

**INCOMPLETE OR LATE DOCUMENTS WILL NOT BE ACCEPTED**

Travel Study Program Application Open <sup>‡</sup> : ☞ Deliver completed package to your campus representative	November 27, 2017 - January 16, 2018
Deadline for Submitting Application with \$1,000 non-refundable deposit* (money order):	January 16, 2018
Students Notified:	Week of January 22nd, 2018
<p><sup>‡</sup> <i>Students with multiple failures and at risk of dismissal or suspension from the College are not eligible to participate in the Travel Study program.</i></p> <p>* <i>A non-refundable Travel Study deposit of \$1,000 will be incurred for all students accepted into the travel study program.</i></p>	
The following documents must be submitted by all applicants with your application:	
<input type="checkbox"/> Completed Application Form	
<input type="checkbox"/> Copy of Valid Passport (must be valid up to December 31, 2018)	
<input type="checkbox"/> Copy of Visa(s) /Green Card (if applicable)*	
<input type="checkbox"/> Release of Liability and Assumption of Risks Form	
<input type="checkbox"/> Travel Study Agreement	
<input type="checkbox"/> \$1,000 non-refundable deposit (money order) (students not accepted will have their deposit returned)	
<p>* US citizens travelling on a valid US passport <b>do not</b> require a visa to Spain. If you travel on a non-US passport you may need to get a Schengen Visa. You are responsible for checking the visa requirements and securing a visa at your own expense. Visit the website below for more information.  <a href="http://www.exteriores.gob.es/Consulados/MIAMI/en/InformacionParaExtranjeros/Pages/Visa%20Requirements/TouristBusiness-Visas.aspx">http://www.exteriores.gob.es/Consulados/MIAMI/en/InformacionParaExtranjeros/Pages/Visa%20Requirements/TouristBusiness-Visas.aspx</a> Schengen visa must be valid prior to travel. You may want to consider obtaining a multiple-entry visa if you plan on visiting other EU countries. For more information, visit: <a href="https://www.schengenvisainfo.com/">https://www.schengenvisainfo.com/</a></p>	

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  
Last First M.I.

Class of : \_\_\_\_\_ Campus: \_\_\_\_\_ NSU ID: N

Email Address: \_\_\_\_\_@mysu.nova.edu Gender:  M  F Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

Mailing Address: \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_ City State Zip Country

Primary Number: ( ) - \_\_\_\_\_ Secondary Number ( ) - \_\_\_\_\_

**PASSPORT INFORMATION:**

Name: \_\_\_\_\_  
(Exactly as it appears on passport)

Passport Issued by: (All travelers must have a valid passport with unused pages (at least 2) and expiring after December 31, 2018. Students travelling on a non-US Passport may be required to get additional visas, at their own cost, to participate in the travel study program)

Passport Number Country of Issue Expiration Date

**Citizenship Status:**

United States Citizen  Permanent Resident  Student Visa/Other

Visa Type: (for foreign students) \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Note: International students must travel with a valid passport and I-20 MM DD YYYY

**EMERGENCY CONTACT INFORMATION:**

(List two persons with different addresses and telephone numbers)

1.

Name: \_\_\_\_\_  
Last First Relationship to You

Address: \_\_\_\_\_  
Street City State Zip

Primary Number: ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary Number ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_

2.

Name: \_\_\_\_\_  
Last First Relationship to You

Address: \_\_\_\_\_  
Street City State Zip

Primary Number: ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary Number ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_

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**ROOMMATE PREFERENCES:**

We will do our best to accommodate requests; however, not all requests can be met. Roommates will be M/M and F/F.

Name of preferred roommate and alternate:

1. \_\_\_\_\_ OR 2. \_\_\_\_\_

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**LANGUAGE ABILITY – SPANISH (This will not harm your chances of being selected):**

Read      Speak      None

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**DIETARY NEEDS:**

No special diet      vegetarian      Food Allergies: \_\_\_\_\_

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**TRAVEL STUDY SHIRT:**

Men:      SM   MD   LG   XL   XXL   XXXL  
Women:   SM   MD   LG   XL   XXL   XXXL

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**OTHER:**

- i. Students must be in compliance with Nova Southeastern University College of Pharmacy's (NSU COP) immunization policies. Immunization records will be confirmed through the Office of Student Services.

