

Programs Abroad Application

**Semester/Year Language Programs 2009/2010**

Office of International Services  
University of Arkansas at Little Rock  
Stabler Hall 105  
2801 South University Avenue  
Little Rock, AR 72204

(501)683-7566 (phone)  
(501)683-7567 (fax)

Heather Binder, Programs Abroad Coordinator  
Email: [hxbinder@ualr.edu](mailto:hxbinder@ualr.edu)

**Application Deadlines**

**Fall 2009: March 20, 2009**  
**Spring 2010: Sept. 15, 2009**

## *UALR Office of International Services*

### **Programs Abroad** *Application Packet*

#### **IMPORTANT INSTRUCTIONS**

*Welcome! Travel and study abroad are richly rewarding experiences, and are essential ingredients of your overall education at the University of Arkansas at Little Rock. If you have any questions about this application packet, please contact the Coordinator of Programs Abroad, Heather Binder, at [hxbinder@ualr.edu](mailto:hxbinder@ualr.edu) or (501) 569-3376. Thank you*

This application packet consists of the following:

- Student Information
- Release Form
- Departmental Approval Signature Sheet
- Release and Waiver of Liability and Assumption of Risk
- Programs Abroad Participant Contract
- Housing Information Form
- Supplemental Application
- Academic Recommendation
- Foreign Language Recommendation

To be submitted after your acceptance:

- Medical Self-Assessment

In addition to submitting a completed application packet, you'll need to do the following:

1. Pay a non-refundable application fee of \$100.00 (*make checks to: UALR Programs Abroad/OIS*).
2. Purchase an International Student Identity Card (ISIC)<sup>1</sup> at least 1 month prior to departure, and provide a copy to the Office of International Services.
3. Submit **2 Passport Photos** along with your application.
4. Apply for your passport **well in advance**—it could take a couple of months to have it processed and mailed back to you. (Passport application and information is available at: [http://travel.state.gov/passport/passport\\_1738.html](http://travel.state.gov/passport/passport_1738.html)).
5. Bring a **copy of your passport** to the Office of International Services.
6. Provide a copy of your travel information/itinerary at least 1 month prior to departure.
7. After you are accepted, submit your Medical Self-Assessment

---

<sup>1</sup> This card may be purchased online at [www.myisic.com](http://www.myisic.com) for \$25.00, or in the Office of International Services for \$30.00. If ISIC card is purchased at OIS, you will need to provide an **additional** passport photo, and have a photo ID to verify identity.

### Student Information

**Please provide the following information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ID (T#): \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Current Mailing Address:

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

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Permanent Mailing Address (if different from current mailing address):

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

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_)-\_\_\_\_\_

Cell Phone (\_\_\_\_)-\_\_\_\_\_

Email: \_\_\_\_\_

**In Case of Emergency:** Please provide the following information for someone close to you that we can contact in case of an emergency.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address:

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

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_)-\_\_\_\_\_

Cell Phone (\_\_\_\_)-\_\_\_\_\_

Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

---

Declared Major(s): \_\_\_\_\_

Declared Minor(s): \_\_\_\_\_

I am currently a (Sophomore, Junior, etc): \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Are you a Donaghey Scholar?: yes  no

**Transcript:** You are not required to submit an official transcript if you are a UALR student--your signed application authorizes OIS to obtain your academic record. If you are not a UALR student, please arrange to have an official transcript mailed directly to the Office of International Services.

**Past Experience Abroad:**

Have you ever traveled outside of the United States? yes  no   
If you answered yes, where did you go, for how long and for what purpose?

---

---

---

Do you have a passport that will be valid at least 7 months beyond the end date of your program?  
yes  no

What country issued (or will issue) your passport? (Ex: USA) \_\_\_\_\_

Please list the Program you are applying for:

---

**Language(s) previously studied:**

Have you studied a foreign language? yes  no

If yes, please specify:

Language (or languages) studied: \_\_\_\_\_

Years of High School study: \_\_\_\_\_

Semesters of College study: \_\_\_\_\_

Please list your last completed course (Ex: SPAN 3301): \_\_\_\_\_

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**RELEASE FORM**  
Programs Abroad

