



Application for Study Abroad Programs

First Name: _____ Middle: _____ Last: _____

Cellphone #: _____

MyMail Email: _____ 2nd Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- Student ID #: _____ Current cumulative GPA: _____
- Date of birth (MM/DD/YYYY): _____
- US Citizen? Yes No Other: _____
- Do you have your passport? Yes No Applied, but passport hasn't arrived yet
- Program(s) of study: _____
- What program semester are you currently in? First Second Third Fourth +
- When do you plan to graduate? _____
- Are you a full-time (12+credits) or part-time student? Full-time Part-time

Ethnicity: African American Asian American Hispanic Latino/a American White Pacific Islander
Native American, please list tribe: _____ Other: _____

What is your primary campus/RLC?: Green Bay Marinette Sturgeon Bay Crivitz Luxemburg
Niagara Oconto Falls Shawano

What study abroad program are you applying for? _____

How did you hear about this study abroad opportunity? _____

Additional Requirements, Forms and Attachments:

The following materials and actions are required to complete your application:

1. **Schedule a meeting** with Lacy Frewer, Study Abroad Coordinator to further discuss your study abroad interest. You can schedule the 30-minute meeting by emailing Lacy at lacy.frewer@nwtc.edu, calling 920-498-5451, or stopping in Student Involvement, SC118.
2. **Color copy of your passport:** Please submit a color copy of your driver's license if you don't have a passport yet.
3. **Personal Statement:** Please type the answers to the three questions on a separate document. It should be between 1-2 pages (400 to 600 words).
 - a. Why do you wish to study abroad and what factors led you to this decision?
 - b. What do you hope to gain and what do you anticipate will be the impact of your experience abroad?
 - c. How will this study abroad program impact your academic and future professional goals?



4. **Recommendation Forms:** Return two recommendation forms from current or recent instructors or College staff (faculty and staff may send forms directly to the International Programs Department to preserve confidentiality).
5. **Required Medical Insurance:** All participants will be enrolled in a group medical insurance policy that will provide coverage during their travel abroad. Additional information will be provided after acceptance into the program.
6. **Emergency information:** After acceptance, additional emergency contact information, medical conditions disclosure, and passport scans will also be collected.

Program Agreements (Retain a copy of these pages for your records):

Program Price

The cost of programs are estimated on the basis of airfares and the rates of exchange between U.S. dollars and foreign currencies at the time the price was established. As a result, the **program cost is subject to change**. Every effort is made to establish a realistic price for the program. However, in the unlikely event that it becomes necessary to increase the program cost after it has been advertised, participants will not be asked to pay more than 10% of the original program costs.

_____ I have read and understand the information listed above.

Please initial

Mandatory Orientations

Participants will be required to attend all scheduled orientations. Participants are asked to make arrangements with work, instructors, childcare, etc. to ensure they can attend the orientations. Students who fail to attend the mandatory orientations risk being dropped from the program.

_____ I have read and understand the information listed above.

Please initial

Personal Data

International Programs will use information students provide and information collected to administer the application and support the study abroad program. In addition, the College may process your information in furtherance of other legitimate interests, such as to analyze and improve future programs, to fulfill other College responsibilities or purposes, or to provide services for the program. The College may disclose student's information to third parties including:

- *Parents and Guardians.* In some cases, we may share your information with a parent or guardian if necessary in the event of an emergency.
- *Service Providers.* We may use third parties to support our operations at the College and the study abroad sites. In such cases, we may share your biographical and contact information with such third parties.
- *Emergency Circumstances.* We may share your information with third parties if, in our sole judgment, such disclosure is necessary to protect the health, safety, or property of any person.

_____ I have read and understand the information listed above.

Please initial



Conduct Review

Students past or pending disciplinary issues will be taken into consideration and may prevent participation in a study abroad program. Disciplinary problems that arise any time prior to departure to the study abroad program may constitute grounds for exclusion from the program. Any financial loss incurred due to such a cancellation would be the responsibility of the student.

_____ I have read and understand the information listed above.

Please initial

Criminal Background

Students who have been convicted of a felony hinder their ability to obtain a passport and/or required visa. Please inform the Study Abroad Coordinator if you have concerns about your ability to receive a passport or visa.

