified in the program brochure.

PERSONAL DATA

Name: _____ IU ID#: _____

Street Address: _____

City/State/Zip Code: _____

Telephone: (hm) _____ (wk) _____ (cell) _____

PASSPORT (print name *exactly as it appears* on passport/application for passport)

First _____ Middle _____ Last _____

Passport Number: _____ Country: _____ Expiration Date: _____

Date of Birth: _____ Sex: _____

Note: although you do not need to have a passport at the time of your application, you should apply for a passport as soon as you are accepted as a study abroad student

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Telephone: (hm) _____ (wk) _____ (cell) _____

ACADEMIC DATA

Home Campus: IUSB IUB IUPUI IUE IUFW IUK IUN IUSE Other: _____

Division/College: _____ Class standing: SOPH JR SR GRAD

Major(s): _____ Minor(s): _____

Credit hours completed: _____ Cumulative Grade Point Average (GPA): _____

Languages other than English spoken or studied and level (e.g. Spanish 204):

Life abroad presents challenges. Maintaining equilibrium in the face of changes in diet, hygiene, and comfort requires tolerance, flexibility and humor. Students must have the social and personal maturity to adapt to the cultural environment.

International programs staff and trip leaders encourage all students to participate in study abroad programs. As much as is possible, trip leaders will prepare accommodations for students with documented disabilities. Some trips include visits to sites that require students to be able to engage in strenuous physical activities or walking or hiking in the heat. In these cases, students should talk to trip leaders about alternative activities. At the same time, students should be aware that summers in Florence, Mexico, and Greece can be quite warm, and many buildings do not have air conditioning. Trip leaders and international programs staff will work with students to help them find the best trip to fit their needs.

Trip leaders make the final determination regarding the selection of student participants for IU South Bend study abroad programs. They will evaluate students' academic records and overall readiness for study abroad. Trip leaders also consider the extent to which students would benefit from and contribute to an IU South Bend study abroad program.

Write a short (one to two page) typed essay in which you respond to the following questions and points: Describe why you chose this program and how it fits into your academic and personal goals. What experiences and skills do you have that will help you have a successful study abroad experience and contribute to the group's success?

All candidates for the Greece program must schedule a short meeting with Professor Harry Vasilopoulos. Trip leaders for other programs may also wish to schedule meetings with students should the trip leaders have questions about students' records or readiness for a study abroad experience.

I certify that the preceding statements are correct and true. I give my approval to have the information in my University records, including academic, medical and disciplinary records, made available to the Office of International Programs and cooperating institutions, with the understanding that the information will be kept confidential to the extent provided by the law.

Signature: _____

Date: _____

Name _____ Program _____



AGREEMENT AND RELEASE

This Agreement is between the undersigned student (Student) and Indiana University (IU) for participation in an IU overseas study program.

A. IU's Obligations IU agrees to:

1. Assist Student in enrolling in a program of education abroad;
2. Assist Student in making housing arrangements abroad if such assistance is included in program description;
3. Provide an IU faculty member or other on-site coordinator to serve as the representative of IU or have an agreement with a partner institution abroad to provide student services;
4. Upon successful completion of the program by Student, assign credit for the academic work, if applicable;
5. Take reasonable precautions to protect the welfare and safety of the student, including but not limited to making or adopting in conjunction with the host institution rules and regulations for student conduct designed to safeguard health, well-being and safety.

B. Student's Obligations

Student agrees to:

1. Participate fully in the academic program by attending classes, remaining at the host institution for the full academic term, carrying at least the designated course load, and completing all examinations; or participate in approved internship or not-for-credit activity;
2. Independently arrange and pay for a comprehensive health and accident insurance plan if the program does not provide an insurance plan;
3. Assume full legal and financial responsibility for the stay abroad, including but not limited to all program charges as stated in the Fee Schedules for the IU program abroad and all costs associated with illnesses or injuries sustained or experienced while abroad not covered by insurance;
4. Reimburse IU for all unrecoverable costs made on Student's behalf if Student withdraws from the program at any time;
5. Grant IU, its employees, agents and consortium partners full authority to act in an attempt to safeguard and preserve Student's health and safety during Student's participation in the program abroad, including authorizing routine or emergency medical treatment on Student's behalf and at Student's expense and returning Student to the United States at Student's expense;
6. Respect and abide by the laws and customs of the host country, the IU Code of Student Rights, Responsibilities, and Conduct, any rules and regulations for student conduct made or adopted pursuant to Paragraph A.5. above, and all other reasonable standards of conduct related to Student's education abroad program promoted by IU, its employees, agents, consortium partners, and partner institutions abroad;
7. Accept termination of participation in the program abroad with no refund of fees and take responsibility for transportation costs home if Student's conduct is determined to be detrimental to the best interests of the student, the program or IU, such a decision to be at the sole discretion of the IU program coordinator and/or the partner institution, with the concurrence of the Director of Overseas Study and/or other appropriate campus representative of the IU Office of International Programs. Student acknowledges and agrees that he/she may be required to leave the Program at the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action and that, in such circumstances, no refund will be made for any unused portion of the Program.

