

**Application for
Cultural Tour of China**
(Part I)



Paid \$215.00 _____

General Instructions

In order for your application for study abroad to be considered, please complete the following (type or print legibly):

1. Fill in the application form with all required information. Please note that if you participate in an exchange program, you may be required to fill in additional forms for the partner institution upon acceptance into the program.
2. Attach your most current transcript (student copy acceptable).
3. The signature of your advisor.

Your application materials should be turned in to the Office of International Programs, Flora Frick 153, Minnesota State University Moorhead, 1104 7th Avenue South, Moorhead, MN 56563. You will receive the second part of the application packet upon acceptance into the program.

Name: _____ Preferred first name: _____
Last First Middle

Application for: _____ Fall Spring Summer _____
Name of program Country year

Dragon ID #: _____ SS #: _____ State of Residence: _____

Male Female Date of Birth: _____ Citizenship: _____ e-mail address _____

Local Address: _____ Good Through: _____
Phone: _____

Permanent Address: _____
Phone: _____

Contact in case of emergency: Name: _____
Address: _____
Phone: _____
Relationship: _____

Number of college credits completed at time of application: at MSUM: _____ at other colleges _____
Major _____ Minor _____ Cum. GPA: _____ Major GPA: _____ (may be estimated)

Current class standing: Fr So Jr. Sr. Other

Advisor's Name and Department _____

If not a Minnesota State University Moorhead student, where do you currently attend school? _____

Foreign Languages studied:

Language _____ Number of years _____ Level (HS/College/Other) _____

Language _____ Number of years _____ Level (HS/College/Other) _____

Are you currently receiving financial aid? Yes No If no, do you intend to seek financial aid? Yes No

Have you traveled to any foreign countries? Yes No If yes, where and when? _____

Do you plan to have any dependents accompany you? Yes No

If yes, please explain and describe what arrangements you intend making for them: _____

Where did you learn about this program? _____

Why did you choose this particular program? _____

May MSUM release your name to present or potential participants? Yes No _____

I certify that the information I have provided is true and accurate to the best of my knowledge. I have read the materials and understand the nature of the program, including my financial obligations.

Signed: _____ Date: _____

Advisor:

I am aware of the above-named student's plans to study abroad and support his/her application.

Advisor's Signature: _____ Date: _____

The following information is optional.

Predominant Racial/Ethnic group

- Native American
- Asian, Pacific Islander
- Black, non-Hispanic (African American)
- Hispanic
- White, non-Hispanic (Caucasian)

Application for MSUM Study Abroad Programs (Part II)



Your application represents an important academic decision. It is a decision that the University wants to support and facilitate. It is essential that appropriate offices be informed about your plans, so that you do not encounter unnecessary obstacles. In addition, the application process requires information and documents only you can provide. This packet contains the forms and instructions you will need to complete your application.

On the reverse side of this page is a checklist. It is for your use and **you should retain this page for your files.**

Financial Aid

Begin the process by completing the FAFSA available in the financial aid office, and establishing a financial aid file. The form contained in this packet should be filled in **ONLY** if you're seeking financial aid. Even if you have been turned down before, the higher cost of studying abroad may mean you now qualify for financial aid. If you already receive aid, your award may be adjusted because of your participation in the program. You may also qualify for loan money. You must be accepted into a program **BEFORE** making an appointment with a financial aid officer. Also, make sure to obtain an official budget for your program from the Office of International Programs (OIP) before your appointment with financial aid. If you decide not to participate after all, inform the financial aid office immediately as your award is based on your participation in a specific program. You may have to repay funds you already received.

Participation Contract

Read through the participation contract very carefully and discuss it with your parents/guardian, if appropriate. Sign and return the form to OIP. Keep a copy for your files.

Medical Health Form

Please complete the form and return it to the OIP. Your participation is not based on the results of this form and information will be shared with appropriate officials only when necessary to safeguard your health.

In addition, you will need to attend to the following:

- **Passport**

Application forms to apply for a passport are available from the Office of International Programs (FF153), from the Fargo or Moorhead Post Offices or from any county courthouse (www.travel.state.gov). You will need two passport photos and \$97 for first-time applicants. Photos may be taken at the AV Center on campus or at many camera shops. First-time applicants must apply in person at the Fargo federal building, the Moorhead Post Office, or at the Clerk of Court's office at any courthouse that processes passports (call and check first). You must have an **original** certified birth certificate and one other form of government issued photo ID. Application forms for renewal of passports are also available. They can be processed by mail for \$67. It can take from six to eight weeks to receive your passport. You need to furnish the OIP with your passport details upon receipt.

- **Visa**

You may need a visa, which is an entry document that must be stamped inside your passport. Information will be collected Fall semester 2008 and MSUM will apply for visas for all participants.

- **Medical Insurance and Papers**

Check to see if your medical insurance is valid overseas. The International Student ID card will provide minimal (secondary) coverage. If you have a pre-existing condition and need to carry prescription medications, take the necessary documentation with you when you're traveling abroad. Information about other insurance policies and health concerns while overseas is available in the OIP. You **must** carry insurance that provides coverage for evacuation and repatriation of remains.

**Confirmation of Notice/
Financial Aid Office**



Attach an estimated budget

If financial aid will be sought, the application process should be completed at least one semester before the study abroad is scheduled.

Completion of form only required of students expecting to apply for or receive financial aid.