Release executed by:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

In consideration of being permitted to participate under UALR auspices in a program sponsored by UALR in \_\_\_\_\_ (fill in country), I, the undersigned, in full recognition of the risks and hazards inherent in living and studying in a foreign country to which I may be exposed during my participation in the program between \_\_\_\_\_ and \_\_\_\_\_, 2009, or any independent research or activities undertaken as an adjunct thereto, and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge all of its officers, agents and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property or personal injury or death which may result from my participation and which result from causes beyond the control of and without the fault or negligence of the University of Arkansas at Little Rock, its officers, agents or employees, during the period of my participation as aforesaid. In witness whereof, I have caused this release to be executed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Co-signature of parent or guardian if student is under eighteen years of age*

\_\_\_\_\_  
*Printed name of parent or guardian*

***The UALR Office of International Services reserves the right to cancel, postpone, or change aspects of any or all programs abroad for reasons deemed necessary by said office (including price) should significant changes in the world situation occur.***

**Departmental Approval Signature Sheet**  
UALR Programs Abroad

**Policy for granting credit for language-based Programs Abroad**

In order to ensure transfer of credit for academic work done abroad, students participating in UALR's language-based Programs Abroad must first consult with the Department of International and Second Languages' Study Abroad Advisor, Professor Sherrie Ray. Please make an appointment with Professor Ray to discuss any and all matters regarding credit transfer and registration at UALR while abroad. Your application **will not be considered complete** until you have met with Professor Ray and obtained her signature on this sheet.

Please note:

*Hours of LANG Credit:* The hours of LANG credit is determined prior to departure and is based upon program content and duration. Final course credit at UALR is awarded upon satisfactory completion of the summer program abroad.

*Level of LANG Course and Grades:* Level of credit is determined by the student's placement test abroad in a University-sanctioned program. Students are tested upon arrival to determine their appropriate course placement abroad. The level of the course actually completed abroad determines the level of LANG credit awarded. Grades are awarded by UALR faculty based upon course performance abroad. If, for any reason, the student does not complete the entire program, the Office of International Services reserves the right not to grant credit for any of the program with no cost reimbursement.

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Program Abroad:        Austria        France        Mexico        Spain

Please list the course # of your highest language course completed to date \_\_\_\_\_

By the end of the current semester, I will be a:        Sophomore        Junior        Senior

**I have read the above and understand the terms and conditions.**

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

---

(Please circle one) I        recommend        do not recommend        this candidate for study abroad

Student will be enrolled in the following LANG courses while abroad:

\_\_\_\_\_

*Signature, Prof. Sherrie Ray:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Comments: \_\_\_\_\_

## Release and Waiver of Liability and Assumption of Risk Programs Abroad

**UALR Programs Abroad Program:** \_\_\_\_\_ **Program Dates** \_\_\_\_\_

I am aware of the unstable world conditions which might require changes in the program schedule or might cause inconvenience or even harm to me as it might to other travelers who go abroad, including but not limited to the hazards of various modes of transportation, forces of natures, acts or omissions of foreign governments, terrorism, war and insurrection and illness.

In consideration of permission granted by the University of Arkansas at Little Rock to participate in the above program, I hereby assume the risk of inconvenience and harm and release the State of Arkansas, the University of Arkansas Board of Trustees and the University of Arkansas at Little Rock, as well as the agents, employees, and members of the aforementioned from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against any and all of the aforementioned for any and all personal injuries or death known and unknown which I have or may incur by participation in the above stated program and for all damages to my property.

By registering to participate in this program, I certify that I am physically, mentally, and emotionally capable of full participation. I realize that I am responsible for any injuries to persons or property that may be incurred as a result of my participation in this program.

UALR has the authority to establish rules of conduct necessary for the operation of the program during the entire periods of the program, including free time. The use of illegal drugs during the entire period of the programs is strictly prohibited. Should any official representative of UALR decide that a participant must be separated from the program because of a violation of stated rules, for disruptive behavior, or for any conduct that might bring the program to disrepute or its participants into legal jeopardy, that decision will be final pending due process as described by the UALR Student Handbook. **Separation from the program will result in the loss of all academic credit. Persons dismissed from the program will remain responsible for all program costs incurred on their behalf.**

The undersigned acknowledges and understands that in the event he/she becomes detached from the group, fails to meet a departure bus or train, or becomes sick or injured, the undersigned will bear all financial responsibility to seek our contact, and reach the group at its next available destination; and, the undersigned understands that he/she shall bear all costs attendant to contacting and reaching the program site.

