FACULTY DIRECTED
STUDY ABROAD CREDIT
CONTRACT
Fall, Spring or Summer
(NIU students only)

In cooperation with the various academic departments of Northern Illinois University (NIU), the Study Abroad Office (SAO) provides NIU undergraduate and graduate students the opportunity to travel overseas and receive undergraduate or graduate credit under the direction of an NIU faculty member. Study abroad credit for NIU courses can be earned through an independent research project or internship.

PROCEDURE:

I. Contact the Study Abroad Office in Williston Hall 417 for an initial discussion regarding your travel plans and the application process.
   Phone: (815) 753-0700.

II. ACADEMIC CREDIT:

   RESEARCH PROJECTS AND INTERNSHIPS PLANNED UNDER THE DIRECTION OF AN NIU FACULTY:
   Students should arrange a meeting with the appropriate NIU faculty member to discuss the nature of the project or internship and develop a written contract describing the nature, structure, and content of the project. For example, to earn credit in a history course, the student should identify a faculty member in the Department of History who may be willing to direct the project or internship. This faculty member would be responsible for overseeing the proposed project or internship, defining the course requirements, assigning a project deadline, and posting a grade to MyNIU.

   After receiving approval from the faculty person who will direct the project or internship, the students must submit one final copy of the attached Overseas Independent Research Contract, which includes the signature of the faculty member and the department chair, to the SAO. The Application for NIU Administered Study Programs must also accompany the Contract. A completed copy of the Contract should also be submitted by the student to the faculty member directing the project or internship.
RESEARCH COMPLIANCE FOR GRADUATE STUDENTS:
The NIU Office of Research Compliance (ORC) administers the Northern Illinois University policies on research that collects data (1) from human subjects, (2) from live vertebrate animals, and (3) using recombinant DNA or biohazards. Faculty or students intending to perform such research must prepare paperwork, in advance, in accordance with the procedures of the (1) Institutional Review Board (IRB), (2) Institutional Animal Care and Use Committee (IACUC), or (3) Institutional Biosafety Committee (IBC)

Undergraduate and graduate level students are required to contact the Graduate School Office of Research and Compliance regarding research compliance. For more information regarding research compliance requirements, please contact the Office of Research Compliance.

Important - The SAO cannot register participants for credit until projects subject to ORC requirements have been approved.

IV. ADMISSION: On behalf of the applicant, the SAO will request a copy of the NIU student’s transcript. This document is required in order for a student to be admitted into this program.

V. COST: The Faculty Directed Study Abroad Credit cost includes the Study Abroad Office administrative charge and NIU student health insurance and the International Student I.D. Card. Students will be notified of the deadline for payment in the SAO letter of acceptance.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Undergraduate or Graduate Credit Hours</th>
<th>Administrative Charge (includes Student Health Insurance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2012</td>
<td>1 - 6 semester hours*</td>
<td>$1,185</td>
</tr>
<tr>
<td>Spring 2013</td>
<td>1 - 6 semester hours*</td>
<td>$1,185</td>
</tr>
<tr>
<td>Summer 2013</td>
<td>1 - 6 semester hours*</td>
<td>$795</td>
</tr>
</tbody>
</table>

*Credit for more than six hours can be granted at the discretion of the NIU faculty member and department chair.

VI. NIU STUDENT HEALTH INSURANCE: Students participating in an overseas program are required to be enrolled in the NIU Student Health Insurance Plan. The fee for coverage is included in the program cost.

VII. DEADLINE FOR SUBMITTING STUDY ABROAD CONTRACT: Completed and signed contracts and applications must be submitted to the SAO by the following deadlines:

| FALL semester enrollment | July 1      |
| SPRING semester enrollment | November 1 |
| SUMMER term enrollment   | April 1     |
Applications will not be accepted by the Study Abroad Office after these deadlines. Projects subject to Research Compliance Guidelines must have ORC approval prior to the Study Abroad Office withdrawal deadlines (see section IX).

