



UALR Programs Abroad Student Application

Application Deadlines:

Fall Semester:	March 15 st
Spring Semester:	September 15 st
Summer Semester:	February 15 st

Student Name: _____
(First, Middle, Last)

Program/host institution: _____

Country of Study: _____

Dates of Program: _____

Please return completed application to:

Office of International Services
Old Education Building 101
University of Arkansas at Little Rock
2801 S. University Ave | Little Rock, AR 72204
ualr.edu/programsabroad | studyabroad@ualr.edu
Phone: 501-683-7566 | Fax: 501-683-7567

Application Checklist

- Student Application Form
- \$100 Application Fee - **NONREFUNDABLE**
(\$100.00 will be charged to your student account for for-credit programs – the application fee will be waived for non-credit seeking students participating in volunteer programs abroad)
- Release Form
- Waiver of Liability and Assumption of Risk
- Participant Terms and Conditions Contract
- International Health Insurance Requirement
- Academic Advisor Approval
- Academic Recommendation
- Medical Self-Assessment
- Foreign Language Recommendation *(If applicable)*
- Host Institution Application *(or print off of completed confirmation for online form)*
- Copy of Passport *(if waiting to receive, please indicate the date you applied: _____)*

To be submitted one month before departure

- Course Pre-Approval Form *(completed before departure)*
- Flight Itinerary

For UALR Exchange Programs

- Resume/Leadership Inventory

Office Use Only
Comments:

Date Submitted: _____

Programs Abroad Student Application Form

Program Name: _____

Semester of Study: _____

STUDENT INFORMATION

Student Name: _____
(First) (Middle) (Last)

Student ID: _____ Date of Birth: _____

Country of Citizenship: _____ Passport Number (if known): _____

Cell Phone: _____ Home Phone: _____

Email: _____ Class Standing: _____
(e.g. sophomore)

Major: _____ Minor: _____

Current Address: _____

(City) (State) (Zip)

Are you a Donaghey Scholar? Yes No Do you plan to use Financial Aid? Yes No

Are you a CLC Scholar? Yes No

Have you applied for any Study Abroad Scholarships? Yes No

If yes, please list: _____

IN CASE OF EMERGENCY: Please provide the following information for someone close to you that we can contact in case of an emergency.

Name: _____
(First) (Last) (Relationship)

Cell Phone: _____ Home Phone: _____

Email: _____ Work Phone: _____

Current Address: _____

(City) (State) (Zip)

PROGRAM INFORMATION

Program Provider: _____
(e.g. API, AustraLearn, Harding University, UALR Exchange)

Host Institution: _____
(e.g. Sichuan University)

Program Start Date: _____ Program End Date: _____
MM-DD-YYYY MM-DD-YYYY

**For NON-UALR Exchange Programs Only:
PROGRAM PROVIDER/HOST INSTITUTION CONTACT INFORMATION**

Contact Name: _____ Phone: _____
Email: _____ Website: _____
Mailing Address: _____

Is this program: For Credit Volunteer Internship Other

Do you wish to receive credit at UALR for participating in this program? Yes No

Does the program provide international health insurance? Yes No

Is this program accredited and/or affiliated with another college or university? Yes No

If yes, please name accreditation and/or affiliate: _____

How did you find out about this program? _____

Please list any other information or comments related to your program below: _____

INTENDED COURSE OF STUDY:

Do you plan to take courses that apply towards your major and/or minor? Yes No

Do you plan to study a language? Yes No

Please list intended courses and/or subject areas you plan to study while abroad: _____

Transcript: You are not required to submit an official transcript if you are a UALR student; your signed application authorizes OIS to obtain a worksheet of your academic record. If you are not a UALR student, please arrange to have an official transcript mailed directly to OIS. **Application Fee:** the \$100 nonrefundable application fee will be charged to your student account when application is submitted. It will appear as a Programs Abroad charge.

Applicant's Signature _____ *Date:* _____

Release Form
UALR Programs Abroad

Release executed by:

NAME: _____ **T#:** _____

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 _____, 20_____, 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 _____.

U.S. STATE DEPARTMENT WARNING OR ALERT STATUS. I understand that it is my responsibility to keep informed about Travel Warnings and Alerts for my host country prior to and during my study abroad experience. I will read the travel warning or alert for this country at <http://travel.state.gov> and understand that if a warning or alert exists, I must carefully consider the risks of travel to this country. I understand that travel warnings and alerts may change to more urgent status with little or no notice. I acknowledge and understand that I am not required to study abroad in this country.

Signature

Full name

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

Full 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.

Waiver of Liability and Assumption of Risk UALR Programs Abroad

Program Name: _____ **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 nature, 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.

