

GLOBAL EDUCATION OFFICE (GEO) APPLICATION TO STUDY AWAY

APPLICATION INSTRUCTIONS

To be eligible to apply for a KSC Global Education Office approved program, applicants must demonstrate the following:

- Be a full-time student in good standing
- Have completed a minimum of 15 Keene State College Credits
- Have a minimum cumulative GPA of 2.5 (some programs may require higher GPA's)
- Demonstrate sufficient maturity and independence to be able to function successfully in a cross cultural environment

Application Deadlines

For Spring 2012: October 7, 2011

For Summer 2012: March 2012 (Exact date to be announced.)

For Fall 2012: (and NSE both semesters): March 2, 2012

*Summer programs vary. Some have early application deadlines and fill up quickly and others are more flexible. Apply no later than March 30th.

Late applications may be considered on a space-available basis.

Study Away Fee

Keene State College charges all students who study away a study away fee. For semester programs, the study away fee is \$500 for programs on the approved GEO program list and \$750 for programs that are not on the approved GEO list and have been successfully petitioned for participation to the GEO Director. For yearly programs with one single application, the study away fee is \$750. For summer programs, the study away fee is \$300.

Application Instructions

1. Before applying, please discuss the program with your academic advisor and Student Financial Services and/or any other party responsible for your funding. Language majors and minors applying to French, Spanish, and German speaking programs should meet with an appropriate representative from the Modern Language Department to discuss the intended program away and a language proficiency evaluation.
2. Make sure to have the **disciplinary report** (part of your application) signed off on by the Dean of Students, indicating whether or not you are (or have been) on any disciplinary probation.
3. Read and sign the enclosed Conditions of Application Statement. Signing the statement indicates an agreement to adhere to the stated policies. You may discuss these obligations by contacting the Global Education Office (GEO).
4. Complete the Medical History Form for Off-Campus Study. It is used only to help arrange special accommodations when necessary or to assist you in emergencies.
5. Print an unofficial transcript from your MyKSC and bring it to the Global Education Office (GEO). There may be some programs that may require an official KSC transcript at a later date.

6. Print a Program Evaluation from your MyKSC or Program Planning Sheet from www.keene.edu/aca/pps.cfm and bring it to the Global Education Office (GEO).
7. Complete the short answer questions of the application. Each short answer question should be typewritten and 250 words in length or less. Be sure to include your name and Student I.D. number at the upper-right corner of each page.
8. Ask your academic advisor to submit this form to the Global Education Office (GEO). If you not have an academic advisor or the advisor hasn't had an opportunity to get to know you then you may ask another professor in the department of your major to complete the form. Be sure to give ample time for completion and follow up to make sure they are received in time.
9. Applications must be submitted with a non-refundable deposit in the amount of \$200, payable to "Keene State College."
10. Upon submission of all application materials to the Global Education Office (GEO), you will be required to schedule an appointment for an interview. Your application will be considered complete only after your interview has been completed and all other application materials are submitted. Failure to follow through with the interview will result in your application being rejected.
11. Bring your application to our office on the 3rd floor of Elliot Center or mail it to us at GEO, MS 2612, 229 Main St, Keene, NH 03435-2612. Our phone number is 603-358-2348 and we are open Monday, Tuesday, Thursday, and Friday from 8-12 and 1-4:30 and Wednesday from 1-4:30.

Checklist for Application

The following checklist can be used as a guide for submitting a complete application. All applicants must provide the following items:

- General Information Page
- Signed Conditions of Application Statement
- Short answer questions answered
- Medical History Form for Off-Campus Study
- Release and Waiver of Liability form
- Emergency Contact Information Sheet
- Disciplinary Report signed off by the dean of students
- Academic Advisor Support form
- \$200 Non-Refundable Deposit
- Unofficial KSC Transcript (from your MyKSC)
- Program Evaluation (from your MyKSC) or Program Planning Sheet (www.keene.edu/aca/pps.cfm)

GENERAL INFORMATION

Name _____ First MI Last Nickname _____

KSC ID # _____ Date of Birth ____/____/____ Gender _____

Local Mailing Address _____
Street Apt, KSC Mailstop, or Box no. City State zip code