Name _____

Social Security Number _____ Dragon ID # _____

is applying for study abroad for the following inclusive dates: _____

Study Abroad program/location is _____

The estimated costs for this International Program are as follows:
(Please attach a budget or discuss with a financial aid officer before completing)

- Travel _____
- Housing _____
- Meals _____
- Tuition at MSUM _____
- Books (if applicable) _____
- Overseas tuition _____
- Medical _____
- OIP Administrative fee
(non-refundable) _____
- Personal Expenses _____
- Other _____

Type _____	Amount _____
Type _____	Amount _____
Type _____	Amount _____
Type _____	Amount _____
Aid awarded _____	
Aid estimated _____	

I authorize the MSUM Financial Aid Office to release information regarding financial aid eligibility, sources of aid and amount of aid to the Business Office and Office of International Programs. This is only in regard to my enrollment in a study abroad program. I understand that if I have been awarded additional financial aid based upon my expected program enrollment and I do not participate in the program, I must notify the Financial Aid Office and the Office of International Programs. I understand that I may not receive increased funding without program participation and that any aid that I receive as a result of program participation must be used to pay those program costs as soon as they become due.

Signature _____ Date _____

This acknowledges that _____

Student Number _____ has notified the Financial Aid Office about plans to study abroad
during the period _____ to _____

Financial Aid Counselor _____ Date _____

NOTE: Keep a photocopy for your records.

Participation Contract



I have applied for admission to the study program indicated below. I realize that this program represents an important commitment by Minnesota State University Moorhead, its faculty, staff and students. I understand that if I am accepted into this program, I also have some obligations. I therefore agree to the following terms and conditions:

1. Accompanying my application form is a **non-refundable** deposit.
 2. I agree to pay all tuition, fees, transportation charges, room and board, and all other charges in connection with my participation in this program in the amounts on or before the times requested. I understand that the program fee is not pro-rated nor a portion thereof returned to students. I agree to the withdrawal and cancellation policies as stated in the program materials. If I withdraw from the program and any financial aid I am receiving for participation in the program is cancelled, I realize I am still responsible for any non-recoverable expenses incurred by the institution on my behalf. Withdrawal must be made **in writing**.
 3. I understand that the program cost may vary slightly depending upon fluctuations in currency exchange rates and unexpected events, and I agree to pay for possible increases upon request from the Office of International Programs.
 4. I agree that the University's acceptance of this application is made with the understanding that I am committed for the entire period of the program. I understand that in the event I withdraw from the program any time after its commencement, or am expelled, the University will retain tuition, fees and other program charges. I also understand that I **may not** be entitled to partial credit.
 5. I agree that the University, acting through its faculty and staff, may terminate my participation in the program for the following reasons and that I may be sent home at my own expense if my behavior warrants such a measure.
 - a. unacceptable academic performance.
 - b. personal conduct adversely affecting the interest and reputation of Minnesota State University Moorhead, including the use, possession, distribution or sale of illegal drugs or controlled substances, or the possession of an illegal firearm or other article that could be used as a weapon;
 - c. illegal possession or abuse of alcohol to the extent that it results in unacceptable behavior that adversely affects other program participants, community members, my participation in classes or group activities, or my own personal well being;
 - d. failure to abide by program rules and policies provided by the Office of International Programs or program director;
 - e. failure to abide by the rules and regulations of the host institution, or the laws of the host country.
 6. I understand that officials of Minnesota State University Moorhead reserve the right to make changes or substitutions in the program, given authorization for these changes by the Office of International Programs.
 7. I understand that if I elect to extend my stay abroad for purposes of personal travel beyond the date given for the program's end, any responsibility of the University shall cease at the program's end.
 8. I understand that Minnesota State University Moorhead requires that students accept travel arrangements to the program site as made by the Office of International Programs. No exceptions will be granted without permission of the Director of International Programs.
 9. I understand that I am required to have accident/health insurance. I grant Minnesota State University Moorhead and its agents acting on behalf of the University with respect to the program that I am enrolled in full authority to take whatever action they feel is warranted regarding my health and safety and that they may arrange medical treatment for me at my expense or, if deemed necessary, may arrange for me to be flown back to the United States at my own expense for further medical treatment.
 10. I understand that Minnesota State University Moorhead, its faculty and staff are not responsible for any injury, loss, damage, delay, irregularity, or expense arising from the use of any common carrier vehicle, accommodations, or services as the result of accidents, strikes, war, weather, sickness, quarantine, governmental restrictions, and other matters beyond the University's power to control.
- In consideration of the commitments here above contained, I hereby release the University, its faculty and staff from any claim or liability arising as a result of my participation in this program.

Signature of Student _____ Today's Date _____

Study Program _____

Inclusive Dates _____

Sign and return to the Office of International Programs. Keep a copy for your files.

Health Information



Name _____ Birth Date _____ Gender _____

Program _____ Term _____

The purpose of this form is to help Minnesota State University Moorhead be of maximum assistance to you should the need arise during your study abroad experience. We recommend that you have a physical and dental examination prior to departure on a study abroad experience particularly if you have been receiving recent treatment for any condition. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problem, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with program staff, faculty or appropriate professionals only if pertinent to your own well-being. Minnesota State University Moorhead may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

Medical History

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you generally in good physical condition? (If no, please explain.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have any allergies? (If yes, please explain.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you taking any medication? (If yes, please explain.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have all current immunizations for international travel along with documentation? |

I certify that all responses made on this Health Information form are true and accurate, and I will notify the Office of International Programs at Minnesota State University Moorhead hereafter of any relevant change in my health that occurs prior to the start of the program. I understand that the information may be shared with program staff or appropriate professionals should the need arise.

Signature of Participant _____

Date _____