

# UI College of Law

## Study Abroad Application

A \$150 APPLICATION FEE WILL BE CHARGED TO YOUR UI STUDENT ACCOUNT UPON SUBMISSION OF THIS APPLICATION

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Term(s) you will study abroad:    Fall     Spring     Academic Year     Summer     20\_\_\_\_

Program Beginning & End Dates (mm/dd/yy): \_\_\_\_\_

Country: \_\_\_\_\_

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### ***PERSONAL INFORMATION***

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Major: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

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### ***PRESENT INFORMATION***

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Present Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Until what date: \_\_\_\_\_

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### ***PERMANENT INFORMATION***

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### ***PROGRAM INFORMATION***

Name of Study Abroad Program: \_\_\_\_\_

U.S. University running the program: \_\_\_\_\_

International institution where you will study: \_\_\_\_\_

Which institution will award credit for this program? \_\_\_\_\_

Contact in the U.S.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Abroad: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1<sup>st</sup> Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ (please initial) I give permission to UI International Programs, Risk Management, and/or Dean of Students office staff to contact my Emergency Contact(s) in the case of any emergency that may affect me while on my Study Abroad Program.

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**U.S. EMBASSY/CONSULATE**

Address of U.S. Embassy or Consulate nearest to institution abroad:

\_\_\_\_\_ Telephone#: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_

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**Please read carefully and initial each paragraph.**

\_\_\_\_\_ I authorize the University of Idaho's International Programs Office staff to send/give this application form, my academic records, and any other required records or documents to the prospective host institution/study abroad program or UI faculty program leader. I understand that academic records of work I may undertake at my host institution will be sent to my home institution.

\_\_\_\_\_ I agree to discuss my study abroad plan with my academic advisor, including the courses I plan to take overseas and how they will apply to my academic program at the University of Idaho.

\_\_\_\_\_ I agree to notify a University of Idaho Study Abroad staff member in writing and my academic advisor immediately if I no longer want to be considered for placement on this study abroad program.

\_\_\_\_\_ If I am placed on and attend this study abroad program, I agree that:

- I will take part in all aspects of the program.
- I will pay all program fees.

\_\_\_\_\_ I understand that if I withdraw from the program anytime after accepting placement, I will be responsible to pay any fees paid on my behalf by the University of Idaho, or the host institution. These fees may be equivalent to the full program fee.

\_\_\_\_\_ I understand that if I withdraw from the program after its start date, I will be responsible to pay the full program fee.

\_\_\_\_\_ I understand that my placement may be terminated early by the University of Idaho if:

- I fail to remain enrolled full-time at my host institution (except during summer and other short-term programs that are less than a semester long, and programs that do not carry academic credit),
- I fail to maintain minimum academic standards as defined by my home or host institution
- I am found to be in violation of the laws or regulations of my host country or institution.

\_\_\_\_\_ I understand that such terminations carry the same financial obligations as withdrawals.

\_\_\_\_\_ I understand that if I am placed with a host family per my request, or my program requires me to live with a host family, I must live with that host family during my entire study abroad term(s) and that the UI may terminate my study abroad status if I do not comply with this requirement. Students with extenuating circumstances must get written permission from the UI Study Abroad Coordinator prior to making alternative living arrangements.

\_\_\_\_\_ I will have the status of a non-degree student at my host institution (if applicable) unless I have applied for and have been admitted to a degree program.

\_\_\_\_\_ My placement will be limited to the period for which I have been originally accepted. An extension can be granted only with written approval from my home and host institutions.

\_\_\_\_\_ I understand that prior to participation in the study abroad program, the University will require me to sign an Acknowledgement of Risk, Waiver of Liability and Conditions of Study and/or Travel Abroad, and that I must submit for University's prior approval a medical self-assessment, proof of insurance, information release, and advising and credit evaluation agreement (if applicable), all on forms provided by the University.

I understand and agree to all the study abroad program stipulations stated above. Furthermore, I verify that all statements made by me on this application form are complete and accurate to the best of my ability.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit the following to the UI Study Abroad Office:

\_\_\_\_\_ Application

\_\_\_\_\_ Cost Breakdown

\_\_\_\_\_ Passport size photograph

**UI Study Abroad Office  
901 Paradise Creek Street  
LLC Building # 3, Ground Floor  
P.O. Box 441250  
University of Idaho  
Moscow, Idaho 83844-1250**