IWU Study Abroad for Adult Students

INDIANA WESLEYAN UNIVERSITY
SCHOOL OF LIBERAL ARTS

Travel Application

Thank you for your interest in travelling with the Indiana Wesleyan University team! Please submit the following application materials for consideration to our upcoming trip:

- ☐ Completed/signed application
- ☐ Pastor/Immediate supervisor Reference
- ☐ Signed Code of Conduct Agreement
- ☐ $150.00 deposit (non-refundable). Deposit can be mailed to the CAPS Student Account Services office or can be paid by phone (credit card or transfer from student account) at 1-800-621-8667 ext. 2878.

Send all Application Materials by email, fax or mail to

School of Liberal Arts
ATTN: Noel Huston
1900 West 50th St.
Marion, IN 46952
Fax: 765-677-1827
Email: electives@indwes.edu

Travel Application

INDIANA WESLEYAN UNIVERSITY
SCHOOL OF LIBERAL ARTS

PERSONAL INFORMATION		
Full Name as shown on Passport:		
Birth Date:	Cohort #:	( ) Male ( ) Female
IWU ID#:	Passport #	Passport Expiration Date
Religious Affiliation:		

EMERGENCY CONTACT INFORMATION		
Emergency Contact Name (s):	Relationship to you:	Emergency Contact Daytime Phone:
Emergency Contact Address:		Emergency Contact Evening Phone:
Emergency Contact Name (s):	Relationship to you:	Emergency Contact Daytime Phone:
Emergency Contact Address:		Emergency Contact Evening Phone:
Students in the Global Studies Program agree that information can be sent to significant others. Please indicate your consent by providing the following:		
Last Name:	First Name:	Phone #(s):
Address:	Relationship to You:	Email:

By signing this form, you confirm that all information you have provided is correct and that you understand the policies listed on the next page.

INDIANA WESLEYAN UNIVERSITY
SCHOOL OF LIBERAL ARTS

Travel Application

University Policies
Please read carefully!

Your Study Abroad for Adult Students application is not complete without the submission of two reference forms, signed Code of Conduct Agreement and the required $150.00 deposit as indicated. A complete application does not mean that you have been accepted into the program**.** **Incomplete applications will not be considered.** Program applicants will be selected following the application deadline, and all applicants will be notified of their status.

All students must submit the following after acceptance into the program:

- 1 recent photo
- Completed and signed Medical Release Form
- Signed IWU Assumption of Risk and Release of Liability
- Other documents required for travel

Travel Refund Policy
No refunds are available after the first day of the program. Prior to departure, refund of travel expenses will follow the policy of the ticket vendor.

All students selected participation in the IWU, Study Abroad for Adult Students:

- Assume full legal and financial responsibility for participation in the program
- Are responsible for full program costs
- Agree that IWU employees and representatives have the authority to act in any attempt to safeguard and preserve your health or safety during participation in the program and may authorize medical treatment on your behalf and expense
- Agree to conform to all policies, rules, regulations and standards of conduct of IWU and host organization.
- Understand that IWU reserves the right to make changes to the program at any time and for any reason, with or without notice, and that IWU shall not be liable for any loss whatsoever to participants as a result.

Confidential Reference Form

INDIANA WESLEYAN UNIVERSITY
SCHOOL OF LIBERAL ARTS

RETURN by mail, fax, or email
TO: School of Liberal Arts, Attn: Mary Guy
1900 W. 50th Street, Marion IN 46953
FAX: 765-677-1827 Email: electives@indwes.edu

APPLICANT NAME:_____

I agree ( ) I do not agree ( ) to waive my right to access this reference form.

Applicant's signature:_____Date:_____

REFERENCE NAME:_____

REFERENCE TYPE: ( ) Pastor/Immediate supervisor

The above-named applicant is applying for a Study Abroad program.
We would appreciate your assessment of this applicant's attributes with which you are familiar.