Student's initials

Parent's initials (see below)

Waiver, Release and Indemnification

Students are strongly encouraged to consult the State Department Consular Information Sheets and Travel Warnings at http://travel.state.gov/travel_warnings.html and the Centers for Disease Control (CDC) at <http://www.cdc.gov> with regard to their destination country prior to signing this Agreement.

Student states that his/her participation in this program or activity abroad is wholly voluntary.

Student states that s/he understands that certain risks are inherent in foreign travel and that s/he fully accepts those risks. These risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.

Student states that s/he fully understand the above risks and the scope of the activities involved in the program and that s/he agrees to assume the risks of the participation in the program, including the risk of catastrophic injury or death.

Student states that, for and in consideration of acceptance in the program, Student and his/her heirs, successors, assigns, and personal representatives agree to indemnify, hold harmless, release and forever discharge Indiana University, its Trustees, employees, agents, and cooperating institutions and their offices and agents from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to the program abroad or suffered by Student (including those related to travel to and from the program site).

Student states that s/he agrees that information in the Student's University records, including disciplinary, academic and medical records, may be available to Overseas Study and cooperating institutions, with the understanding that the information will be kept confidential to the extent provided by law.

Choice of Law

The interpretation and performance of this Agreement shall be construed in accordance with the laws of the State of Indiana, and any litigation arising out of this Agreement shall be venued in the State of Indiana and shall be governed by the laws of the State of Indiana. **Please initial the bottom of the first page and sign below.**

Student's Signature _____ Date _____

Name (printed) _____ Program _____

This statement must be read and signed by a parent IF the applicant is a dependent student (is claimed as a dependent on either parent's tax return). The parent should sign below and initial the bottom of the first page.

Check one: I am an independent student, or My parent's signature/initials are provided

I hereby give my son/daughter named above permission to participate in an Indiana University overseas study program. I have read the statement above and agree to be jointly responsible for any financial obligation incurred by my son/daughter related to the program.

Parent's Signature _____ Date _____



Participants in IU-administered overseas study programs are enrolled in a group health insurance plan administered by GeoBlue offered by Worldwide Insurance Services (WIS). The primary accident and sickness policy is underwritten by 4 Ever Life International Limited. Coverage within the U.S. (if you return briefly for a holiday, vacation, or family crisis) is limited to \$5,000, but when you are abroad during the period of the program, the policy provides coverage for up to \$250,000 for accident or illness anywhere worldwide. There is a \$0 deductible per injury of sickness, you may be required to pay the physician or hospital at the time of treatment and then file a claim for reimbursement directly with GeoBlue. Worldwide.

MEDICAL BENEFITS

The policy will pay 100% of the Eligible Medical Expenses (limited to the Reasonable Expenses) incurred within 52 weeks from the date of an accident or the commencement of a sickness, up to a maximum limit of \$250,000 per accident or sickness.

ELIGIBLE EXPENSES

Table with 2 columns: Expense Category and Coverage Percentage. Rows include Physician Office Visits, Inpatient Hospital Services, Hospital and Physician Outpatient Services, Emergency Hospital Services, Maternity Care for a Covered Pregnancy, Inpatient treatment of mental and nervous disorders including drug or alcohol abuse, Outpatient treatment of mental and nervous disorders including drug and alcohol abuse, Treatment of specified therapies, including acupuncture and Physiotherapy, Repairs to sound, natural teeth required due to an injury, Outpatient prescription drugs including oral contraceptives and devices, Diabetic supplies/education, Child preventative and primary care services, Medical treatment of injuries sustained as a result of a covered motor vehicle accident.

