

Dominican Republic Application



School of Nursing

**Center for International Programs and Services,
The University of Memphis
102 Brister Hall
Memphis, Tennessee 38152-3460
Phone: (901) 678-2814 fax: (901) 678-4949**

**University of Memphis
Study Abroad Application Form**

Please type or print clearly.

Part I: Information

Name of Program: <u>Nursing in Diverse Cultures</u> Country <u>Dominican Republic</u>
Program begins (date) _____ Program ends (date) _____
Department <u>Nursing</u> Professor : <u>Lawrette Axley, PhD, RN, CNE</u>

Name _____
Last (family or surname) First (given) Middle

Date of Birth _____(dd) _____(MM) _____(YY) Female Male

Citizenship _____ Memphis, TN City/Country of Birth _____ USA _____

Current Address

Street, Apartment, P.O. Box _____ City _____ State _____ Zip _____

Permanent Address

Street, _____
Apartment, P.O. Box _____ City _____ State _____ Zip _____

Social Security No. (or U of M ID No.) _____ Telephone _____

E-mail _____

University, College or School Loewenberg School of Nursing

Classification: freshman sophomore junior senior Graduate Student

Cumulative G.P.A.: _____

Major field(s) of study: _____ Minor field(s): _____

Anticipated graduation date: _____/_____/_____ (Month and Year)

Academic period for which you wish to enroll (please circle one)

Fall Spring Summer Academic Year

Part II: OPTIONAL (you may choose not to complete this section)

1. Ethnicity:

- Native American/Alaskan Native Asian American/ Pacific Islander

- African-American Hispanic American White, Non-Hispanic

- Multiracial Other, Please specify _____

2. How did you find out about the University of Memphis Exchange program? *You may choose more than one answer*

- Promotional materials edited by the Study Abroad Office (specify)

- Publications (specify)

- Recommendation by your academic advisor or Professor

- The University of Memphis catalog

- Recommendation by a friend

- Student fair (Specify which one)

- Internet (Specify which one)

- Other (Specify)

I acknowledge that all my statements on this application form are complete and accurate. If I am accepted by the University of Memphis to study abroad, I agree to follow its rules. I also agree to provide the Center for International Programs and Services a description and evaluation of my study abroad experience within (60) days of completion of the program.

Applicant's Signature

Date

Conditions of Participation and Program Acceptance

In accordance with university policy, the Center for International Programs and Services wishes to reaffirm student rights and responsibilities in relationship to studying abroad. The following statement is issued in accordance with University policy and after consultation with appropriate University officers. As with all academic programs, the student is responsible for learning the content of a course of study according to all standards of performance established by the faculty. In turn, the student has the right to a course grade that represents the instructor's good faith judgment of the student's performance in the course.

All rules for student conduct, as outlined in the University of Memphis Undergraduate/ Graduate Catalog, continue to apply while the student is overseas. **The University of Memphis reserves the right to withdraw a student from the program for violation of these rules or the laws of the host country, disruptive behavior, academic reasons, or conduct which could bring the program into disrepute. Such a decision to withdraw a student will be final and refund will not be made.**

Students are expected to:

- Be responsible for all information contained in the Center for International Programs and Services and The University of Memphis materials concerning fees and program details;
- Attend all orientation meetings;
- Carry a health insurance plan which provides international coverage
- Pay all fees and all personal expenses incurred while studying abroad; Any outstanding program fees at the host university will cause a hold to be placed on the student's University of Memphis account until the Study Abroad Office receives confirmation that the balance owed abroad has been paid.
- Arrange for and complete all academic work within the allotted time period; Participants must be full-time students while on study abroad and exchange programs. A full course load is considered to be the same as that of a regular full-time degree candidate at the host university. Recreational travel and activities must not interfere with the successful completion of the academic program;
- Respect the reasonable wishes of their hosts when living in a private home;
- Obey all laws, police regulations and practices of the host country and those of the countries in which they travel. Students are also subject to all academic and disciplinary regulations of the host university. **Anyone engaging in unacceptable behavior will be dismissed from the program and is liable for program fees and expenses associated with early departure from the program.**
- Arrive and depart from pre-arranged programs accommodations per specified dates and times.