I am in compliance with NSU COP immunization requirements:      Yes   No   Not Sure

- ii. Students must be in compliance with NSU financial policies and not have a financial hold on their account which prevents registration.

I am in compliance with NSU financial policies and do not have a financial hold which prevents registration:      Yes   No   Not Sure

If you answered **No** or **Not Sure** to any of these questions, contact the Office of Student Services (immunization) or the Office of Financial Aid (outstanding balance) and complete all outstanding requirements.

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**Statement of Understanding**

**I understand** that the information provided here indicates my interest in the Travel Study Program and does not guarantee my selection as a participant in this program.

**I understand** that I may be withdrawn from the program at any time, after being notified of selection, if my conduct or academic status disqualifies me.

**I understand** that students with conduct code violations, in poor academic or in disciplinary sanctions, may not be eligible to attend the Travel Study Program.

**I understand** that students on a personal or medical leave of absence, dismissed, or suspended from the College are not eligible to apply for, or attend, the Travel Study Program.

**I affirm** that the information submitted is true and that I have read, understood, and comply with all requirements of the Travel Study Program.

My signature indicates my understanding and acceptance of the above statements and releases.

N

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NSU ID

Name (Please Print Clearly)

Signature

Date

#### Registration & Payment

- I understand I am responsible for the entire cost of the program and will meet the financial obligations as required by the University. Program costs are subject to change.
- Failure to register and make full payments of all required fees, or fulfill all financial obligations to Nova Southeastern University (NSU), may result in the cancellation of my participation in the Travel Study Program.
- I understand I can be withdrawn at any time after being notified of selection and NSU College of Pharmacy (COP) reserves the right to withdraw any student based on unsatisfactory academic performance, code of conduct violations, or unacceptable professional behavior.
- NSU complies with non-discrimination laws and admits students of any race, color, sex, age, non-disqualifying disabilities, religion or creed, or national or ethnic origin or marital status or sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

#### Release of Records

- I give NSU COP permission to order and release my student records and transcript to persons directly involved with the acceptance and processing of my application and registration.
- I understand NSU COP will make reasonable efforts to contact my emergency contacts listed on the application in the event of an emergency that affects me or the Travel Study Program.

#### Travel

- I am responsible for any pre-, post-, and independent personal travel activities which occur before, during and after the Travel Study Program, and will not be considered as part of the Trip.
- I am responsible to have a valid passport expiring after December 31, 2018.
- I am responsible to pay for, and have all necessary visas for travel outside of the United States based on my country of citizenship and my passport.
- I am responsible to pay for, and have all necessary immunizations and public health vaccinations.
- International students must travel with a valid passport, visas, and I-20.

#### Conduct – At Home and Abroad

- Students are expected to conduct themselves in a responsible manner, which will reflect well on themselves, the college, and the University, in terms of morality, honor, truth, and good citizenship. Students are also expected to abide by the regulations of the University and college. Furthermore, students are expected to conduct themselves in a professional ethical fashion and to maintain and observe high standards of conduct so that the integrity of the University may be preserved.

- No student shall display disorderly conduct, public intoxication, or lewd, indecent, or obscene behavior at any college sponsored or supervised function or event, including on campus and at host universities, whether in the US or in another country.
- No student shall intentionally or recklessly endanger or threaten the mental or physical health or well-being of any other member of the college community or host University.
- I understand that I will be subject to all rules, regulations, and requirements as to conduct, academic, and financial policies of NSU as stated in the *NSU Student Handbook* as well as the national and local ordinances of the country in which I will be studying.
- The University reserves the right to take disciplinary action for violations of the Code of Student Conduct and Academic Responsibility and University policies and procedures, even when they occur off campus.