_____ I have read and understand the information listed above.

Please initial

Passport

Students are encouraged to apply for a passport as soon as they decide to study abroad. The NWTC study abroad web pages include directions on applying. The passport typically takes 4-6 weeks to process, if no issues arise. In some cases, the passport is needed weeks in advance of travel to apply for a visa. Therefore, it is important that students apply early to prevent issues. If a student is not able to travel because their passport didn't arrive in advance of travel, or to process a visa, a payment refund is very unlikely.

_____ I have read and understand the information listed above.

Please initial

Payments

Payments must be submitted by the given deadlines. All payments must be made on schedule or the student risks being dropped from the program. Payments are made by stopping in or calling (920-498-5483) Student Involvement, SC118. **It is the student's responsibly to keep track of payments made and how much they owe.**

_____ I have read and understand the information listed above.

Please initial

Cancellation and Refunds

Please understand that, if you change your plans **FOR ANY REASON**, your right to a refund is very limited. **ALL CANCELLATIONS MUST BE MADE IN WRITING AND SENT TO THE EMAIL ADDRESS BELOW.**

The following cancellation schedule applies to all NWTC programs.

1. If cancellation is received prior to the first payment deadline, the College will refund the full amount deposited.



2. If cancellation is received on or after the first payment deadline and prior to 30 days from departure, NO REFUND is likely. At the time of cancellation, a review will be made to determine which funds have been spent including flights, accommodations, service providers, insurance, etc. If there are unspent funds, a refund of the unspent funds will be made to the student, except a \$100 processing fee.
3. If the cancellation is received 30 days or less prior to the departure, NO REFUND will be given.

Students may wish to consider purchasing private trip insurance that would reimburse them in the event of cancellation due to last minute medical problems or other emergencies.

_____ I have read and understand the information listed above.
Please initial

GPA Eligibility Requirement

Students must have a cumulative GPA of 2.75 or above (although students may apply if their GPA is 2.0 or above) Applicants with GPAs between 2.0-2.74 are required to:

1. Submit an additional essay explaining why their GPA is below 2.75. The essay should demonstrate that:
 - a. Their GPA is stable or improving; they have a detailed plan for improving their academic performance; and, they have strong academic and/or personal interests in the study abroad program, which are apparent in their course choices at NWTC, extracurricular activities, etc.
2. Meet with a study abroad adviser to discuss academic and personal preparedness to study abroad.

_____ I have read and understand the information listed above.
Please initial

Health and Wellness

Students are encouraged to consider their health and wellness as study abroad programs are mentally and physically demanding. It is common for students to walk miles each day, travel on small boats, trains, buses and small planes, participate in activities such as snorkeling, rafting, and hiking, and carry their luggage up and down stairs. International Programs strives to provide equitable learning experiences for all study abroad participants. Please keep in mind that accessibility varies greatly from country to country, as the Americans with Disabilities Act does not apply outside the U.S. If you have questions, please reach out to Disability Services at disability.services@nwtc.edu or stop in SC229.

_____ I have read and understand the information listed above.
Please initial

I have read and understand the Participant Agreements including Program Price, Mandatory Orientations, Personal Data, Conduct Review, Criminal History, Passport, Payments, Cancellation and Refunds, GPA Eligibility Requirement, and Health and Wellness.

Participant signature: _____ **Date:** _____

Return Applications and Direct Inquiries To:

Lacy Frewerd, Study Abroad Coordinator, located in Student Involvement, SC118
lacy.frewerd@nwtc.edu, 920-498-5451



Study Abroad Code of Conduct and Rights and Privacy Act

Students, staff, faculty and community members who participate in NWTC study abroad programs are representatives of NWTC and are expected to conduct themselves appropriately and respectfully while abroad. Study abroad students, just like on campus students, **are expected to abide by the NWTC Student Code of Conduct**. You can find the Code of Conduct, located in the NWTC Student Handbook, online at nwtc.edu and in the Student Planner. Study abroad students, staff, faculty and community members (referred to as participants) are expected to abide by the NWTC Study Abroad Code of Conduct, explained below. These policies exist to facilitate the educational process and to ensure a safe, fair, and successful experience for all participants.