Local Telephone (_____) _____ - _____ KSC E-Mail Address _____

Permanent Address _____
Street Apt. or Box no. City State zip code

Permanent Telephone (_____) _____ - _____ Alternate E-Mail Address _____

What class ranking will you be while away: Freshman Sophomore Junior Senior Other

Major (s) _____ Minor (s) _____

Academic Advisor _____ Anticipated Graduation Date _____

Cumulative GPA _____

Are you a US Citizen: Yes No

If not/or if you have dual citizenship, what is your (other) country of citizenship? _____

Please indicate the program(s) and semester(s) which you wish to apply to:

Institution: _____ Location/Country: _____ Semester/Session (s): _____

For National Student Exchange or New England Quebec Exchange, list your top 5 schools:

1. _____ 2. _____ 3. _____

4. _____ 5. _____

CONDITIONS OF APPLICATION STATEMENT

By signing this Statement, the student applicant accepts the following conditions of application:

- The application process is not complete without a personal interview. Students are responsible for scheduling an appointment for an interview. Failure to follow through on the interview will result in rejection of your application. Students with incomplete applications will not be interviewed.
- Applications must be submitted with a non-refundable deposit in the amount of \$200 payable to “Keene State College.”
- The Global Education Office (GEO) will select program participants. Factors influencing selection are the number of available places at a given site, the applicant’s prior academic and conduct record, language skills and prior experience abroad, evidence of motivation and clear objectives, ability to work with others and to represent Keene State College, and evidence of maturity and independence. Placement is not guaranteed.
- Whenever possible, the Global Education Office (GEO) will try to accommodate special needs. In some cases, however, this is not possible. The safety of our students will take priority over all other considerations in the selection of students, site selection, and housing arrangements.
- Keene State College reserves the right to cancel any program at any time in the event of circumstances beyond our control that may threaten the safety of our students or faculty.
- The Global Education Office (GEO) reserves the right to withdraw an offer of acceptance to any student who voluntarily or involuntarily leaves KSC or is found to have falsified the application. The GEO also reserves the right to withdraw an offer of acceptance to students who are placed on disciplinary probation.
- Applicants submitting their application by the deadline will be mailed notification of their acceptance status approximately four (4) weeks after the application deadline. Late applicants are notified of acceptance or status on a rolling basis.
- Applicants participating in a program through the Global Education Office (GEO) agree to attend all preparation meetings as established by KSC. These preparations may include, but are not limited to, the following: orientations and pre-departure meetings.
- Applicants must be in good academic standing at the time of application. Students who are accepted in good academic standing and subsequently are placed on academic warning will be allowed to continue their participation in the program. Students placed on academic probation are not eligible to participate.
- Students studying away are responsible for adhering to all policies, procedures and conduct that govern student behavior at the host institution and nation. In addition, students studying away are still responsible for adhering to the general policies, procedures and conduct governing student behavior at KSC.
- KSC reserves the right to remove students from a program at any time for violation of policies of either institution; or if their behavior presents a danger to themselves or to others; or is considered detrimental to the relationship with our partner institutions. This determination will be made at the sole discretion of the GEO in consultation with the host school. Students removed from a program will not be entitled to a refund of any portion of program costs.

I have read and accept the above conditions of application.

NAME (PLEASE PRINT)

SIGNATURE

DATE

SHORT ANSWER QUESTIONS FOR GEO STUDY AWAY PROGRAMS

Please submit your answers to these four questions together with your study away application. Each short answer question should be typewritten and 250 words in length or less. Use this exercise as an opportunity to reflect upon the study away experience you hope to undertake.

Typewrite your answers, so they are easier to read. Include your name and student ID number in the upper-right hand side of the paper.

Reflection Questions

1. How does the content of the study away program to which you are applying relate to your present and future academic and career goals?
2. List and explain four goals relating to academics and/or cultural understanding you hope to achieve during your study away experience.
3. List and explain four expectations for your own personal growth/change you hope to experience as a result of your participation in this study away program.
4. Please take this opportunity to alert us to any special needs that you may have that could impact your participation in the program: this should include any requests for special housing. Please let us know if you are currently under any medical treatment for any reason. If you have a serious medical condition, appropriate medication and treatment may not be available at the host site.