I expressly agree that the foregoing Release and Waiver of Liability and Assumption of Risk is intended to be as broad and inclusive as is permitted by Arkansas law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that the University of Arkansas at Little Rock requires that I demonstrate that I have adequate medical insurance for illness or accidental injury valid outside the U.S. in consideration of UALR's approval of my travel.

I, the undersigned, am at least 18 years of age. I have read this Release and Waiver of Liability and Assumption of Risk as well as the terms and conditions of application and participant as set forth in the UALR Student Handbook, UALR Program Abroad brochure and understand all of its terms and recognize and accept any risk associated with the program and its conditions, including the refund policy as set forth in the UALR Study Abroad Application.

IN WITNESS WHEREOF I have executed this Agreement on the day and year first written below.

---

Participant's Signature

Date

Student ID Number

---

Insurance Company

Policy Number

## Participant Contract Programs Abroad

1. As a UALR program abroad participant, I understand that possession of basic health and accident insurance-valid outside the U.S. is a requirement for participation. I agree to demonstrate proof of such coverage to the UALR Office of International Services. \_\_\_\_\_  
**(initial)**
2. All UALR program abroad participants must conduct themselves in a manner that shows respect and consideration for their host country. Any member of a study abroad program whose behavior is deemed detrimental to the functioning of the program or offensive to the host culture will be subject to dismissal. Disruptive conduct or inappropriate sexual behavior similarly merits dismissal. \_\_\_\_\_ **(initial)**
3. Students expecting to earn UALR credit must maintain the same standard of academic work as would be required on the home campus. Students are responsible for arriving on time for classes, required meeting, cultural excursions and for following the program schedule set forth by the UALR program abroad coordinator or accompanying instructor. \_\_\_\_\_ **(initial)**
4. UALR program abroad students agree to show courtesy and respect to their fellow group members, their instructors, and host institution. Students will not disrupt others who are sharing housing accommodations during the program. \_\_\_\_\_ **(initial)**
5. Students understand that the program itinerary/schedule is subject to change at the final decision of UALR or its partner host institution. Due to insurance regulations, only those students officially enrolled in the UALR study abroad program may participate in organized site visits or cultural excursions. \_\_\_\_\_ **(initial)**
6. Students who travel independently during free time while participating in a UALR-sponsored program are required to notify the UALR Program Abroad Coordinator and Instructor of their whereabouts, and give the names of persons with whom they are traveling. Students assume responsibility for their personal safety and conduct when engaging in non-UALR organized travel and/or activities, and release UALR and any agent acting in its behalf from any liability. \_\_\_\_\_ **(initial)**
7. Students should understand that services taken for granted in the U.S. (such as telecommunications) might be more difficult to access when abroad. It is also understood that citizens of other countries are strongly committed to the concept of energy conservation. The cost of electricity abroad is extremely high. Students agree to use electrical appliances with discretion and hot water sparingly. Air conditioning should not be expected. \_\_\_\_\_  
**(initial)**
8. Your in-country program host will try to accommodate special requirements (such as vegetarian meals); however, the ability to meet such requirements or provide special services as at home may not be possible. Students agree to make an effort to adapt to the host culture and customs as much as possible. \_\_\_\_\_ **(initial)**

9. In other countries, the sale of wines, liquor, and other alcoholic beverages may not be restricted. Students are expected to exercise personal responsibility and limit their use of alcoholic beverages. \_\_\_\_\_ **(initial)**
  
10. The use of, possession, or commerce in illegal drugs of any form is in violation of the rules of the program and a violation of the laws of the host country. Program participants found with any illegal substances will be immediately dismissed from the program and are subject to the laws of the host country, host institution, the United States Federal Laws, the State of Arkansas and the University of Arkansas at Little Rock. \_\_\_\_\_ **(initial)**
  