- Unless otherwise indicated, students are responsible for making all travel arrangements and obtaining passports and visas.

I have read and agree to abide by the above conditions of participation.

Name: _____

Signature: _____

Statement of Understanding

The University of Memphis (hereinafter, "University") offers a study abroad program (hereinafter, "Course") through the Center for International Programs and Services. The parties acknowledge

that the Student resides and the University is located in Memphis, Tennessee, and that Tennessee is the appropriate forum for any matter related to Course.

I, _____, acknowledge that there are certain risks inherent in Course, including but not limited to death, injury, and damage arising during my participation in Course, and that all risks cannot be prevented. I further acknowledge and agree that it is solely my decision and responsibility, and not that of the University, to determine, in consultation with my physician if necessary, whether my physical condition permits me to participate in any element of Course. If any accommodation is required, I agree to submit appropriate documentation to the University prior to my participation in Course. I acknowledge and agree that the University does not provide health and accident insurance for my participation in Course, and that I am responsible, financially and otherwise, for any medical bills incurred as a result of emergency or other medical treatment. I also acknowledge and agree that I am required by University policy to obtain and that I will purchase an International Student Identity Card (ISIC) which is provided through the Council on International Educational Exchange (CIEE).

I also acknowledge that in the event that I withdraw from the program during the course of the program I will not be entitled to any refund of fees and charges paid.

For good and adequate consideration, receipt of which is hereby acknowledged, I agree to the following:

1. This Agreement shall be governed by and interpreted in accordance with the laws of Tennessee without regard to its conflict of law principles.
2. Any and all claims against the State of Tennessee, its officers, agents, and employees in performing any responsibility specifically required under the terms of this Agreement or associated with the Student's participation in Course shall be submitted to the Board of Claims or the Claims Commission of the State of Tennessee as provided for at T.C.A. 9-8-307, attached. Damages recoverable against the State of Tennessee shall be limited to claims paid by the Board of Claims or the Claims Commission pursuant to Tennessee law.
3. In the event that any provision of this Agreement is deemed to be unenforceable, the remaining provisions shall continue in full force and effect.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND THAT I SIGN VOLUNTARILY.

Student's Name

Student's Signature

Date

The University of Memphis

Health Information

This form is to be completed by the participant.

Name _____ Sex _____

Program _____ Nursing _____ Term _____

The purpose of this form is to help The University of Memphis to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program director be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The University of Memphis may not be able to accommodate all individual needs or circumstances. This information does not affect your admission to the program.

Medical History

Yes ___ No ___ 1. Are you generally in good physical condition? (If no, please explain.)

Yes ___ No ___ 2. Do you have any psychological or emotional problems that would adversely affect your participation in the program? (If yes, please explain.)

Yes ___ No ___ 3. Do you have allergies? (If yes, please explain.)

Yes ___ No ___ 4. Are you taking any medications? (If yes, list and explain.)
Bencar- Antihypertensive

Yes ___ No ___ 5. Have you had any major injuries, surgeries, diseases or ailments in the past five years that would adversely affect your participation in the program? (If yes, please explain.)

Yes ___ No ___

6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)

Yes ___ No ___

7. Is there any additional medical information which would be helpful for the program director to be aware of during your study abroad experience? (If yes, please explain in detail).

I certify that all responses made on this Health Information form are true and accurate, and I will notify The University of Memphis hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant _____ Date _____

Permission for Emergency Treatment

Please type or print all requested information.

Applicant's Name _____
Last First Middle

On rare occasions a person participating in an overseas study program faces a health emergency requiring hospitalization and immediate treatment. To prevent dangerous delay in such an emergency, The University of Memphis strongly recommends that the student and his/her parent or guardian or that the non-student (auditor) complete and sign the following statement. The program director should be provided three (3) copies and the person should carry one copy at all times while abroad:

In the event of an emergency illness or injury affecting (myself, son, daughter, ward)
_____, born _____,
person's name date

the undersigned hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering an anesthetic and performing necessary surgery.

