

# FIPSE Grant & Study Abroad Application

## University of Central Arkansas

This application is for business majors and/or minors who wish to apply for FIPSE grant money to study abroad. Applicants will have earned a minimum of 6 credit hours in Business prior to participation in a FIPSE program.

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Student ID: \_\_\_\_\_

### Study Abroad Program (Please check all that apply)

☐ Semester/Year Exchange Abroad

☐ Summer Language Immersion

### Application Deadlines

Semester/Year Programs:

- Applications for FIPSE Fall Semester Abroad – February 2
- Applications for FIPSE Spring Semester Abroad – October 15

Summer Programs:

Applications for summer are accepted in both Fall and Spring semesters

- Early Applications for FIPSE Summer Abroad – October 15
- Final Applications for FIPSE Summer Abroad – February 2

### Instructions and Fees

Complete and return the following application and a copy of your passport with a \$40 application fee to (Checks payable to UCA):

UCA Office of Study Abroad, Division of International Affairs

Attention: Amanda García, Director

Torreyson Library, 304 • Conway, AR 72035

Phone: (501) 450-3646 • Fax: (501) 450-5095

Email: [studyabroad@uca.edu](mailto:studyabroad@uca.edu)

All payments made to the Office of Study Abroad are non-refundable.

### Study Abroad Program Information

Preferred Location of Study: \_\_\_\_\_

Course Types to be Taken:      Business      Spanish      Both

### Personal Information

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Name as it appears on passport: \_\_\_\_\_

Passport #: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Are you a United States citizen:      Yes      No

Classification (circle one):      Freshman      Sophomore      Junior      Senior      Graduate

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

## Study Abroad Information

Please rank the following study abroad destinations from 1 to 3 (1 indicates your first choice & 3 indicates your last choice). Do not include a rank for a country in which you do not want to study. Rankings will be used in the scholarship recipient selection process.

Note: Recipients may be selected to study abroad at their 2<sup>nd</sup> or 3<sup>rd</sup> choice university.

Rank	University	Location	Language of Instruction
_____	Universidad Juárez Autónoma de Tabasco	Villahermosa, Tabasco, Mexico	Spanish
_____	Universidad Autónoma de Yucatan	Merida, Yucatan, Mexico	Spanish
_____	Universidad de Colima	Manzanillo, Colima, Mexico	Spanish
_____	Mount Allison University	Sackville, New Brunswick, Canada	English
_____	Universite de Moncton	Shippagan, New Brunswick, Canada	French (Undergraduate) Limited English (MBA only)
_____	Universite de Saint-Anne	Church Point, Nova Scotia, Canada	French
_____	University of Prince Edward Island	Charlottetown, Prince Edward Island, Canada	English
_____	Vancouver Island University	Nanaimo, British Columbia, Canada	English

## Essay & Transcript

Please attach the following items to your application before submitting it to the UCA Office of Study Abroad:

- ONE (1) TYPED ESSAY on why you wish to study abroad, essay should be approximately one page in length.
- ONE (1) UNOFFICIAL TRANSCRIPT from URSA.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a FIPSE participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the FIPSE program.

Name: (Printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

### Medical Questionnaire

1. Do you have any physical or mental impairment or condition which might limit your activity or traveling ability?

Yes      No

If yes, please explain: \_\_\_\_\_

2. Do you have a chronic illness? (Check all that apply)

- Heart condition
- High blood pressure
- Diabetes
- Migraine headaches
- Allergies
- Other: \_\_\_\_\_

3. Do you take any regular prescription medication?    Yes      No

If yes, what type? \_\_\_\_\_

Will you have a sufficient supply for the entire trip?    Yes      No

4. Is there any additional health information about which the program director(s) should know?    Yes      No

If yes, please specify: \_\_\_\_\_

I, \_\_\_\_\_ understand that a Study Abroad experience and international travel can be sometimes physically demanding. It is my responsibility to make the appropriate visits to my health care providers (i.e.: dental, eye, etc.).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Agreement and Signature

Can we release your name and email address to other students interested in your Study Abroad program?    Yes      No

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Study Abroad participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the Study Abroad program.