11. UALR study abroad programs involve a full schedule requiring students to maintain an active pace. By signing this agreement, students attest to the fact that they are in good physical/mental health and capable of adapting to the rigors of traveling in a foreign environment. \_\_\_\_\_ **(initial)**
  
12. Students understand that they are responsible for any and all costs arising out of withdrawing from the program before its completion, including withdrawing caused by illness or disciplinary action. Once the deposit and/or any successive payments have been made, no refunds are guaranteed if a student withdraws prior to departure. No refunds are possible if a student withdraws after the program has begun. Early withdraw or dismissal may result in academic penalty. \_\_\_\_\_ **(initial)**

***I understand that as a UALR student, I will be viewed as a representative of my country and my university. I agree to abide by the above stated rules of participation and conduct.***

---

Printed Name

Program Abroad Location

---

Student Signature

Date

Student ID Number

## HOUSING INFORMATION FORM Programs Abroad

The information requested is for the use of the people who will make housing arrangements in the city where you will be studying. Please be candid in your responses.

Program you are applying for:    Austria            France            Mexico            Spain  
(Please type or print legibly)

1. Name \_\_\_\_\_  
2. Date of Birth \_\_\_\_\_ Student ID# \_\_\_\_\_  
3. Major \_\_\_\_\_ Minor \_\_\_\_\_  
4. Career interests \_\_\_\_\_

5. Person to notify in case of an emergency:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

6. Please describe any allergies or other health-related or dietary factors to be taken into account when making housing and food arrangements for you \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you smoke? \_\_\_\_\_

If not and if you were placed in a household with smokers, would you be able to adjust? \_\_\_\_\_

If yes and if you were placed in a household where smoking was not allowed, would you be able to adjust? \_\_\_\_\_

8. Have you ever been abroad? \_\_\_\_\_ Where and for what purpose? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please provide the following information, and note that it may not be possible to make housing arrangements that exactly fit your ideal.

Check all that apply:

I do    I don't    like being around:  
\_\_\_\_\_    \_\_\_\_\_    small children  
\_\_\_\_\_    \_\_\_\_\_    teenagers  
\_\_\_\_\_    \_\_\_\_\_    pets  
\_\_\_\_\_    \_\_\_\_\_    the elderly  
\_\_\_\_\_    \_\_\_\_\_    people my age

I do    I don't    like to:  
\_\_\_\_\_    \_\_\_\_\_    be physically active  
\_\_\_\_\_    \_\_\_\_\_    be spontaneous

\_\_\_\_\_    \_\_\_\_\_    live by a clear schedule  
\_\_\_\_\_    \_\_\_\_\_    have lots of stimulation  
\_\_\_\_\_    \_\_\_\_\_    be contemplative

I do    I don't    do best in an environment with lots of:  
\_\_\_\_\_    \_\_\_\_\_    activity  
\_\_\_\_\_    \_\_\_\_\_    privacy  
\_\_\_\_\_    \_\_\_\_\_    intellectual stimulation  
\_\_\_\_\_    \_\_\_\_\_    peace and quiet  
\_\_\_\_\_    \_\_\_\_\_    structure  
\_\_\_\_\_    \_\_\_\_\_    freedom



## Supplemental Application

### Semester/Year Programs Abroad

Students interested in a UALR-based semester/year Program Abroad must complete the supplemental application process described below. Because the formal agreements with our Sister-Universities allow a limited number of “Exchange Students” per semester (see below), this supplemental application will help to identify which students will study abroad under the formal designation of “Exchange Student”. When completing your supplemental application, please keep in mind that these positions are competitive.

### Sister-University Exchange Program Information

Selected students will receive a full-waiver of tuition at the foreign institution for up to one academic year. In partnership with *La Universidad Autónoma de Guadalajara* (Guadalajara, Mexico), *Universite D’Orléans* (Orléans, France), and *Karl Franzens University* (Graz, Austria), the programs will provide UALR students the opportunity to expand their educational and cultural horizons by studying abroad. Students will also receive thorough assistance concerning travel, transportation, housing and cultural information. Academic advising, both at UALR and abroad, will also enable students to set clear goals for studying abroad.