1. Participants' behavior traveling and during the program, will be such that it reflects favorably on the group, Northeast Wisconsin Technical College, and other participants at all times.
2. The participants are expected to act in the best interests of the study abroad group, as well as the Northeast Wisconsin Technical College District.
3. Participants are expected to refrain from taking positions that are:
 - a. Contrary to or in conflict with the interests and/or positions of Northeast Wisconsin Technical College or the represented group
 - b. Detrimental to the group's mission or purpose
4. Participants are expected to attend scheduled program events. Participants must be prompt and prepared for each event.
5. Participants are to immediately report any accidents, injuries or illness and/or violation of rules to the trip leader.
6. Any long distance telephone calls, charges to the room, or other personal expenses will be the responsibility of the individual participant.
7. Possession and/or use of drugs (controlled substances) as defined by the state of Wisconsin is prohibited regardless of the laws of the host country or countries where the program takes place.
8. Excessive alcohol use is prohibited. Participants who are of legal age of the host country and choose to drink are responsible for their actions at all times. Trip leaders have the authority to determine when consuming alcohol is not permitted during the program. Excessive alcohol use includes but is not limited to the following:
 - a. Consumption of alcohol to the extent that the participant requires medical intervention or transport.
 - b. Endangering self or others while under the influence of alcohol.



- c. Causing property damage while under the influence of alcohol.
 - d. Causing a disruption to the program's educational mission while under the influence of alcohol.
 - e. Causing a disruption to the community while under the influence of alcohol.
 - f. Any incident of alcohol consumption that demonstrates a pattern of alcohol abuse.
9. Participants are prohibited from damaging or destroying facilities or property. Participants accused of violating this policy will be required to cover the costs of repair or replacement.
10. Violence of all types is strictly prohibited.
11. Theft of property, services, or funds is strictly prohibited.
12. Participants who travel without faculty members are required to provide their destinations; probable time of return, and contact information to the trip leader. Failure to do so is a violation of policy.
13. No person shall subject another person to unwelcome sexual overtures or conduct, either verbal or physical.
14. No student shall act in a manner that can reasonably be expected to disturb the academic pursuits of others or infringe upon the privacy, rights, or privileges of others, or the health or safety of him/herself or other persons.

Other Penalties for Violations

When a participant violates any rule a discussion with the participant and trip leader will occur. If a second violation of any rule occurs then the participant will meet with the trip leader again to explain his/her actions. After this meeting, if the trip leader determines that a second violation of this policy has taken place, the participant will be terminated from the program and sent home at his/her own expense.

If a participant has violated a rule but been allowed to remain in the program, the trip leader will have the office of International Programs contact the participant's parent(s), or guardian (emergency contact) [provided participant signed the FERPA waiver] to obtain their assistance in correcting the participant's behavior and to inform the parent(s) that the participant will be terminated from the program on the next violation. In addition, if a student has been terminated from the program, the trip leader will contact the participant's parent(s) or guardian (emergency contact) who will be notified within 24 hours of the termination [provided that the student signed the FERPA waiver] that the participant been asked to return home at his/her own expense.



NWTC students who disregard/violate any of these rules/regulations will be subject to the same disciplinary action as if this took place on any NWTC campus or center. This may result in loss of future student travel privileges or college dismissal.

Documentation

Whenever a participant is accused of violating the International Programs' Study Abroad Code of Conduct he/she will have the opportunity to meet with the trip leader to explain his/her actions before a decision is made as to his/her responsibility for the violation(s). The trip leader should document in writing the policy the participant is alleged to have violated, a summary of the evidence that is available concerning the matter, the decision the trip leader makes concerning the allegation, and any sanction(s) applied to the student. This written documentation should be sent within 24 hours of the decision (e-mail or fax) to the office of International Programs.

BY SIGNING BELOW I CERTIFY THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE STUDY ABROAD CODE OF CONDUCT, AND AGREE TO ABIDE BY THEM. I UNDERSTAND NON-COMPLIANCE WITH ANY OF THE AFOREMENTIONED POLICIES MAY RESULT IN DISMISSAL FROM THE STUDY ABROAD PROGRAM WITHOUT REFUND OR REIMBURSEMENT.