#### Attendance

- Attendance at all scheduled instructional periods and cultural explorations are mandatory. Failure to fulfill this requirement is considered in the evaluation of a student's academic performance and professional attitude and may result in a failing grade for the course. I understand I must attend all sessions indicated in the course syllabus and complete all required assignments as outlined in the course syllabus.
- I understand that in order to receive credits I must complete the entire program and meet all course requirements. I am required to attend all classes and each cultural exploration as outlined in the Travel Study Program and syllabus.
- The program coordinator reserves the right to make changes, assign Saturday hours, or deviate from published schedules, if necessary.

#### Absences

##### Excused Absences

- Requests for excused absences must be submitted to the program coordinator within 24 hours of the occurrence. For absences due to illness, the program coordinator must be notified as soon as possible. Absences will be evaluated on an individual basis. Extended absences (i.e., greater than two days) or absences on test or exam days will require the submission of a doctor's note, or other supporting documentation.
- Excused absences do not entitle students to have the opportunity to make up in-class quizzes or assignments. Assignments and examinations missed due to an excused absence will be made up at the discretion and convenience of the instructor and/or program coordinator.
- Each day may consist of multiple sessions. Each session will count as a separate absence, i.e. morning session, afternoon session, or cultural exploration session. Therefore, one full day's absence may count as three (3) excused absences.

Unexcused Absences

- Unexcused absences may result in a student failing the course. No student shall have more than two (2) unexcused absences for the entire program. Any student failing a course does so at his or her own expense.

Tardiness

- Promptness is another trait a proper health care practitioner must display. Additionally, tardiness in class and program activities disturbs both the lecturers and other members of the program. Tardy students may be denied admission to the class, and will be considered an unexcused absence.

Public Laws

- Students are responsible for compliance with all public laws of all countries visited during the Trip. Any act that could constitute a violation of public laws will establish cause for legal and/or disciplinary action by the University.

Drug Policy – Zero Tolerance

- Any student found in violation of the drug-free schools and campuses policy with regard to the unlawful manufacture, distribution, dispensation, possession, or use of illicit drugs or alcohol will face serious University disciplinary action, which may include expulsion from the University.

Cell Phones

- Use of cell phones is prohibited during class. Due to interference with the lecture, all cell phones must be turned off or silenced during class, quizzes, and exams.

Food and Beverage

- Other than bottled water, food and drinks are not permitted in the classrooms, library, auditoriums, or laboratories.

My signature indicates my understanding and acceptance of the above statements and releases.

N

NSU ID

Name (Please Print Clearly)

Signature

Date





- (iv) not responsible for any pre-, post- or independent travel activities which occur before, during and after the Travel Study Program, and will not be considered as part of the Trip, and
  - (v) not responsible or liable for any loss, damage, or theft of my luggage or other personal belongings.
5. **RESPONSIBILITY FOR MEDICAL NEEDS:** I represent to the University that I am aware of my personal medical needs and that there are no health-related reasons or problems that preclude or restrict my safe participation in the Trip. I acknowledge that the University required that I obtain insurance coverage valid in Spain to protect against the cost of hospitalization and physician care in the event of sickness, accident, injury and disability. I understand that I am solely responsible for obtaining such insurance (may be included with the collaborating agency). I further understand and agree that (i) the University is not responsible for attending to any of my medical or medication needs; (ii) I assume all risks and responsibility for my medical and medication needs; and (iii) if I am required to be hospitalized at any time during the Trip, the University does not assume any legal responsibility for payment of such costs.
  6. **EMERGENCY MEDICAL TREATMENT:** I understand that the University does not have medical personnel available at any time during the Trip. I grant the University permission to authorize emergency medical treatment, including surgery, and I agree that such action by the University shall be subject to the terms of this Release. I understand and agree that the University assumes no liability or responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.
  7. **LEGAL PROBLEMS:** I understand that if I have a legal problem in Spain during the Trip, I will attend to the matter personally with my own funds and that the University is not responsible for providing any assistance to me under such circumstances.
  8. **BINDING NATURE OF RELEASE:** It is my express intent that this Release shall bind the members of my family (including my spouse, if any) if I am alive, and my heirs, personal representatives, successors, and assigns if I am deceased.
  9. **INDEMNIFICATION:** I agree to indemnify, defend and hold the Releasees harmless from any liability, claim, action, damage, loss, fine, penalty, cost or expense, including, without limitation, reasonable attorney's fees, of every kind or nature asserted by any party against any Releasee or incurred by any Releasee and arising directly or indirectly from or in connection with my participation in the Trip or any of the activities I engage in during the Trip.
  10. **RESERVATION OF RIGHTS:** I acknowledge that the University reserves the following rights that it may exercise in its sole discretion: (i) the right to cancel the Trip, and (ii) the right to make alterations, changes, and modifications in any part of the Trip itinerary and the activities in connection therewith.
  11. **PASSPORT, VISA AND VACCINATIONS:** I understand that I am responsible for obtaining my own passport, visa and public health vaccinations.
  12. **COMPLIANCE WITH LAWS:** I agree to comply with all laws of Spain during the Trip.