Blood Type _____ Known allergies to medication: _____

Signature Date

Person to notify in case of an emergency illness or accident:

Name _____ Relationship _____

Address

Telephone: Home _____ Work _____

Important: The University of Memphis also wishes to inform students and others participating in our Study Abroad Programs/Courses that it is not possible to have access to the type of mental health assistance available in this country. In our admission process, we do not discriminate against individuals with disabilities. However, for your own welfare, we ask that if you have had any such problem that could affect your participation in the program you should consult with a mental health professional before you leave to discuss the potential stress or other adverse consequences of study abroad. Again, please be reminded that mental health treatment is not as widely accessible in many foreign countries as it is in the United States.

The University of Memphis

Illegal Drug Use Policy

The use of illegal drugs is no more accepted in foreign cultures than in our own and is treated as a serious criminal offense. Sometimes Americans who imagined they would never get caught, or who thought they would get off lightly if they were caught, have suffered greatly as a result of drug-related incidents. Americans in a foreign country are subject to the laws of that country. The American Embassy cannot obtain a release from jail for an American citizen, but can only aid in obtaining legal assistance.

Such activities place not only the individual but also the group and the program in jeopardy. We require that all students participating in our program read the conditions under which they agree to participate as stated below and sign this agreement prohibiting them from using illegal drugs during the term of the program. The University of Memphis has adopted the following for dealing with illegal drug use, and I acknowledge and agree to the following:

The consequences of illegal drug use during the program include: **immediate expulsion from the program, immediate return to the United States, total forfeiture of all fees paid or due to the program, and the loss of all course credit.**

Students should take responsibility, both individually and as a group for assuring that The University of Memphis rules regarding drugs are strictly observed. If any student becomes aware that a fellow participant is violating this policy, the student should report the violation to the program director immediately.

Please return this form to the Center for International Programs and Services with your signature. This signed statement must be on file with the Center for International Programs and Services prior to your departure.

I have read the above and understand that use or possession of any quantity of marijuana, cocaine or other illegal drug is totally prohibited to participants throughout the program. I understand that this prohibition applies not only while I am in the company of fellow participants, but also when I am alone or with people not associated with the program. I have read the consequences for violation noted above and will abide by the stipulations set forth. I also understand my responsibilities in insuring that others observe the policy and responsibilities outlined above.

Signature of Participant

Date

CONSENT FOR RELEASE OF INFORMATION

Name _____ SSN# _____

Program for which you are applying _____

To THE STUDENT: The information released by your signature on this form will be reviewed by the Office of International Programs along with your completed application packet to determine your suitability for study abroad; it will be shared with program staff, faculty, or appropriate professionals only if pertinent to the study abroad program or the safety of related personnel or participants. A minor infraction may block your selection to study abroad.

By signing below, I authorize the release of my information contained in my student records. I understand that this includes any judicial records I may have and financial aid information related to the payment of my study abroad program fees.

Signature of student

Date

University of Memphis
Office of International Programs and Services
102 Brister Hall
Memphis, TN 38152

CHECKLIST:

The following forms should be submitted with your application.

- Application
- Students Rights and Responsibilities
- Special Needs/ Health Information Form
- Permission for Emergency Treatment
- Illegal Drug Use Policy
- Consent for Release of Information
- Parent/Guardian Communication Form
- Proof of Insurance
- ISIC ID Card – (This card will be issued by the study abroad office)
- Copy of Passport (When available)
- Flight Itinerary (When available)

Application Fee Agreement

Student Responsibility

In accordance with the University of Memphis Study Abroad Office I, _____
_____ acknowledge that once I have been placed in a Study Abroad
program the \$100 deposit is non-refundable.

Participant Signature

Date

Coordinator Signature

Date