### Eligibility

In order to be eligible for the Exchange Program, a student must be enrolled as an undergraduate degree candidate at UALR. It is expected that recipients will demonstrate exemplary academic achievement before, during and after the exchange.

### Supplemental Application Process

In addition to completing the standard Programs Abroad Application, students must **submit the following**:

- A 500 word personal statement addressing the following questions: *Why do you want to study abroad in this particular location? What are your goals and objectives? What do you expect to learn that you could not learn at UALR? How do you plan to integrate this experience into your course of study at the university? How does this experience potentially impact your future career goals?*
- A personal biography in the target language, if courses will be taught in a language other than English
- A resume indicating work and leadership experience

Please address program inquiries to Heather Binder at [hxbinder@ualr.edu](mailto:hxbinder@ualr.edu).

## Academic Recommendation

Programs Abroad

**Instructions:** Please fill out the top portion of this form and ask an instructor or professor that you have taken a course from during the last academic year to fill out the bottom portion of the form.

*To be filled out by the student:*

Applicant's Name: \_\_\_\_\_ Study Abroad Program in \_\_\_\_\_  
Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

---

*To be filled out by instructor/professor: (please use additional page if needed)*

. This recommendation is prepared with the understanding that my comments will/will not (circle one) be held in confidence.

How long and in what context have you known the applicant?

---

---

---

3. Please comment on the applicant's motivation, emotional maturity, stability, self-reliance, and whatever other qualities you believe are significant in evaluating her/his likelihood of success in a study abroad program. If you are familiar with the applicant's academic record, please feel free to comment on it as well:

Please return this form to the UALR Office of International Services, Stabler Hall 105.  
If you have any questions, please call Heather Binder at (501)-683-7566 or [hxbinder@ualr.edu](mailto:hxbinder@ualr.edu).

## Foreign Language Recommendation

Programs Abroad

**Instructions:** Please fill out the top portion of this form and ask an instructor or professor that you have taken a foreign language course from during the last academic year to fill out the bottom portion of the form.

*To be filled out by the student:*

Applicant's Name: \_\_\_\_\_ Study Abroad Program in \_\_\_\_\_  
Name of Referee: \_\_\_\_\_ Title: \_\_\_\_\_

---

*To be filled out by instructor/professor: (please use additional pages if needed)*

This reference is prepared with the understanding that my comments will/will not (circle one) be held in confidence.

How long and in what context have you known the applicant?

---

---

---

---

3. Please comment on the applicant's foreign language ability, motivation, emotional maturity, stability, self-reliance, and whatever other qualities you believe are significant in evaluating her/his likelihood of success in a study abroad program. If you are familiar with the applicant's academic record, please feel free to comment on it as well:

Please return this form to the UALR Office of International Services, Stabler Hall 105.  
If you have any questions, please call Heather Binder at (501)-683-7566 or [hxbinder@ualr.edu](mailto:hxbinder@ualr.edu).

**MEDICAL SELF-ASSESSMENT**  
Programs Abroad

**Confidentiality Statement:** *All information provided will be held in confidence and will not be released to any individual who is not associated with the Office of International Services. Please submit this form after you've been accepted into the program.*

**This medical self-assessment is optional; however, it is mandatory that participants sign in order to release UALR and any agent acting in its behalf from liability.**

1. General State of Health: \_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor

2. Do you have any specific physical and/or mental condition or general health concerns that might limit your activity? If so, please describe these:

3. Do you require any regulated medications? If so, please explain. Do you have a sufficient supply for the entire trip?

4. Have you been in good health during the past 12 months?

5. In case of an emergency, we need to know how to help you. Are there any other precautions or requirements that the programs abroad coordinator should know about?

6. Person to contact in the event of a medical emergency?

Name \_\_\_\_\_ (Relationship) \_\_\_\_\_

Address of Contact \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone of Contact \_\_\_\_\_

Work Phone of Contact \_\_\_\_\_

By signing this document, participants release UALR and any agent acting on its behalf from liability. Any failure by the participant to disclose any potentially serious medical (physical and/or mental) condition to the Office of International Services hereby releases the University of Arkansas at Little Rock and any agents acting in behalf of the University of Arkansas System.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Program Abroad \_\_\_\_\_ Dates of Program \_\_\_\_\_