VIII. **$200 APPLICATION FEE/DEPOSIT:** Each application requires a $200 application fee/deposit. NIU students must authorize the Business Manager of International Programs to charge the $200 application fee/deposit to their account at the NIU Bursar’s Office. Non-NIU students may submit a check or money order made paying to NIU. The $200 is broken down into $100 for the non-refundable application fee and $100 for a program deposit. The $100 deposit is refundable only if the participant withdraws prior to the withdrawal deadline indicated on the program materials or for medical reasons if the withdrawal is after the withdrawal deadline. Both the application fee and the deposit will be applied to the total balance of the program cost.

Applications that are not accompanied by the $200 application fee/deposit will be returned to the sender. (This $200 is also required of individuals who will be applying for financial aid.)

IX. **WITHDRAWAL FROM THE PROGRAM:** Requests for withdrawal from the contract must be submitted in writing and must arrive in the Study Abroad Office by the following dates in order to receive a refund.

<table>
<thead>
<tr>
<th>Season</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>FALL</td>
<td>July 15</td>
</tr>
<tr>
<td>SPRING</td>
<td>November 15</td>
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<tr>
<td>SUMMER</td>
<td>April 1</td>
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After these deadlines the $200 application fee/deposit is non-refundable. It is strongly recommended that graduate students engaging in applicable projects seek Office of Research and Compliance approval prior to the withdrawal deadline.

Important - If the applicant must withdraw for medical reasons after the above-mentioned deadlines, the $100 deposit will be refunded only if the request is submitted to the Study Abroad Office in writing and accompanied by a signed statement from a physician on the physician’s letterhead.

X. **INTERNATIONAL STUDENT I.D. CARD (ISIC):** Participants will be issued the International Student Identity Card through the NIU Study Abroad Office. Students may be able to obtain reduction on airfare, bus or train fare, cultural site admission fees, etc. The benefits of the card vary from country to country. The International Student Identity Card also includes a limited health and accident insurance policy which is only valid outside the U.S. Students will have to pay bills at the time of treatment and will be reimbursed later. Students should, however, have a more comprehensive insurance plan to supplement the ID insurance.
The card also includes reimbursement if your luggage or personal belongings are lost, damaged, or stolen while overseas and travel document protection which covers administrative fees in replacing documents (includes ISIC card).

XI. **SUBMISSION OF GRADES:** Participant must submit the final report or other required materials to the faculty member for grading by the assigned deadline. The report will be evaluated by the faculty member who will assign a final grade.

XII. **FINANCIAL AID:** As a participant in a study abroad program through NIU, you *may* be eligible for: Pell Grant, SEOG, Perkins Loan, PLUS Loan, Subsidized or Unsubsidized Stafford Loan, MAP Award or your privately awarded scholarship with consent of awarding organization. Tuition waivers do not apply to study abroad. Please contact, Pamela Rosenberg, International Programs Business Manager, at prosenberg@niu.edu or (815) 753-9530 for more information.

Northern Illinois University is an Equal Opportunity/Affirmative Action Institution
Faculty Directed Study Abroad Credit

DIRECTIONS:

I. Provide the information requested in each of the sections of the “Faculty Directed Study Abroad Credit Contract.” Please type. If additional space is needed, attach a separate sheet.

II. Submit the completed contract to the NIU faculty member who has agreed to direct the overseas independent research project or internship. You must make any revisions to the content of the contract as required by the NIU faculty member.

Upon receipt of an acceptable proposal, the faculty member must sign the contract in the space provided in section #7 of the Contract.

III. The department chair must also provide signature approval for credit offered for all independent research projects or internships.

IV. Independent Study Students: Contact the Graduate School Office of Research and Compliance to discuss requirements for research compliance. Reminder: Participants must obtain ORC approval before being registered for the credit approved for their project.

