



STUDY ABROAD APPLICATION COVER SHEET

_____ I have completed the entire application

_____ I have signed the application and had it notarized

_____ I have included the signed medical form

_____ I have included a copy of my transcript (may be unofficial from BANNER)

_____ I have submitted a COLOR copy of my passport

Or

_____ I have applied for my passport

_____ I have submitted a copy of my driver's license

_____ If accepted, I am ready to pay the deposit for this trip

Application for CTC Study Abroad

Instructions:

To apply for consideration in the Chattahoochee Tech Study Abroad trip, please complete all sections below, including all necessary attachments; sign and date the form at the end, and return it no later than the deadline posted.

Section 1: Personal Information – [please print neatly]

Name: (Please print) _____

Current Address: _____

CTC School ID#: 900_____ Social Security #: _____

Email address: CTC - _____

Personal - _____

Phone: Cell - _____ Work - _____ Home - _____

Date of birth: ____/____/____ Gender: F ____ M ____

Emergency Contacts:

#1 – Name: _____

Relationship to you: _____

Cell phone: _____ Work - _____ Home - _____

Email: _____

#2 – Name: _____

Relationship to you: _____

Cell phone: _____ Work - _____ Home - _____

Email: _____

Section 2: Passport Information

Citizenship: U.S. Citizen? Y ___ N ___ (specify: _____)

Have a valid passport? Y ___ * N ___ (If no, have you applied for one? Y ___ N ___)

If yes – Place of issue: _____

Date of issue: _____

Expiration date: ____/ ____

***Please attach a COLOR copy of your passport and your driver's license to this application**

Section 3: Academic Information

Program major at CTC: _____

How many semesters of study at CTC: _____

Current GPA _____

Expected date of graduation ____/ ____

List the name of two instructors who are familiar with your academic work and character, and who will provide references for you:

Name of Instructor: _____

Instructor Phone: _____ Email: _____

Name of Instructor: _____

Instructor Phone: _____ Email: _____

***Please attach a copy of your current transcript (this can be an unofficial transcript obtained through BANNER)**

Section 4: Medical Assessment for Chattahoochee Tech Study Abroad Travel Clearance (pp.4-6)

Note: The following questions are designed to understand individual needs, and to aid the sending and receiving of medical assistance in the event of an emergency. The information you provide will remain confidential and will only be shared with the CTC program staff and faculty as necessary. Please return the completed and signed form along with your trip application.

THIS SECTION TO BE COMPLETED BY A MEDICAL PRACTITIONER:

Traveler's Name: _____

Date of Birth: _____

General state of health: Excellent ___ Good ___ Fair ___ Poor ___

_____ Is recommended to participate in study abroad/overseas travel with no restrictions

or

_____ Is recommended to participate in study abroad/overseas travel with the following restrictions:

Health History

Do you currently have or have you ever been treated for any of the following? Describe any health conditions that require medical maintenance:

| YES | NO | CONDITION | EXPLAIN |
|-----|----|------------------------------------------------------|--------------------|
| | | Diabetes | |
| | | Hypertension | |
| | | Congenital heart disease/coronary issues | |
| | | Stroke/TIA | |
| | | Asthma | Last Attack date: |
| | | Lung/Respiratory disease | |
| | | COPD | |
| | | Ear/Eyes/Sinus problems | |
| | | Muscular/skeletal problems | |
| | | Head injury/Concussion | |
| | | Altitude sickness | |
| | | Psychiatric/psychological problems | |
| | | Behavioral/neurological problems | |
| | | Fainting spells/dizziness/vertigo | |
| | | Kidney disease | |
| | | Seizures | Last Seizure date: |
| | | Abdominal/stomach/digestive problems | |
| | | Thyroid disease | |
| | | Chronic fatigue problems | |
| | | Sleep apnea/sleep disorder | |
| | | Surgeries/hospitalizations relative to this trip | |
| | | List any other medical conditions not covered above: | |

Allergies/Medications

Are you allergic to or do you have any adverse reactions to any of the following?

| YES | NO | ALLERGY or REACTION | EXPLAIN |
|-----|----|--------------------------------|---------|
| | | Medication | |
| | | Food | |
| | | Insect bites/stings | |
| | | Plants or environmental issues | |

LIST ALL MEDICATIONS CURRENTLY USED:

Traveler must bring sufficient medications for the length of the trip, and they must be in the original containers. Check for expiration dates, especially on inhalers and epi-pens. Copies of medication prescriptions should be available in case of need to replace or refill while on the trip.