Signature _____ **Date** _____

Printed Name _____ **UALR ID** _____

Participation Terms and Conditions Contract UALR Programs Abroad

I, _____, agree to the following terms and conditions concerning my program abroad experience. I understand that failure to adhere to all conditions listed below may result in incompletes or no credits being issued and/or dismissal from the program.

REQUIREMENTS

Initial on line provided

1. ___ All scholarships awarded and credit issued is contingent upon acceptance and completion of the chosen program abroad (if applicable). Failure to complete any aspect of the program may incur a full or partial revocation of award.
2. ___ Disclosure of Program Changes: Students must inform the Office of Programs Abroad of any changes in registration and/or living arrangements while abroad.
3. ___ Requirement to Provide updated Contact Information once Abroad: Students must provide current contact information once abroad. This must include an address in country, phone number, a contact name and email for your program coordinator in host country, and any additional contact information that may assist the UALR Office of Programs Abroad. Send this information to Aimee Jones at amjones5@ualr.edu.
4. ___ Visa Requirements: Students are responsible for obtaining the proper visas (if applicable). Students must contact the host country embassy or consulate in the United States prior to leaving the country in order to obtain the visa. This may take up to 90 days depending upon the host country's requirements.
5. ___ Insurance: As a UALR program abroad participant, I understand that possession of basic health insurance – valid outside the U.S. is a requirement for participation.
6. ___ Essential Materials Needed: Students are required to submit a copy of their flight itinerary, passport and International Student Identification Card to the Office of Programs Abroad.
7. ___ Conduct: All UALR students must conduct themselves in a manner that shows respect and consideration for their host country, instructors, fellow students, and housemates. Disruptive conduct or inappropriate sexual behavior similarly merits dismissal.
8. ___ Academic Work: Student 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 as set forth by the UALR Programs Abroad Coordinator, host institution, and/or accompanying instructor.
9. ___ Conservation: 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. Students agree to make an effort to adapt to the host culture and customs as much as possible.
10. ___ Alcohol and Drugs: 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. 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

11. ____ Evaluation: Recipients are required to submit a program evaluation upon return. The evaluation may be submitted electronically or directly to the Office of Programs Abroad.
12. ____ Withdrawal: 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 including for lack of obtaining proper travel documents. No refunds are possible if a student withdraws after the program has begun. Early withdraw or dismissal may result in academic penalty.
13. ____ Early Termination: A participant is expected to remain in the host country for the full term of his or her study abroad program. However, when serious and compelling reasons exist, the participant may be permitted to terminate the program provided a written request is submitted to the UALR Office of Programs Abroad. Early termination may result in revocation of any scholarship and credit awarded.
14. ____ Termination/Revocation: Grounds for revocation of funds or termination from program include but are not limited to:
 - Violation of any law of the United States and/ or host country
 - Any act likely to give offense to the host country
 - Failure to participate in and successfully complete the chosen program abroad
 - Physical or mental incapacitation
 - Engaging in any unauthorized income-producing activity
 - Failure to comply with terms of scholarship
 - Any early termination of the study abroad program without authorization by the UALR Office of Programs Abroad

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.

Please make a copy of this contract for your records.

Signature _____

Date _____

Printed Name _____

UALR ID _____

Health Insurance Requirement UALR Programs Abroad

University of Arkansas at Little Rock (UALR) students participating in a Program Abroad are required to carry both U.S. domestic health insurance and study abroad health insurance (including repatriation), for the full duration of the trip.

Section 1. Study Abroad Insurance

Study abroad insurance is provided through UALR by LewerMark/Trustmark for students that will be traveling abroad in connection with all UALR Office of International Services activities. In order to be eligible to apply for study abroad insurance applicants must be actively enrolled at UALR, be a UALR employee, or be acting as a trip leader, chaperone, or travel coordinator. Details regarding the study abroad insurance coverage can be found at: <http://www.lewermark.com/> (estimated cost \$1.20/day, two week minimum).

All students participating in a Program Abroad will be automatically enrolled in, and charged for, LewerMark/Trustmark study abroad insurance coverage unless he/she can show proof of comparable insurance coverage.

Initial _____ I agree that UALR may enroll me in the LewerMark/Trustmark study abroad insurance plan for the duration of my trip abroad and I understand that I will be solely responsible for all charges incurred for obtaining such insurance coverage.

Section 2. U.S. Domestic Health Insurance

U.S. domestic insurance is required for all students participating in a Program Abroad, however, if a student **does not** wish to carry domestic insurance he/she may select the option to opt out.

Please check the following boxes below:

Yes No I am currently covered under a U.S. domestic health insurance plan and can provide proof of insurance (*please enter the name of provider*): _____

Yes No I intend to purchase a U.S. domestic health insurance plan and will provide evidence of such coverage at least ten (10) business days prior to my trip departure date to UALR Office of International Services.