V. Upon completion of the above, submit the following items to the Study Abroad Office, Williston Hall 417, DeKalb, Illinois, 60115 by the appropriate deadline:

- Completed Application for NIU Administered Study Abroad Programs
- Student Application Agreement
- Release of Disciplinary Records Form
- Faculty Directed Study Abroad Credit Contract
- One passport size photo for International Student I.D. Card
- $200 application fee/deposit

(Please continue to Contract)
FACULTY DIRECTED
STUDY ABROAD CREDIT
CONTRACT

SEMESTER:

† Fall 20___ † Spring 20___ † Summer 20___

Project/Internship Supervisor (NIU Faculty Member): ________________________________

Project/Internship Title: ________________________________________________________

Project/Internship Dates: _________________________________________________________

Project/Internship Credit Requested, e.g., ENGL, AHP, THEA, etc. ____________________

Project/Internship Destination (country[ies]): _________________________________
1. Describe in detail your travel plans, including dates/cities/countries to be visited, etc. Important: Departure and return dates must be provided.

2. Describe in detail the nature and content of your project.

3. Explain your goals and what you wish to accomplish with this project/internship. (If additional space is needed, attach a separate sheet.)

4. Explain how this research project/internship relates to your current academic program. (If additional space is needed, attach a separate sheet.)
5. Describe the nature and structure of the final report or other materials you will submit to the NIU faculty member directing the study. (If additional space is needed, attach a separate sheet.)

6. Project Submission Deadline: The project deadline should be assigned by the NIU project supervisor (NIU faculty member). Applicants must discuss this deadline and provide the project deadline on the line below.

__________________________________________________________

7. Faculty and Department Chair Approval: Applicants must obtain approval from the project/internship supervisor (NIU faculty member) and the department chair prior to submitting this contract to the Study Abroad Office.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Semester Hours</th>
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</thead>
<tbody>
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</table>

This is to certify that the nature and content of the project or internship as described in this contract meets faculty and departmental requirements for undergraduate or graduate-level students. It is my understanding that the SAO will enroll this student in the above credit. I understand that at the end of the semester it is my duty to review the project/internship and post a grade on MyNIU.

Faculty member name (please print):

______________________________________________________

Faculty member’s signature: ____________________________ Date: __________

Department: ________________________________________

Department Chair signature: __________________________ Date: __________

8. Office of Research Compliance: Complete the following information and contact the Office of Research Compliance. For more information regarding Office of Research Compliance requirements, please contact that office at 753-8588 or researchcompliance@niu.edu.
9. In filling out the section below and providing your signature, you (the applicant) verify that the information provided in this contract is correct. Information provided in this section will be used to assist our efforts to ensure compliance with NIU academic policies and procedures and for confidential statistical purposes.

It is the responsibility of students to know and observe all regulations and procedures relating to the program they are pursuing. Students admitted to NIU study abroad programs are held accountable to NIU course, registration and record regulations and procedures. Questions regarding satisfying elective and major course requirements should be addressed to the advising office of the college in which the student's major department is located.

<table>
<thead>
<tr>
<th>Print Student’s Name</th>
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<tbody>
<tr>
<td>Student’s Signature</td>
<td></td>
</tr>
<tr>
<td>Address (street address, city, state &amp; zip code)</td>
<td></td>
</tr>
<tr>
<td>Local Phone Number</td>
<td></td>
</tr>
<tr>
<td>E-mail Address (if applicable):</td>
<td></td>
</tr>
<tr>
<td>EMPLID (NIU students only)</td>
<td></td>
</tr>
<tr>
<td>ZID (NIU students only)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

Anticipated academic standing when study abroad activity begins:

☐ sophomore  ☐ junior  ☐ senior  ☐ graduate  ☐ student-at-large

Are you a citizen of the U.S.?  9Yes  9No  If no, what country? __________________________

How did you become interested in NIU’s study abroad program?

☐ “Around 60115”  ☐ Greek Telephone Directory  ☐ Northern Star Article  ☐ Residence Hall Presentation

☐ Academic Adviser  ☐ Handbill  ☐ Professor  ☐ Study Abroad Fair

☐ Bus Sign (external)  ☐ Information Table  ☐ Program Description  ☐ Study Abroad Reference Book

☐ Classroom Visit  ☐ NIU Catalog  ☐ Program Newsletter  ☐ Study Abroad Staff Member

☐ Direct Mail  ☐ NIU Channel 20  ☐ Radio Ad  ☐ Table Tent

☐ Email  ☐ NIU College of Business TV  ☐ Relative

☐ Flyer  ☐ NIU Study Abroad Website  ☐ Banner ads (on Northern Star or NS Radio websites)

☐ Former Participant  ☐ NIU Study Abroad Peer Advisor  ☐ Other __________________________

☐ Friend  ☐ Northern Star Ad  ☐ Other Study Abroad Website __________________________
Application for NIU Administered Study Abroad Programs:
FACULTY DIRECTED STUDY ABROAD CREDIT CONTRACT

Directions: Complete the following and mail or drop off these forms and the deposit to the Study Abroad Office, Williston Hall 417, Northern Illinois University, DeKalb, IL 60115.