Immunizations

Please answer for each of the following:

| YES | NO | IMMUNIZATION | DATE |
|-----|----|-------------------------------|------|
| | | Tetanus | |
| | | Pertusis | |
| | | Diphtheria | |
| | | Measles/mumps/rubella | |
| | | Polio | |
| | | Chicken Pox | |
| | | Hepatitis A | |
| | | Hepatitis B | |
| | | Meningitis | |
| | | Influenza | |
| | | Other relevant immunizations: | |

Please indicate the best response to the following questions:

Is the traveler comfortable walking 3-5 miles each day at a brisk walking pace? (Including stairs)

Yes ____ No ____

Comments: _____

Are there any dietary restrictions for the traveler?

Yes ____ No ____

Comments: _____

Is the traveler comfortable with minimal sleep, including late night excursions and early morning departures?

Yes ____ No ____

Comments: _____

Does the traveler have any anxieties or fears which would make traveling and/or visiting various attractions difficult? (i.e., **motion sickness, fear of heights, claustrophobia**, etc.)

Yes ____ No ____

Comments: _____

Is the traveler a daily smoker?

Yes ____ No ____

Is the traveler pregnant?

N ____ Y ____ - How far along? _____

Any other medical conditions of which we need to be aware? N ____ Y ____ - please specify:

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip _____

Signature of Physician, PA, APRN or RN: _____

Date of Exam: _____

Section 4: Experience and Goals

Have you previously traveled outside of the U.S.? N___ Y___ - where, when, and for how long?

Please identify languages other than English that you speak and/or have studied? _____

Any special rooming concerns or requirements? _____

Any special traveling concerns or requirements? _____

Please write in the space below specific sites or activities you would like to participate in while on this trip:

Section 5: Terms and Conditions Statement:

Chattahoochee Technical College adheres to the Standards of Good Practice for Short-Term Education Abroad Programs, as developed by The Forum on Education Abroad. The focus of these standards foster student learning and development in the following six areas: Student Development, Learning Outcomes, Language and Intercultural Development, Intrapersonal Development, Environmental and Cultural Responsibility, and Assessment. Each CTC Study Abroad trip will integrate curriculum and on-site field work, meeting all Technical College System of Georgia (TCSG) state standards for each particular course. All CTC Study Abroad students have an obligation to prepare adequately, and remained focused on the academic purpose of the trip. This is NOT simply a pleasure excursion.

Please carefully read and initial each of the following Terms and Conditions Statements, acknowledging the student's role in a successful CTC Study Abroad trip:

Student Intent to Participate: I acknowledge that I am voluntarily requesting participation in this study abroad trip, am fully aware of the academic nature of the study abroad trip, and agree to participate fully in the mandatory curriculum, activities, and excursions, both before, during, and after the trip.

Acceptable Conduct by Participant: I understand that while on the trip, I will be under the direct supervision of CTC faculty and travel vendor staff at all times. I further acknowledge that the supervising faculty/staff have sole authority to make decisions regarding my continued participation in the program, and if my conduct necessitates disciplinary actions, I will forfeit some, or all, of the trip, and will be sent home at my own expense and legal considerations. I agree to act in an appropriate manner at all times, and will abide by Chattahoochee Tech's stated Code of Conduct policies, as well as local laws and statutes. _____

Legal Problems: I understand and acknowledge that should I develop legal problems during the course or related to the study abroad trip, that I will be responsible for using my own funds and resources to handle those problems. Neither Chattahoochee Technical College, its staff/faculty, or the travel vendor representatives will be responsible for providing assistance under those circumstances. _____

Risks of Study Abroad: I further acknowledge that participation in a study abroad program involves some risk of injury, illness, or loss of personal property. I agree to release and forever discharge Chattahoochee Technical College, its members individually, and its officers, agents, and employees, for all claims, demands, rights, and causes of action whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages or loss of property and the consequences thereof, resulting from my participation in this study abroad program and related activities. _____

Independent Activity: I understand it is a requirement of this study abroad trip to never go off alone, and always venture out on independent activity with a minimum of three members of the study abroad group. I understand and acknowledge that neither Chattahoochee Technical College, its members individually, and its officers, agents, and employees is responsible for any injury or loss that I may suffer when I travel independently, are separated from, or are otherwise absent from any Program activity or the rest of the group. _____

Institutional Arrangements: I understand and acknowledge that neither Chattahoochee Technical College, its members individually, and its officers, agents, and/or the study abroad coordinators and supervising faculty are responsible for matters that are beyond their control, and I hereby release the aforementioned from any loss, injury, damage, accident, delay, or expense arising from such matters.