13. **DISCLOSURE: THE UNIVERSITY HAS INFORMED ME THAT BY SIGNING THIS DOCUMENT I RELEASE AND WAIVE CERTAIN LEGAL RIGHTS THAT I OTHERWISE MIGHT HAVE, AND THAT I SHOULD READ THE DOCUMENT CAREFULLY AND UNDERSTAND IT FULLY BEFORE SIGNING.**
14. **REPRESENTATIONS: I REPRESENT TO THE UNIVERSITY THAT (i) I HAVE READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND THE EFFECT OF ITS TERMS AND PROVISIONS, (ii) I SIGN THIS RELEASE AS MY OWN FREE ACT AND DEED, (iii) WITH RESPECT TO THE MATTERS SET FORTH IN THIS RELEASE, NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS OTHER THAN THOSE EXPRESSLY CONTAINED HEREIN HAVE BEEN MADE TO ME BY ANY OF THE RELEASEES AND (iv) I EXECUTE THIS RELEASE FOR COMPLETE AND ADEQUATE CONSIDERATION, FULLY INTENDING TO BE BOUND BY THE SAME.**
15. **GOVERNING LAW:** I agree that this Release shall be construed in accordance with the laws of the State of Florida.
16. **PARTIAL INVALIDITY:** If any term or provision of this Release shall be held by a court of competent jurisdiction to be illegal, unenforceable, or in conflict with any law governing this Release, then I agree that all remaining terms and provisions shall not be affected thereby.

\_\_\_\_\_  
Participant Name

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

\_\_\_\_\_  
Date

## EXHIBIT “A”

Problems and hazards that participants can experience:

1. Accidents that may occur due to natural events (i.e., earthquakes, storms, floods, etc).
2. Altitude Sickness, dizziness, and headaches.
3. Assault, thieves and pickpockets.
4. Becoming lost or disoriented.
5. Boat sinking due to fire, running aground, poor maintenance or operator error.
6. Circumstances of travel via plane, bus, train, van, bus, boat, or other means of transportation.
7. Drowning.
8. Drug, drug related and other illegal activities.
9. Exposure to airborne sickness, influenza, disease, etc.
10. Exposure to contaminated food and/or water (food poisoning).
11. Hazardous road conditions.
12. Hypothermia.
13. Lacerations, contusions and puncture wounds from spiny plants or other biota, or native animals.
14. Political instability.
15. Sea sickness and dehydration.
16. Slip and fall accidents due to slippery/icy conditions and/or uneven surfaces.
17. Terrorist activity of any kind (i.e., kidnapping, torture, death, etc.)
18. Any other unforeseen circumstances that may result in injury, illness, accidental death/dismemberment or damage to personal property.