Printed Name

Participant Signature

Date

Rights and Privacy Act

The Family Education Rights and Privacy Act of 1974, as amended, (the Act) prohibits releasing participant data to anyone without express written permission from the participant. If a situation occurs where International Programs deems the participant's well-being is at risk, I authorize International Programs to contact my parent/guardian. By signing this section, I give International Programs permission to disclose information about me to my parent/guardian as International Programs determines to be necessary, and I waive all rights under the Act for such disclosure.

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

Printed Name

Participant Signature

Date



ACCEPTANCE OF RISKS AND RESPONSIBILITY AGREEMENT AND RELEASE OF LIABILITY

This Acceptance of Risks and Responsibility Agreement and Release of Liability (“Agreement and Release”) is executed by: _____ (please print first and last name) and is issued to NORTHEAST WISCONSIN TECHNICAL COLLEGE.

Participant is participating in a COLLEGE affiliated Program/Course/Practicum/Training/Activity (“Activity”). This Activity will be more fully described in the mandatory pre-departure orientation meetings.

Participant understands that there are certain dangers, hazards, and risks inherent in the Activity. In certain circumstances, these dangers can include damage/destruction to property, severe bodily injury, and even death.

Participant agrees to exercise reasonable care at all times with respect to Participant’s own safety and with respect to the safety of others. Participant agrees to abide by all rules, policies and procedures of the COLLEGE that are set forth in the Code of Conduct found in the COLLEGE’s Student Handbook, as well as any additional rules, policies and procedures of the location of the Activity. Participant has no health-related issues that would preclude or restrict participation in the Activity.

Accordingly, Participant, on behalf of him/herself, the Participant’s spouse (if applicable), the Participant’s heirs, assigns, related individuals and related entities, does hereby WAIVE, RELEASE, AND DISCHARGE the COLLEGE, including its Board of Trustees/Directors, administrators, officers, employees, teachers, agents and insurers, from any and all claims, causes of action, suits, damages, or liabilities sounding in negligence, which the Participant has, shall have, or may have in the future against the COLLEGE arising out of, based on, related to, or connected with, the Participant’s enrollment and participation in the Activity. This release of liability does not, however, apply to any intentional or reckless acts or conduct by the COLLEGE.

This Agreement and Release shall be governed by the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under, or incident to, this Agreement and Release.

By signing this document, Participant acknowledges that s/he is fully informed of the contents of this Agreement and Release, and represents that s/he understands it. Participant is not relying on any oral or written representations, statements or inducements, apart from those made in this Agreement and Release.

By signing this Agreement and Release, you give up substantial legal rights. Read and understand this entire document before you sign it.

Printed Name

Participant Signature

Date



Faculty/Staff Recommendation for Study Abroad Program

Student Name _____ Student ID# _____

Study Abroad Program _____

Academic Program _____

Please indicate below your evaluation of this student				
	Excellent	Good	Poor	Unable to Judge
Probable academic success	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Maturity/ Dependability	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Ability to get along with others	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Independence	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Trustworthiness	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Open-mindedness	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Sense of humor	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Good ambassador of NWTC/United States	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0

Please share any comments you feel would be helpful in determining the student's ability to travel abroad and to adjust to a new environment.

Print Name of Faculty/Staff _____

Relationship to Student _____

How long have you known the student? _____

Signature of Faculty/Staff _____ Date _____

Please return this form to: Lacy Frewerd, lacy.frewerd@nwtc.edu or drop it off in Student Involvement, SC118





Faculty/Staff Recommendation for Study Abroad Program

Student Name _____ Student ID# _____

Study Abroad Program _____

Academic Program _____

Please indicate below your evaluation of this student				
	Excellent	Good	Poor	Unable to Judge
Probable academic success	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Maturity/ Dependability	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Ability to get along with others	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Independence	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Trustworthiness	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Open-mindedness	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Sense of humor	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Good ambassador of NWTC/United States	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0

Please share any comments you feel would be helpful in determining the student's ability to travel abroad and to adjust to a new environment.

Print Name of Faculty/Staff _____

Relationship to Student _____

How long have you known the student? _____

Signature of Faculty/Staff _____ Date _____

Please return this form to: Lacy Frewerd, lacy.frewerd@nwtc.edu or drop it off in Student Involvement, SC118