PLEASE NOTE: *UALR Health Services can provide information about obtaining U.S. domestic health insurance (semester basis):* <http://ualr.edu/health/index.php/home/health-insurance/>. *Assurant Health is one of many online providers that can offer short term U.S. domestic health insurance plans (month to month basis):* AssurantHealth.com

If you answered "No" to both of the questions above, please continue below:

OPT OUT I am NOT currently covered under a U.S. domestic insurance plan and I do not intend to purchase a U.S. domestic insurance plan, therefore, I am requesting to opt-out of the U.S. domestic insurance requirement.

Initial _____ I fully understand that the study-abroad insurance plan that is provided under the LewerMark/Trustmark policy is intended for dual use with a U.S. domestic insurance plan however, **I do not wish to carry U.S. domestic insurance at this time.**

I certify that the above information is true and correct.

Signature _____

Date _____

Printed Name _____

UALR ID _____

Academic Advisor Approval Form
UALR Programs Abroad

Instructions: Please fill out the top portion of this form and ask Academic Advisor to fill out the bottom portion of the form.

TO BE FILLED OUT BY THE STUDENT:

Applicant's Name: _____ Program Name: _____
Name of Reference: _____ Title: _____

TO BE FILLED OUT BY ACADEMIC ADVISOR:

For Academic Advisor:

Your signature on this form indicates that you believe the above student is capable, ready, and suitable for the proposed study abroad program. You agree to work with this student to approve courses to be transferred for credit and/or direct him/her to the appropriate person for the needed signatures.

Please check the box below to indicate your recommendation for this candidate to study abroad.

_____ **Recommend** _____ **Do Not Recommend**

Comments:

Advisor Name: _____ Department: _____

Advisor Signature: _____ Date: _____

Please return this form to the UALR Office of International Services, ED 101. If you have any questions, please call Aimee Jones at (501)-683-7566 or email: amjones5@ualr.edu.

Academic Recommendation
UALR 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: _____ Program Name: _____
Name of Reference: _____ Title: _____

TO BE FILLED OUT BY PROFESSOR/INSTRUCTOR: (please use additional page if needed)

Your signature on this form indicates that you believe the above student is capable, ready, and suitable for the proposed study abroad program.

Please check the box below to indicate your recommendation for this candidate to study abroad.

Recommend **Do Not Recommend**

Comments:

Professor/Instructor Signature: _____ Date: _____

Please return this form to the UALR Office of International Services, ED 101. If you have any questions, please call Aimee Jones at (501)-683-7566 or email: amjones5@ualr.edu.

MEDICAL SELF-ASSESSMENT
UALR 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.*

This medical self-assessment is optional; however, it is mandatory that participants sign the form 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?

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 _____

Foreign Language Recommendation
UALR Programs Abroad

Instructions: *If Applicable*, 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: _____ Program Name: _____

Name of Reference: _____ Title: _____

TO BE FILLED OUT BY PROFESSOR/INSTRUCTOR: (please use additional page if needed)

Your signature on this form indicates that you believe the above student is capable, ready, and suitable for the proposed study abroad program.

Please check the box below to indicate your recommendation for this candidate to study abroad.

_____ **Recommend** _____ **Do Not Recommend**

Comments:

Professor/Instructor Signature: _____ Date: _____

Please return this form to the UALR Office of International Services, ED 101. If you have any questions, please call Aimee Jones at (501)-683-7566 or email: amjones5@ualr.edu.

DEMOGRAPHIC INFORMATION

Please provide the following information. Response is optional and will be used for data purposes only.

Ethnicity/ Race	Major Field of Study
Native American/Alaskan Native	Agriculture
Asian-American/Pacific Islander	Business and/or Management
African-American	Engineering
Hispanic-American	Fine or Applied Arts
Caucasian/White/Non-Hispanic	Foreign Languages
Multiracial	Health Sciences
Do not know	Humanities
	Social Sciences
Academic Level	Mathematics/Computer Science
Bachelor's Degree: Freshman	Physical or Life Science
Bachelor's Degree: Sophomore	Undeclared
Bachelor's Degree: Junior	
Bachelor's Degree: Senior	Sex
Graduate Degree: Master's	Male
Graduate Degree: Professional	Female
Post- Bac/Non-Degree Seeking	Transgender
Disability	
Disability (includes physical, hearing, vision, mental, chronic health-related, learning, and others)	No Disability

You have now completed your application!

Please be sure that each section is fully completed and signed. If you do not know an answer be sure to ask before submitting the application. Remember to submit a copy of your passport and/or list the date you applied on the Application Checklist!

Recommendations can be submitted separately.