	Excellent	Good	Fair	Poor	Unable to evaluate
Academic Ability	( )	( )	( )	( )	( )
Academic Interest and Motivation	( )	( )	( )	( )	( )
Reliability and Integrity	( )	( )	( )	( )	( )
Flexibility	( )	( )	( )	( )	( )
Adaptability to New Situations	( )	( )	( )	( )	( )
Self Confidence	( )	( )	( )	( )	( )
Relating to Others	( )	( )	( )	( )	( )
Emotional Stability	( )	( )	( )	( )	( )
Open-Mindedness	( )	( )	( )	( )	( )
Ability for Realistic Self-Appraisal	( )	( )	( )	( )	( )
Christ-likeness	( )	( )	( )	( )	( )

PLEASE USE THE BACK OR A SEPARATE SHEET OF PAPER IF NECESSARY

If I was the in-country director of the program, I would be_____ to have this person participate.

Circle one: EAGER WILLING RELUCTANT

How long and under what circumstances have you known this applicant?

Identify the strengths and weaknesses of this individual.

Please state frankly your opinion of this person's chances for success in this program.

Identify any other helpful information or suggestions about this applicant.

Reference Signature	Reference Phone
Reference Email	Date

(revised. 10/17/11)

Questions? Contact Mary Guy at electives@indwes.edu or call 765-677-2343

Code of Conduct

Indiana Wesleyan University, an evangelical Christian university affiliated with The Wesleyan Church, is a community joined together to further academic achievement, personal development, and spiritual growth. Together, the community seeks to honor Christ by integrating faith, learning, and living while its members' hearts and lives mature in relationship to Jesus Christ and each other. Faith in God's Word should lead to behavior displaying His authority in our lives.

For that reason, Indiana Wesleyan prohibits all use and possession of:

- Tobacco products
- Alcoholic beverages
- Illegal drugs
- Dishonesty
- Profanity
- Sexual impurity
- Pornography

Community worship and fellowship are important ingredients of the IWU community; therefore attendance at devotion and worship is required.

As guests of another country, respect of cultural customs and practices is required.

I understand and agree to the expectations of the Code of Conducts and signing below in agreement to abide by them.

_____

SIGNATURE DATE

INDIANA WESLEYAN UNIVERSITY
SCHOOL OF LIBERAL ARTS

Authorization for Background Check

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Indiana Wesleyan University to investigate my background and qualifications for purposes of evaluating whether I am qualified for the minimum requirements for the Study Abroad for Adult Students with School of Liberal Arts, Indiana Wesleyan University. I understand that Indiana Wesleyan University will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for Study Abroad for Adult Students will not be processed further.

_____ _____

Signature of Student Date

_____

Student's Name - Printed

Fundraising Guidelines

You are welcome to ask friends and family for support in collecting the necessary funds for your upcoming Study Abroad trip. Please refer to the following guidelines as you consider your options:

Trip expenses (tuition, travel costs)

- Students are welcome to speak with friends, family, churches and charitable organizations as you raise funds for your expenses. Support letters are also permitted.
- All contributions for your trip expenses must be collected by you and in your name. IWU will not collect third party payments on your behalf.
- You will be receiving academic credit for your experience. For this reason, contributions for your trip expenses are not eligible for tax deductible receipting.

INDIANA WESLEYAN UNIVERSITY

ASSUMPTION OF RISK AND RELEASE FROM LIABILITY ("Release")

I am signing this Release so that I can participate in the Activity described below:

_____ is arranging a field trip to _____
Department Name — Activity Name or Location

for the purpose of: _____ on _____.
Reason for Trip — Date

I understand that my participation in this Activity is voluntary.

I understand that there are certain risks inherent in this Activity, including any associated travel, meal and lodging. These risks may include but are not limited to accidents; exposure to adverse weather conditions; theft, loss, or damage of personal property; 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; physical, mental and emotional injuries; and catastrophic death.