MEDICAL HISTORY FORM FOR OFF-CAMPUS STUDY

Global Education Office (GEO)

Last Name _____ First Name _____ Birth Date _____

Instructions: Please complete this health history form to the best of your ability. It is used only to help arrange special accommodations when necessary or to assist you in emergencies. (This information is kept confidential and shared only when necessary as outlined in the release statement at the end of this form.)

My general health is: Excellent _____ Good _____ Fair _____ Poor _____

Allergies: Penicillin _____ Aspirin _____ Bee stings _____
Peanuts _____ Eggs _____ Environmental _____
Other (give details) _____

Diet: Regular _____ Vegetarian _____
Restricted (give details) _____

Medications (List names of all medications you are currently taking):

Inhalers _____
Birth Control _____
Psychological medications _____
Insulin injections/pump _____
Seizure medications _____

Other medications prescribed for medical or mental health conditions (give details):

Medical History: Hospitalization (give dates and type) _____
Surgery (give dates and type) _____

Health History: Cancer/tumors _____ Bladder/kidney problem _____
Back/joint problem _____ Ulcer/stomach problem _____
Anemia/bleeding disorder _____ Alcohol or other substance abuse _____
Hepatitis/jaundice _____ High Blood Pressure _____
Headaches _____ Heart Problems _____
Thyroid problems _____ Eating disorder _____

Other _____

Please check below any medical or psychological conditions that have required psychological care within the past 5 yrs

Depression _____ Anxiety Disorder _____
Eating Disorder _____ Bipolar Disorder _____
OCD _____ Anger Management _____
PTSD _____ Suicide Attempt _____
Suicidal Ideation _____ Self Harm _____
Panic Disorder _____ Conduct Disorder _____
Other (Please List) _____

Release of Information: I understand that the information included in this health history may be shared with staff and/or faculty from KSC, The Center for Health and Wellness, Counseling Services, host school support services and/or medical providers for the purpose of protecting my health during the period of my participation in the study away program.

Signature: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY, HOLD HARMLESS, AND INDEMNITY AGREEMENT
KSC: Global Education Office (GEO)

This Agreement is signed by _____ whose address is _____
Name

Your permanent address

hereinafter referred to as the "Participant," and if the Participant is of minority legal age, signed also by the Participant's Parent or Guardian. All references in this Agreement to Keene State College include the College and University System of New Hampshire and their trustees, officers, employees, and agents.

1.0 Participant's Desire to Participate in the Academic Program

Participant is a student qualified for and accepted for enrollment in an academic program arranged through Keene State College's Global Education Office, and offered by or in conjunction with _____, the host institution for the
School you will be attending

following term _____. In the country(ies) of _____.
Spring, Fall or Summer Country where you will be studying

College and the Global Education Office that will take place from _____ in _____.
Program Dates Country

2.0 Participant Responsibility for Medical Needs and Grant of Permission to Authorize Emergency Medical Care

The Participant has had a medical examination in anticipation of participating in this academic program, and there are no known health-related reasons or problems which preclude or restrict Participant's participation. The Undersigned understand(s) that Keene State College does not have medical personnel available at the location of the Academic Program, during transportation, or anywhere in the foreign country and grants Keene State College permission to authorize emergency medical treatment, including hospitalization either in the foreign country or in the United States. The Undersigned further agree(s) that Keene State College is not responsible for the costs of attending to any of Participant's medical needs, including costs for hospital care if Participant is required to be hospitalized while in a foreign country or in the United States, during this Academic Program.

3.0 Travel and Accommodations

The Undersigned understand(s) that Keene State College in no way represents, or acts as agent for transportation carriers, hotels, and other suppliers of services connected with this Academic Program and agree(s) that Keene State College is not responsible or liable for:

3.1 Any injury, damage, loss, accident, delay, disruption of travel arrangements, or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in providing or performing any of the services involved in this Academic Program;

3.2 Any loss, damage, destruction, theft or the like to Participant's luggage or personal belongings;

4.0 Cancellation and Modification of Academic Program

Keene State College reserves the right to cancel, change, or make substitutions to the Academic Program or to make alterations, deletions or modifications to the itinerary in case of emergencies, changed conditions, or otherwise as it deems necessary. The College further reserves the right to adjust fees as necessitated by factors over which it has no control such as changes in currency exchange rates and tariffs and inflation. Keene State College further shall not be responsible for any losses or expenses incurred by the Participant due to weather, strikes, hostilities, wars, natural disasters, or other such causes.