Name: (Printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Non-Discrimination Policy

The University of Central Arkansas is an affirmative action/equal opportunity institution. In keeping with its non-discrimination policy in employment, admissions and other functions and programs, the university considers employees and students on the basis of individual merit without regard to sex, race or color, religion, national origin, age, disability, or other factors irrelevant to participation in its programs.

Students should also adhere to the UCA student handbook, which states:

The University of Central Arkansas and its faculty and staff are committed to providing an equal educational opportunity to all students. One of the facets of the university experience includes the opportunity to learn in an environment where there are other individuals from varied backgrounds and characteristics, which include, but are not limited to, race, ethnicity, religion, spiritual beliefs, national origin, age, gender, marital status, socioeconomic background, sexual orientation, disability, political affiliation and intellectual perspective. The University of Central Arkansas does not condone harassment (or other forms of inappropriate conduct) against any student. These matters are handled in the same procedural way as those involving sexual harassment.

## Agreements and Releases

- This is a release of legal rights, read and understand before signing •

Name of student: \_\_\_\_\_ Program: \_\_\_\_\_

I, \_\_\_\_\_ will be participating in a study abroad program in \_\_\_\_\_ for the ( ) Fall; ( ) Spring; ( ) Summer session, year \_\_\_\_\_, through the University of Central Arkansas, Study Abroad, International Programs Office. I hereby agree as follows:

Please initial by each clause within the agreement. If you do not initial by each clause you will not be considered for the program.

### \_\_\_\_\_ INSTITUTIONAL ARRANGEMENT

I understand that the University does not represent or act as an agent for and cannot control the acts and omission of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the program. I understand that the university is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

### \_\_\_\_\_ EARLY DEPARTURE

If I decide to leave the program before completing my course of study, I will provide the University with advance written notice of my intention to leave the program. If I leave the program prior to its completion, I understand the University has no responsibility to provide or arrange transportation

### \_\_\_\_\_ STANDARDS OF CONDUCT

I understand that each country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior violating those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by all such laws and standards of each country to or through which I will travel during the program.

I will comply with all rules and regulations issued by the University, course instructors or any coordinating institution. It is within the course instructor's and the Office of International Programs discretion to determine that my violation of such rules and regulations warrants my termination from the program. In the event, I may be sent home at my own expense. I agree that the University has the right to enforce its rules and regulations, including its student conduct, in its sole judgment, and that it will impose sanctions, up to including expulsion from the program, for violating these rules and regulations or for any behavior detrimental to or incompatible with the interests, harmony and welfare of the University, the program or other participants. I recognize that due to circumstances of Study Abroad, procedures for notice, hearing and appeal applicable to the student disciplinary proceedings at the University do not apply. However, I will receive a notice of my violation and an opportunity to provide an explanation to an appropriate official. If I am expelled, I consent to being sent home at my own expense with no refund of fees. I also agree that I will:

1. Not buy, sell or use drugs at any time,
2. Not engage in abusive use of alcohol,

3. Participate in all classes and scheduled activities unless ill, and
4. Abide by dress and cultural codes suitable in the countries visited.

#### \_\_\_\_\_ ASSUMPTION OF RISK AND RELEASE OF CLAIMS

Knowing the risks described above, I agree on behalf of my family, heirs and personal representatives to assume all risks and responsibilities surrounding my participation in the program. I and my heirs and successors and assigns agree to release, indemnify and hold harmless the University of Central Arkansas, its past and present trustees, officers, employees, agents and the heirs, successors and assigns of each from any and all loss, cost, damages, liability or expense (including reasonable attorney's fees) resulting in or arising from my participation in the program (including periods in transit to or from any country where the program is being conducted).

#### \_\_\_\_\_ VISAS

I understand I MUST have a passport to obtain a visa and that for certain programs a visa may be required in order to participate. I also understand that it is solely my responsibility to research visa requirements for the countries where I plan to study. I further understand it is my responsibility to follow the procedures set forth by that country and obtain the visa in a timely manner. Please note the visa application process can be lengthy and require 2-4 months of advanced work (where applicable).