I understand that Indiana Wesleyan University (hereinafter referred to as University) is not responsible for any loss or damage to person or property that I may suffer when I am traveling independently or I am otherwise separated or absent from any University sponsored activity. In addition, I understand that any travel that I do independently on my own before or after the conclusion of the Activity is entirely at my own expense and risk. If I become separated from the Activity group, fail to meet a departure airplane, bus or train, or become sick or injured, I will, to a reasonable extent, and at my own expense, seek out, contact and reach the group at its next available destination.

I confirm that I have resolved concerns, if any, about my health or ability to participate in or observe the Activity with my physician before deciding to participate.

I understand that University is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with Activity. I understand the University is providing these services only as a convenience to participants and that accordingly, University accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that University is not responsible for matters that are beyond its control. I acknowledge that University reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by University. I also acknowledge that University is not obligated to refund any fees if University cancels the trip as a result of any safety or health related issues as deemed necessary by University

I agree to assume the risk that unexpected events may occur and result in harm, injury illness or death to me or damage to my personal property or effects while I am participating in or observing the Activity or while I am traveling to or from the Activity. I further agree to release and hold Indiana Wesleyan University, its Board of Trustees, and any of its employees harmless from any and all liability which could result from this Activity.

I agree that academic, disciplinary and/or medical records on file with the University (if any) will be available to cooperating institutions, and will be otherwise confidential to the extent provided by law.

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person _____

Home Phone _____ Work Phone _____

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the licensed doctor rendering the treatment. I also agree that any medical expenses that I might incur due to my involvement in this Activity will be my responsibility.

I confirm that I received the Domestic Travel Participant Handbook, which is hereby incorporated and made a part of this Release, and all questions about the risks I am assuming have been fully answered to my satisfaction.

If any portion of this Release is held invalid, the rest of the document shall continue in full force and effect. 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.

Participant Signature _____ Date _____

Participant Name _____
(printed)

Address: _____

Telephone: _____

Email Address: _____
(printed)

Page 1 of 1

IWU Release Domestic.MAR08

Medical Release Form

INDIANA WESLEYAN UNIVERSITY
SCHOOL OF LIBERAL ARTS

Medical Insurance Policy #: _____

(Answer required only if travelling internationally) I have checked with my medical insurance company and it:

___ does cover me when I am out of the country.

___ does not cover me when I am out of the country. My out-of-country insurance plans are:

Name of alternative medical insurance: _____ Policy #: _____

Participants Signature: _____ Date: _____

Physician Name: _____ Healthcare Business Card

Address: _____ (staple here)

Phone #'s: _____

( ) I have reviewed the participant's medical information and history.

( ) I have performed a physical exam.

( ) I have explained recommended immunizations, preventive treatments and travel instructions to the participant.

( ) The participant is able to walk long distances, stand, sit for long periods, and squat.

Please choose one:

[ ] I find the participant to be in adequate condition for participation in the above-named program with no restrictions.

[ ] I find the participant to be in adequate condition for participation in the above-named program with the following

restrictions: _____

[ ] I do not recommend the participant to participate at this time.

Healthcare Provider Signature: _____ Date: _____

INDIANA WESLEYAN UNIVERSITY
SCHOOL OF LIBERAL ARTS

Memo of Understanding

Student Rights and Responsibilities

The Indiana Wesleyan University Catalog, found online at www.indwes.edu/catalog, contains the policies and procedures, which govern the School of Liberal Arts. The International Travel Participant Handbook is located at: https://secure.indwes.edu/University-Counsel/Publications/International/Off-Campus-Handbook-International12MAY08.pdf contains specific information concerning student rights and responsibilities. Due to the importance of these policies and procedures to completion of the program, it is essential that each student review this carefully. It is strongly recommended that you print the handbook and take it on the trip with you.

Students should particularly note provisions that relate to academic status, class attendance, procedures for withdrawal from specific courses or the program as a whole, grading procedures and student financial responsibilities. Since failure to observe university policies may cause significant academic or financial consequences, it is essential that the International Travel Participant Handbook be carefully read.

Acknowledgement:

This is to certify that I have reviewed the International Travel Participant Handbook and understand my rights and responsibilities.

(Student Signature)

Date	**Core Group**

(Signature of University Representative)