5.0 Legal Problems

The Undersigned acknowledge(s) and understand(s) that should Participant have or develop legal problems with any foreign nationals or governments, Participant will attend to such matters personally with Participant's own personal funds. Keene State College is not responsible for providing any assistance under such circumstances.

6.0 Acceptable Conduct by Participant

The Participant is aware of and shall comply with Keene State College's rules, standards and instructions for student behavior. The Undersigned agree(s) that Keene State College may enforce its rules, standards, and instructions for appropriate conduct, and that such enforcement may include termination of participation in the academic program for inappropriate behavior or any action or conduct considered by the College to be detrimental to or incompatible with the interests of the program. In the event that Participant's participation is terminated for inappropriate conduct, the Undersigned shall be responsible for all expenses incurred in Participant's returning home. Further in this eventuality the Undersigned agree(s) that there shall be no refund of fees.

7.0 Assumption of the Risks, Release and Waiver of Liability, and Indemnity

7.1 Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in this Academic Program, the Undersigned, on behalf of Participant's family, heirs, and personal representative(s), agree(s): (a) to assume all the risks and responsibilities surrounding Participant's participation in the Academic Program, the transportation, and in any independent research or activities undertaken as an adjunct thereto, and (b) to release and hold harmless Keene State College, its governing board, officers, agents, employees, and any students acting as employees ("Releases"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which Participant may have or which may hereafter accrue to the Undersigned, arising out of or related to any loss, damage, illness or injury, including but not limited to suffering and death, that may be sustained by Participant or by any property belonging to Participant, whether caused by the negligence or carelessness of the "Releases," or otherwise, while in, on, upon, or in transit to or from the country where the Academic Program or any adjunct to the Academic Program occurs or is being conducted.

7.2 In the event that Participant's conduct causes damage to the property of Keene State College, the Undersigned agree(s) to indemnify Keene State College for such loss. The Undersigned further agree(s) to defend and indemnify Keene State College with respect to any claims, demands, or actions for damages brought by anyone else against the College for personal injury, property damage, or death arising in whole or in part from Participant's conduct.

THIS AGREEMENT shall bind the members of the Undersigned's family and spouse, if Participant is alive, and Participant's family, estate, heirs, administrators, personal representatives, or assigns, if Participant is deceased. In signing this Release and Waiver of Liability, Hold Harmless, and Indemnity Agreement, I acknowledge and represent that I have read it and all attachments hereto, that I am fully informed of and understand its content, and that I sign of my own free act and deed. I further acknowledge that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

THIS IS A RELEASE OF LEGAL RIGHTS-READ AND UNDERSTAND BEFORE SIGNING.

STUDENT PARTICIPANT: _____
Signature Date

PARENT/GUARDIAN: _____
Co-signature of parent or guardian if student is under 18 years of age Date

EMERGENCY CONTACT INFORMATION
Global Education Office (GEO)

Last Name: _____ First Name: _____ Initial: _____

Birth Date / / Sex: Male Female KSC ID #
Month Day Year

Your Study Away Location: _____ Program: _____

Study Period Away: _____ Semester You Will Be Returning to KSC: _____

Academic Status When Studying Away: Freshman _____ Sophomore _____ Junior _____ Senior _____

Your KSC E-Mail address: _____

Your Alternate E-Mail address: _____

Your Current Mailing Address at Keene: _____

Valid Until (/ /)
Month Day Year

Current Telephone # () _____

Your Permanent or Home Address: _____

Telephone # () _____

Parent/Guardian to contact in case of emergency: 3

Name: _____ Relationship: _____

E-Mail address: _____

Mailing Address: _____

Cell: () _____

Home Telephone: () _____

Business Telephone: () _____

Alternate Contact for emergency:

Name: _____ Relationship: _____

E-Mail address: _____

Mailing Address: _____

Cell: () _____

Home Telephone: () _____

Business Telephone: () _____