† Fall 20__ † Spring 20__ † Summer 20__

___Application
___A clear and readable copy of the first page of the passport
___Student Application Agreement
___$200 application fee/deposit
___Release of Disciplinary Records Form
___TWO recent passport-size (2x2) photos (vending machine photos are not acceptable)
___Course Preference Form

1. BIOGRAPHICAL INFORMATION:

Last Name ____________________________ First ____________________________ Middle ____________________________ M ( ) F ( )

Local mailing address ____________________________ Street or Box ____________________________ City ____________________________ State ____________________________ Zip ____________________________

Phone # ____________________________ Business # ____________________________ Cell # ____________________________

Birthdate ____________________________ E-mail address ____________________________

Permanent address ____________________________ Street or Box ____________________________ City ____________________________ State ____________________________ Zip ____________________________

Phone # ____________________________ Business # ____________________________

EMPLID (NIU students only) ____________________________ ZID (NIU students only) ____________________________

2. NAME, ADDRESS, AND PHONE NUMBER OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

__________________________________________________________________________________________________________

3. STATUS AND ACADEMIC CREDIT INFORMATION:

UNDERGRADUATES: Undergraduate major ____________________________ Undergraduate minor ____________________________

Date undergraduate degree expected or granted ____________________________

Name of institution granting degree ____________________________

GRADUATES (Currently enrolled at NIU): Graduate major ____________________________

Date graduate degree expected or granted ____________________________

CURRENT GPA: ____________________________

SEMESTER HOURS OF CREDIT TO BE EARNED IN THIS PROGRAM (please check one): (Students may not audit study abroad courses)

9 3 hours 9 6 hours 9 Other (More than 6 hours option available on selected programs only) ____________________________

Please turn over and complete sections 4 through 7.
4. **PASSPORT:** - Important - Your U.S. passport must be valid SIX months beyond your intended stay overseas.
   
   __ I currently possess a valid U.S. passport that is valid six months beyond my departure date.
   
   __ I currently possess a valid passport from another country.
   
   Please indicate country: _____________________________
   
   __ I do not currently possess a valid U.S. passport, but will apply for one immediately. (See http://travel.state.gov/passport_services.html for information provided by the U.S. State Department.)

5. **COPY OF PASSPORT, PASSPORT NUMBER AND CITY OF ISSUANCE:**
   
   __ I have included a clear and readable copy of the first page of my passport.
   
   **Passport Number and City of Issuance** _____________________________

6. **METHOD OF PAYMENT OF PROGRAM COST:**
   
   __ I will pay the NIU program cost from my own funds.
   
   __ I wish to apply for a guaranteed student loan or financial aid and I will immediately contact the NIU Division of International Programs business manager in Williston Hall 407 regarding the application process and guidelines.
   
   __ I am an NIU student athlete.
   
   If “Yes”, a copy of your application will be sent to the Director of Compliance in Athletics.

7. **SIGNATURE REQUIRED:** In signing this form I certify the following:
   
   a. I understand the academic and student participation requirements of this program.
   
   b. I certify that I do not have any medical problem or disability that will keep me from functioning independently in the foreign country(ies) in which the activities of this program will take place.
   
   c. I understand that the NIU Study Abroad Office will register me for the agreed upon course(s) as designated by the Project Supervisor and approved by the NIU department chair.

