

EXTERNAL APPLICATION

We are pleased that you are interested in applying for a Study Abroad+Study USA travel course through La Roche College. **This application is for external applicants not currently enrolled at La Roche College and any La Roche College employee.** If you are a current LRC student, please contact the Study Abroad Office to obtain the appropriate application information or visit www.laroche.edu/SASUSA

La Roche College allows non-La Roche students and non-students to apply for admission into Study Abroad+Study USA travel courses. Acceptance into travel courses is contingent upon faculty approval as well as the Study Abroad Office. Please note that some courses may not accept external applicants.

All applicants will be considered after the following items have been received:

- A completed application form
- \$75 non-refundable application fee

Accepted applicants should send written confirmation of their intent to enroll in a travel course by submitting a deposit in the amount specified in the program cost sheet within the time period indicated. This deposit is applied toward the total cost of the travel course. If the applicant is unable to participate after the deposit is made, any fees paid are subject to the Study Abroad Office's refund policy governing withdrawal from courses.

For more information, contact the Study Abroad Office at 412-536-1037 or visit www.laroche.edu/SASUSA.

Please address all correspondence to:

La Roche College
Study Abroad Office
9000 Babcock Boulevard
Pittsburgh, PA 15237

**Admission
Policy for
La Roche
College
Study Abroad+
Study USA
Travel Courses**

NON-LRC STUDENT APPLICATION FORM**Applicant
Information****Name of travel course:** _____ Maymester Summer Semester Fall Break Winter Break Spring Break 2011 2012 2013 2014**Name:** _____
Last First Middle**Gender:** _____**Date of birth:** _____ (mm/dd/yyyy) **Citizenship:** _____**Name as it appears on your Passport:** _____**Passport Number:** _____**Issue Date:** _____ **Expiration Date:** _____**E-mail address:** _____**Home phone #:** _____ **Cell phone #:** _____**Street address:** _____ **Apt #:** _____**City:** _____ **State:** _____ **Zip:** _____**Parent or
Guardian
Information
(if applicable)****Name:** _____
Last First Middle**Home phone #:** _____ **Cell phone #:** _____**Address (if different from above):** _____ **Apt #:** _____**City:** _____ **State:** _____ **Zip:** _____**Work address:** _____**City:** _____ **State:** _____ **Zip:** _____**Work phone #:** _____

NON-LRC STUDENT APPLICATION FORM**College/
University
Information**
(if applicable)**College/university currently enrolled in** (for non-LRC students): _____**College/university address:** _____**City:** _____ **State:** _____ **Zip:** _____**Telephone #:** _____**Statement of
interest/
previous
travel
experience****Why do you wish to participate in this travel course?**

Describe any previous study or travel experience you have:

Signature of applicant: _____**Date:** _____

MEDICAL FORM**Medical
Report****To be filled in
by applicant****Name:** _____**Address:** _____**Date of birth:** _____ **Sex:** _____ **Height:** _____ **Weight:** _____**Physician name:** _____**Telephone:** _____ **Fax:** _____**Duration of travel course (i.e. 5 days, 1 week, etc.):** _____**Are you in good physical and mental health, so far as you know and believe?** Yes No (*explain*) __________
_____**What diseases, ailments or injuries have you had in the past five years?**_____

_____**Have you had any allergic reactions? If so, to what?**_____

_____**Are you currently on any medications? If so, please list.**_____

_____**If you are currently on a restricted diet, please give details. (Vegan, no red meat, etc.)**_____

MEDICAL AUTHORIZATION/EMERGENCY CONTACT INFORMATION

By signing this form, I authorize a representative from La Roche College to speak directly with my health care provider to obtain more information concerning my health problems, IF IT IS DEEMED NECESSARY. I further understand that this information is completely confidential and will be used solely for the purpose of ensuring that my participation in the Study Abroad+Study USA Program will not compromise either my safety and well-being or that of the group.

I further understand that if La Roche College deems that my participation in the Study Abroad+Study USA Program will in any way endanger my safety and the well-being or that of the group, I will be denied admission. I understand that not all of the services and support systems provided at the La Roche College campus are available abroad.

I understand that any undisclosed health or psychological issues will be cause for denial of admission to the Study Abroad+Study USA Program or dismissal while on a travel course. I understand that any health or psychological problems that arise between the time of my admission to the travel course/submission of the health clearance form and departure for the travel course must be reported. At such time, La Roche College will re-evaluate my application and reserves the right to revoke admission to the program if such action is deemed necessary.

**Emergency
Contact**

Name(s): _____

Relationship to applicant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone(s): _____

E-mail address (if available): _____

In the event of an emergency while on a travel course, La Roche College may notify my emergency contact(s). In the event that I need medical or psychological care, hospitalization or surgery while on a travel course, I understand that every effort will be made to contact the person(s) listed above. In case my emergency contact(s) cannot be reached an immediate decision about care or treatment must be made, I authorize La Roche College, through its representatives, to secure necessary treatment. La Roche College may, but is not obligated to, take any actions that it considers to be necessary regarding my health and safety.

Name of applicant (printed): _____

Signature of applicant: _____

Date: _____

LA ROCHE COLLEGE ASSUMPTION OF RISK AND RELEASE FORM

Study Abroad+Study USA travel courses provide unique opportunities for academic achievement and personal growth, but these courses also entail special risks. This release form specifies certain areas of risk that you should know about prior to applying to a Study Abroad+Study USA travel course.