EXPENSES NOT COVERED

- 1. Expenses incurred in excess of Reasonable Expenses.
2. Experimental or investigative supplies or services.
3. Expenses incurred prior to the beginning of the current period of coverage or after the current period of coverage,
4. Routine physical or health examination and preventative medicines.
5. Services and supplies not medically necessary for diagnosis or treatment, or not recommended by attending physician.
6. Surgery for the correction or refractive error and services, eye examinations, eye glasses or contact lenses or hearing aids, except when medically necessary of the treatment of an injury.
7. Cosmetic surgery and therapies, unless directly related to an injury which necessitated medical treatment.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the schedule.
9. Expenses incurred for elective treatment of elective surgery.
10. Services related to the diagnosis or treatment of infertility, fertility, voluntary sterilization or the voluntary reversal of sterilization procedures.
11. Expenses incurred for, or related to gender reassignment surgery.
12. Organ or tissue transplants.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. While traveling against the advice of a physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
15. Expenses incurred within the Covered Person's Home Country.
16. Diagnosis or treatment of congenital conditions.

17. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
18. Treatment of weak, strained or flat feet, corns or calluses.
19. Diagnosis and treatment of acne.
20. Diagnosis and treatment of sleep disorders,
21. Expense incurred for the repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
22. Deviated nasal septum, including submucous resection and/or surgical correction, unless due to an injury.
23. Expenses incurred for any service rendered by a family member.
24. Loss due to act of war; service in the Armed Forces of any country; participation in a riot, civil commotion, or acts of terrorism.
25. Riding in an aircraft, except as a passenger on a regularly scheduled airline or charter flight.
26. Loss arising from:
 - a. participating in professional sports, contest or competition;
 - b. SCUBA diving, sky diving, mountaineering, ultra-light aircraft, parasailing, hang gliding, parachuting or bungee jumping.
27. To the extent that such payments would be prohibited by law.

This is a simplified summary of policy coverage. For a complete description of all benefits and exclusions, go to geobluestudents.com.

EMERGENCY FAMILY TRAVEL

If a Covered Member is hospitalized for three (3) or more consecutive days or is in critical condition, GeoBlue shall arrange and pay for the cost for one economy round-trip airfare ticket to, and the hotel accommodations in the place of the Hospital Confinement for one person designated by the Covered Member up to a maximum benefit of \$3,000. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend. Determination of whether the Covered Member will be hospitalized for three (3) or more days or if the Covered Member is in critical condition shall be made by GeoBlue, after consultation with the attending physician. No more than one (1) visit may be made during any 12 month period.

MEDICAL EVACUATION

The Company will pay, as a result of a covered injury or sickness, and upon the written certification of the attending physician, for air evacuation of the insured, including physician or nurse accompaniment, up to \$250,000. Evacuation may be to his/her natural country or to a hospital elsewhere. Any expenses in respect to Medical Evacuation require prior approval by GeoBlue. Call one of the two numbers listed below.

REPATRIATION

In event of the death of the covered person, the Company will pay for those expenses as may reasonably be incurred up to \$25,000 in connection with the preparation and transportation of the body to the person's place of residence in his/her home country. This benefit does not include the transportation of anyone accompanying the body, visitation or funeral expenses. Any expenses in respect to repatriation require prior approval by GeoBlue.

Contacts for evacuation or repatriation

For prior approval of and assistance with medical evacuation or repatriation.

United States (Baltimore, MD) 1-610-254-8771 (call collect)

From within the U.S. 1-800-257-4823 globalhealth@geo-blue.com

REIMBURSEMENT OF EXPENSES

To file for reimbursement, send claim forms (available at each program site) and appropriate documentation from physician or hospital directly to:

GeoBlue

Attn: Claims Department

PO Box 1748

Southeastern, PA 19399 USA Fax: 610.293.3529

customerservice@geoblue.com

111 S Jordan Avenue

Bloomington, IN 47405

(812) 855-9304



INDIANA UNIVERSITY

OFFICE OF OVERSEAS STUDY

INSURANCE AGREEMENT

GeoBlue Insurance

111 S Jordan Avenue

Bloomington, IN 47405

(812) 855-9306

As a participant on an Indiana University Overseas Study Program, you must to be enrolled in the health insurance plan administered by GeoBlue Insurance Services. The price is **\$32.00** per month and can only be purchased for full months, not partial. Your bursar account will be charged for the insurance. **Please be sure to include your 10 digit ID.**

Return the form to the program coordinator.

Please print:

Name

ID Number (10 digit)

Gender

Date of Birth (mm/dd/yy)

Citizenship

Program location: _____

Sponsoring Department: _____

Dates of coverage: _____

from

to

(use actual arrival date, insurance only valid outside US)

Signature

E-mail address: _____

_____ Yes, I would like the GeoBlue Insurance coverage. (\$32.00 PER MONTH)

We cannot guarantee an insurance card from GeoBlue for students who turn forms in less than 4 weeks prior to departure. Please be prompt in returning your paperwork. You will be notified by e-mail that your card is available for pick-up.