Health Problems: I further acknowledge that, to the best of my knowledge, I am in good physical and mental health and am deemed capable of undertaking study in a foreign country. I acknowledge that any medical, mental, or health-related problems I may have, have been fully disclosed and explicitly described in this application. I further acknowledge that Chattahoochee Technical College, its members individually, and its officers, agents, and/or supervising faculty have my permission to access my relevant medical/mental health records, and are authorized to obtain and provide treatment and/or services that I may require during this study abroad program. _____

CTC's Rights and Powers: Chattahoochee Technical College reserves the right to cancel, without penalty, the offering and conduct of the study abroad program, to make any alterations, deletions, or modifications in the itinerary as necessary. _____

Please carefully read and sign the following in front of a notary public:

Waiver of Chattahoochee Technical College Liability and Indemnification of the College for Risks and

Damages: As a condition precedent to my participation in this study abroad program, I agree to exercise reasonable care at all times with respect to the safety of my own person and personal property, and with respect to the safety of other participants and their personal property. I understand, however, that there are certain dangers, hazards, and risks inherent in the activities included in this study abroad program. I acknowledge that participating in this study abroad program may involve the risk of damage to property, bodily injury, and in some cases, even death. Neither Chattahoochee Technical College, its members individually, its officers, agents, and/or supervising faculty or program coordinators, assumes any responsibility for such personal injuries or property damage. I further acknowledge that I am at least 18 years of age, and am competent to sign this document.

Accordingly, I myself, my spouse (if applicable), heirs, assigns, related individuals and related entities, do hereby waive, release, absolve, discharge and agree to hold harmless Chattahoochee Technical College and its Board of Trustees, directors, officers, employees, faculty, staff, agents and insurers, and the study abroad coordinators (collectively, the "Released Parties"), from and against any and all rights, claims, demands, causes of actions, obligations, suits, liens, damages, or liabilities of any kind and character whatsoever, whether known or unknown, suspected, or claimed, which I shall, or may have, in the future against the Released Parties arising out of, based on, related to, or connected with, my enrollment and participation in this study abroad program. I also agree to indemnify and hold the Released Parties harmless from the payment of any and all judgments settlements, costs, disbursements and attorneys' fees that are associated with the Released Parties having to defend or investigate any claim, action or proceeding of any type whatsoever arising out of my enrollment or participation in the study abroad program, including, but not limited to, claims for breach of contract, negligence, strict liability, or otherwise. This indemnification obligation and Release, Waiver of Liability and Hold Harmless Agreement does not, however, absolve the Released Parties from any liabilities, damages, costs, disbursements and attorneys' fees incurred due to its intentional or reckless conduct. I understand that if any fact with respect to which this Release, Waiver of Liability and Hold Harmless Agreement is executed is found hereafter to be other than or different from the fact in that connection now believed by me to be true, I expressly accept and assume the risk of such a possible difference in fact and agree that this Release, Waiver of Liability and Hold Harmless Agreement shall be and remain effective not withstanding such difference in facts.

Other Provisions:

- a. The Released Parties are granted permission to authorize emergency medical or mental health treatment, if necessary, and that such action by the Released Parties will cause them to assume no responsibility for any injury or damage, which might arise out of, or in connection with, such emergency treatment.
- b. It is my express intent that this Release, Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse (if applicable), and if I am deceased, it shall be deemed as a release, waiver, discharge, and covenant not to sue the Released Parties by my family and spouse (if applicable), for any matter arising out of my participation in this study abroad program.
- c. By signing this document, I acknowledge and represent that I am fully informed of the contents of this Release, Waiver of Liability and Hold Harmless Agreement. By reading it before signing it, and by signing this document as my own free act and deed, I confirm that no oral representations, statements, or inducements, apart from those made herein, have been made;

THIS RELEASE, WAIVER OF LIABILITY AND HOLDS HARMLESS AGREEMENT REQUIRES YOU TO GIVE UP SUBSTANTIAL LEGAL RIGHTS. PLEASE CAREFULLY READ AND UNDERSTAND THIS DOCUMENT BEFORE YOU SIGN IT.

REQUIRED:

Participant Signature

Date

REQUIRED:

Notary Signature

Date