   ____________________________________________  ____________________________
   Signature                                      Date

Northern Illinois University is an Equal Opportunity/Affirmative Action Institution
RELEASE OF DISCIPLINARY RECORDS
AND INFORMATION FORM

I hereby authorize the NIU Study Abroad Office to:

_____ disclose      X    exchange

information in the form of record copies and professional communication (written and / or oral
about) ____________________________________________

(Client’s full name)

regarding personal conduct, evaluation, treatment, counseling, and psychological testing to / with:

Office of Community Standards & Student Conduct
Northern Illinois University
DeKalb, Illinois 60115

This disclosure / exchange is requested for the purpose of:

X Sharing disciplinary records or information.

It has been explained to me that if I refuse to consent to this release of information, the following are
the consequences (specify, if any):

X Unable to contact the Office of Community Standards & Student Conduct and unable
to travel abroad as a participant in NIU’s International Program.

__________________________________________  _____________________________
Date                Signature of Student Traveling Abroad

__________________________________________  _____________________________
Witness Signature             Permanent Address of Student Traveling Abroad

__________________________________________  _____________________________
Phone number           ZID Number

__________________________________________  _____________________________

For Office Use Only:
_____  Record _____  No Record
________  SAO Staff Initials ________  Date
STUDENT APPLICATION AGREEMENT - Signature required on page 3

Please print

Student's Name: ___________________________________________________________

Legal Guardian, for minors: ___________________________________________________

Program Title:  Faculty Directed Study Abroad Credit Contract

Program City/Country: _______________________________________________________

Semester/Term:   ____________________________

I, the undersigned, do hereby present my request to participate in the above study abroad program through Northern Illinois University. The program has been generally explained to me, and I request that I be permitted to participate in the aforementioned program and the activities and programs connected therewith. The following personal consents; assumption of risk; inducements and undertakings are provided as a part of the consideration for the University to grant my request to participate in the study abroad program.

I hereby consent to receiving such medical and surgical procedures as may become necessary for my well-being, should the need arise, and I understand that any costs thereof will be borne by me if not covered by the Northern Illinois University student medical insurance plan. It is also understood that I am required to pay the Northern Illinois University fees at registration for NIU student medical insurance and thereby obtain that coverage to the limits now available to students on the campus of Northern Illinois University. While the University will assist in providing information on health care and insurance, it is solely my responsibility to ascertain that I have adequate health and accident insurance coverage that will be valid during my stay abroad.

Recognizing that participation in the program is voluntary and that there are certain inherent risks that I must assume, I agree and understand that Northern Illinois University, its Board of Trustees, their agents, officers, employees and any other educational institution associated in this program assume no institutional or personal liability for damage or loss of property, personal illness or injury, or death while I am a participant in this program, or for any financial or other obligations incurred by me in either the United States or elsewhere. I fully understand there are many forms of risk associated with study abroad programs, both foreseeable as well the unforeseen, and I voluntarily assume all such risks. For example, I understand that building safety standards in some foreign countries are not the same as those in the United States and agree to accept attendant risks.

STUDENT APPLICATION AGREEMENT - Signature required on page 3

Please print

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I understand that living in a foreign country may involve health and other personal risks. I agree to complete honestly, accurately, and fully all required pre-departure confidential health forms, and to exercise reasonable or recommended precautions while abroad with respect to food, drink, personal hygiene, personal conduct and exposure to known disease risk factors such as, but not limited to, mosquito bites (malaria where applicable) and sexual contact and behavior (HIV/AIDS and other sexually-transmitted diseases). I understand and agree that it is my responsibility to determine, in consultation with competent medical authorities, whether or not I should participate in the study abroad program. I agree to conform to applicable Host Institution health regulations and/or Host Country medical examination requirements for visa application.

Northern Illinois University strongly discourages students owning or operating vehicles while participating in study abroad programs. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles in foreign countries extremely hazardous. Insurance requirements, or other financial responsibilities and laws court systems vary from country to country. If, however, I am determined to operate a motor vehicle while abroad, I recognize that Northern Illinois University assumes no financial responsibility for legal aid, or for my care should I be involved in an accident while operating a motor vehicle.