I _____, hereby agree as follows:

1. **RISKS OF TRAVEL COURSES:** I understand that participation in the La Roche College Study Abroad+Study USA Program may involve risks not found in study on campus at La Roche College. These risks include, but are not limited to those risks involved in traveling to and within, and returning from, one or more foreign countries, foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; OR within the United States, different local/state ordinances, laws and statutes. I have made my own investigation, and am willing to accept these risks.
2. **INSTITUTIONAL ARRANGEMENTS:** I understand that the College does not represent or act as an agent for, and cannot control the acts or omissions of any transportation carrier, hotel, travel organizer or other provider of goods or services involved in the Program.
3. **LIMITS OF COLLEGE RESPONSIBILITY:** I understand that the College cannot:
 - a. Guarantee the safety of participants or eliminate risk from the travel course environment.
 - b. Monitor or control all the daily personal decisions, choices, and activities of individual participants.
 - c. Prevent participants from engaging in illegal, dangerous or unwise activities.
 - d. Assure that US standards of due process (while abroad) apply or provide or pay for legal representation for participants (either abroad or within the US).
 - e. Assume responsibility for the actions of persons not employed or otherwise engaged by the College, for events that are beyond the control of the College and its affiliates, or for situations which arise from the failure of a participant to disclose pertinent information.
 - f. Assure that the home-country cultural values will apply on the program when these differ from those of the host country.
 - g. Be responsible for any injury or loss suffered when traveling independently or otherwise separated or absent from any College-supervised activities.

LA ROCHE COLLEGE ASSUMPTION OF RISK AND RELEASE FORM CONT.

4. HEALTH AND SAFETY:

- a. I have consulted with a medical doctor/physician with regard to my personal medical needs. There are no health-related reasons or problems that preclude my participation in the Program.
- b. I understand that the program I am participating in includes mandatory insurance coverage. I may not opt out of this coverage in favor of a personal insurance policy. I may add additional insurance coverage at my own discretion. The College is not obligated to attend to any of my medical or medication needs, and I assume all risks and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States during the Program, the College is not responsible for the cost or quality of such treatment or care. I agree to promptly express any health or safety concerns to the Program staff or other appropriate individuals.
- c. The College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto (if not covered by my insurance) and release the College from any liability for any actions.

5. STANDARDS OF CONDUCT:

- a. I understand that each foreign country has its own laws and standards of acceptable conduct including but not limited to: dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the College's relations with those countries and institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will traveling during my participation in the Program.
- b. I understand that each state within the United States has its own local laws, ordinances and statutes. I recognize that behavior which violates those laws or standards could harm the College's relations with those states and institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each state to or through which I will traveling during my participation in the Program.
- c. I also will comply with the College's and the Program's rules, standards and instructions for participant behavior.
- d. I understand that ignoring instructions given by the faculty leader(s), travel director, or other travel course chaperones may lead to disciplinary action, and may lead to my dismissal from the course.

LA ROCHE COLLEGE ASSUMPTION OF RISK AND RELEASE FORM CONT.

- e. I agree that the College has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including termination from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the College, the Program, or other participants. I recognize that due to the circumstances of travel courses, procedures for notices, hearing and appeal applicable to student disciplinary proceedings at the College do not apply. If I am terminated from the Program, I consent to being sent home at my own expense with no refund of fees or program costs.
- f. I will attend to any legal problems I encounter with any foreign nationals or government of the host country, as well as those that occur within any state in the US. The College is not responsible for providing any assistance under such circumstances.
6. **PROGRAM CHANGES:** The College has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the College's fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am terminated from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes if it is not covered by my insurance. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will, at my own expense, seek out, contact, and reach the Program group at its next available destination (if applicable).
7. **ASSUMPTION OF RISK AND RELEASE OF CLAIMS:** Knowing the risks described above and in consideration of being permitted to participate in the Program during the time period indicated on my application, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program during the time period indicated on my application. I hereby agree to release, hold harmless and indemnify officers of La Roche College, its employees, and agents and the Board of Trustees, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person during my participation in the Program during the time period indicated on my application (including period in transit to or from any country or state where the Program is being conducted).

Name (please print): _____

Signature: _____

Date: _____

TRAVEL COURSE PAYMENT SCHEDULE, CANCELLATION AND REIMBURSEMENT POLICY

I understand, and will comply, with the following payment schedule and terms of withdrawal:

Minimum Payment Schedule:

Down Payment: \$200 (non-refundable and needed to secure a spot)

90 Days before Departure: 60% of remaining balance

50 Days before Departure: Remaining balance

** At any time additional funds may be paid toward the cost of the travel course. The figures listed above are minimums only.

Reimbursement Policy for withdrawal:

If the Study Abroad Office is notified **at least 90 days prior** to the date the travel course is to depart that you, the participant, must withdraw from the course, a full refund of the funds paid to that point will be given, less the \$75 application fee and \$200 deposit.

If the Study Abroad Office is notified **at least 75 days prior** to the date the travel course is to depart that you, the participant, must withdraw from the course, a 50% refund of the funds paid to that point will be given, less the \$75 application fee and \$200 deposit.

If the Study Abroad Office is notified **less than 75 days prior** to the date the travel course is to depart or less that you, the participant, must withdraw from the course, no refund will be given and the outstanding balance is immediately payable to La Roche College.

Exceptions:

The above withdrawal policy may be reconsidered if the individual has a true medical, family or financial emergency. The Study Abroad Office must be notified, in writing, regarding the nature of the emergency in order to appeal for an exception to the above reimbursement guidelines.

Name (please print): _____

Signature: _____

Date: _____