For faculty-led programs: I also understand that if I do not provide my passport to the Office of Study Abroad at the time in which it is requested, I may not obtain my visa on time and may not participate in the program.

#### \_\_\_\_\_ PROGRAM REQUIREMENTS

I understand that to participate I must have a minimum of a 3.0 GPA and 60 credit hours (semester/year program); 30 credit hours (summer program).

#### \_\_\_\_\_ HEALTH INSURANCE

I understand that I am required to purchase an ISIC (International Student ID card) insurance card if it is not included in the cost of my program. I read and understand its coverage and terms. I understand it is my responsibility to purchase any additional insurance I deem necessary.

#### \_\_\_\_\_ HEALTH AND SAFETY

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems, which preclude or restrict my participation in this program. I am aware of all applicable personal medical needs. (See medical questionnaire) I have arranged, through insurance or otherwise, to meet any and all needs of payment of medical costs while I participate in the program. I recognize that the University is not obligated to attend any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States during the program, the University is not responsible for the cost or quality of such treatment or care or medical evacuation from any location.

### **Additional Agreements and Releases for Internal Study Abroad**

#### \_\_\_\_\_ RISKS OF EDUCATION ABROAD

I understand that participation in the program could involve risks not found in study at the university. These risks include: traveling to and within, and returning from, one or more Study Abroad countries, political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; different standards of living, and limitations on the availability of police protection. Additionally, I have conducted my own research and am willing to accept these risks.

#### \_\_\_\_\_ INDEPENDENT ACTIVITY

I understand that the University, course instructors or travel coordinators have oversight for me even when I am not participating in supervised group activities. I understand I may have the opportunity to leave the group periodically, subject to the course instructor's requirements for participating in and attendance at classes and other activities, which are a required part of the overall program. During these times I will be responsible for my own safety and agree not to hold the University liable for any injuries to my person, including death, or property or any other losses resulting from independent travel on my part during the program.

#### \_\_\_\_\_ PROGRAM CHANGES

The University may, in its sole discretion, determine that circumstances within a country may require the cancellation of the program within that country. The University will provide me with as much advance notice as possible of its intention to cancel the program in which I will participate. I also understand that the University, the on-site coordinators or foreign government may prematurely terminate the program. I understand that the University's fees and program charges are based on current fares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expense due to delays or other changes in the means of transportation, services, sicknesses, weather, strikes, or unforeseen causes. If I become sick or injured I will, at my own expense,

obtain medical care and medical evacuation, if required. For faculty-led trips: Additionally, I shall seek out, contact and reach the program group at its next available destination.

The University bears no liability for any losses or claims incurred by me in connection with my own early departure or termination from the program or University's termination of its participation in the program. If I decide to remain in the visiting country after receiving notice of the University's intent to terminate the program, I bear complete responsibility and liability for my own care and safety.

\_\_\_\_ PROGRAM CHARGES

I am responsible for paying UCA a \$40 study abroad fee and \$22 for an ISIC card. I am responsible for any and all required payments and charges applicable to the program. I understand the program's cancellation policies and fees and agree to abide by them. I understand that once I sign this form, I will be charged a \$40 Study Abroad processing fee.

\_\_\_\_ ENROLLMENT AND CREDIT

I understand that I will be enrolled in UCA shell courses that show that I am still enrolled as a UCA student. When I return I MUST submit my host institution transcript to the Study Abroad Director for posting of my credit.

Departmental Approval (to be Completed by UCA Office of Study Abroad)
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\_\_\_\_\_, \_\_\_\_\_ is permitted to study at \_\_\_\_\_  
(Student name) (Student ID #) (Program Name/Location)  
during the ( ) Fall; ( ) Spring; ( ) Summer session of the \_\_\_\_\_ academic year as a visiting student.

Course work successfully completed at the visiting institution during this period will be accepted as partial fulfillment of degree requirements at the University of Central Arkansas. In this manner the above-named student is pursuing a degree at the University of Central Arkansas while attending the visiting institution.

\_\_\_\_\_  
Study Abroad Director

\_\_\_\_\_  
Date