As part of my consent and in consideration of my participation, I agree and understand that I will be subject to the supervision and authority of Northern Illinois University, its appropriate agents, officers, and employees, and they and each of them will have the prerogative and the decision respecting my continued participation in the program if my conduct or academic standing may warrant my withdrawal. I understand that students are expected to attend classes regularly unless otherwise indicated by illness or unavoidable circumstances. Likewise, as a guide for continued participation, I understand students are expected to display a sense of maturity and responsibility as student representatives of the University and the United States. I acknowledge and agree that if I am required to withdraw from the program for failure to maintain appropriate standards of study or behavior, I will no longer have access to any of the facilities arranged for participants in the study abroad program.

I understand that the international implications of this Agreement are such that my conduct during the course of the study abroad program is of utmost importance. I agree to conform to standards of conduct consistent with the maintenance of the reputation of the Host Institution and Northern Illinois University. Misconduct abroad refers to my actions, which in the judgment of the Study Center Director and/or other officials of the Study Abroad Office, jeopardize my own welfare and safety or that of fellow students and/or Program. Such actions include, but are not limited to, the following: the use of physical or verbal violence, violations of the laws of the country of Host Institution, openly abusing the customs and mores of the community, and unauthorized absences from classes and/or from the Study Center. I understand that failure to conform to said standards of conduct may result in the termination of my participation in the program.

I agree that in the event the Director of the Study Abroad Program, in his or her exclusive discretion, shall determine that my conduct or academic standards are detrimental to the best interests of the program, the Director may terminate my participation in the program. In the event of a termination pursuant to this agreement, Northern Illinois University shall not be required to refund to me any payment or portion thereof made by me to the University. Northern Illinois University may make such refunds as it, in its sole discretion, deems to be appropriate under the circumstances and consistent with NIU policy.

I understand that withdrawal or termination from the program, pursuant to this Agreement, whether or not authorized by Northern Illinois University or voluntary on my part, shall not diminish, or otherwise
Student Application Agreement

affect my obligation to make any and all payments due to Northern Illinois University. I agree to complete and return by the specified deadlines all documents and forms provided by the Study Abroad Office prior to my departure and understand that failure to do so may result in the University refusal to allow my registration for classes. I understand that students who are not registered for classes may not participate in the study abroad program.

Further, I agree to release, discharge, save, hold harmless, indemnify and defend the Board of Trustees of Northern Illinois University, Northern Illinois University, and their officers, employees and agents, from any and all past, present or future claims, demands, and/or causes of action, which may now, or in the future be asserted against any of the aforesaid by me, or by any third party or parties by reason of any accidents, injuries or actions by me while in transit to or returning from or while participating in the study abroad program unless due to their exclusive negligence.

It is understood and agreed if this consent and release is signed by a parent or guardian, he or she is signing on behalf of the participating student and he or she agrees to the terms hereof on the participating student's behalf.

Terms Accepted by:

________________________________________________ _______________________
Signature of Participating Student                     Date

________________________________________________   _______________________
Signature of Parent or Guardian                        Date
(if student is not of legal age)

Printed Name of Parent or Guardian:________________________

PARENTS AND APPLICANTS UNDER 18 YEARS OLD SHOULD SIGN THIS FORM.
APPLICANTS 18 YEARS OR OVER SHOULD SIGN THE FORM THEMSELVES.

Are you a U.S. citizen? 9 YES 9 NO
This information is vital in determining special visa requirements for non-U.S. citizens participating in programs where visas are required for entry into the country of destination.

TO MONITOR COMPLIANCE WITH CIVIL RIGHTS LEGISLATION, FEDERAL AND STATE AGENCIES REQUIRE UNIVERSITIES TO DESCRIBE THEIR RACIAL/ETHNIC POPULATIONS. YOUR RESPONSE TO THE FOLLOWING WILL ASSIST OUR EFFORTS TO ENSURE COMPLIANCE. PLEASE CHECK THE CATEGORY THAT BEST DESCRIBES YOUR RACIAL/ETHNIC BACKGROUND (OPTIONAL).

□American Indian or Alaskan Native  □Asian or Pacific Islander  □White, Non-Hispanic
□Hispanic                       □Black, Non-Hispanic         □Other (please specify)