



JOHN BROWN UNIVERSITY

ICS 2991 International Education Experience Application

***This is an optional offering; not all mission opportunities will meet the criterion to receive this credit.*

Name: _____ ID # _____

Date: _____ Year: _____ Major: _____

I am fulfilling the Global Studies Requirement through a minimum four-week international experience which will include preparation activities and written reflection assignments.

Instructor¹: _____ Destination country: _____

Briefly describe the study abroad activity that you will be doing:

Date to begin: _____ Date to complete: _____

I agree to pay a non-refundable \$99 fee for instructional costs associated with the experience.

Student signature: _____

Instructor signature: _____

Advisor signature: _____

Please submit this completed form with your application.

Copies to: Student _____ Advisor _____ Instructor _____ International Office _____

¹ **Note:** The instructor must be pre-approved by the International Programs Committee.



International Education Application

Waiver and Release of Liability:

DISCLAIMER: JOHN BROWN UNIVERSITY IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PARTICIPATING IN THE JOHN BROWN UNIVERSITY INTERNATIONAL PROGRAM, OR IN ANY OTHER WAY INVOLVED WITH THE INTERNATIONAL PROGRAM FOR ANY REASON WHATSOEVER. THIS RELEASE INCLUDES ANY ORDINARY NEGLIGENCE ON THE PART OF JOHN BROWN UNIVERSITY, ITS AGENTS, OR ITS EMPLOYEES.

In consideration of my participation, **I hereby release and covenant not to sue** John Brown University, its Board of Trustees, employees, instructors, officers, or agents, from any and all present and future claims resulting from ordinary negligence on the part of John Brown University or others listed for property damage, personal injury, or wrongful death, arising as a result of my participating in International Program activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that international travel involves certain risks, including, but not limited to, death, personal injury, and property damage resulting from travel accidents, sickness, the uncontrollable nature of the encounters with other persons that may occur, and situations in the country(s) being visited, such as civil unrest, epidemics, and unstable governments. In addition, I understand that participation in international travel may involve sites that may be remote from available medical assistance. I agree that the program sponsors cannot guarantee my total safety since some risks are beyond their control. I agree to follow all instructions and guidelines given by them, and to act in a safe and responsible manner toward all participants and the others with whom I come in contact. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless John Brown University and others listed for any and all claims arising as a result of my participation in International Program activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Arkansas and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the state of Arkansas. I affirm that I am of legal age and am freely signing this agreement. **I have read this form and fully understand that by signing this form, I am giving up legal rights** and/or remedies which may be available to me for the ordinary negligence of John Brown University or any of the parties listed above.

(Signature of Participant)

(Date)

(Signature of Parent if Participant is under 18 Years of Age)

(Date)



International Education Waiver and Release Agreement

In consideration of John Brown University (JBU) allowing me to participate, I hereby agree and represent that:

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. I am or will become familiar with my insurer's conditions and procedures for making a claim. By my signature below I certify that my health care coverage will adequately cover me while outside of the United States, or if the program is in the United States, will adequately cover me in that location. I hereby release JBU and its employees and agents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death).
2. I understand that although JBU will attempt to maintain the Program as described in its publications and brochures, it reserves the right, for programmatic, political, or other reasons, to change the Program, including itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice.
3. I understand that this is a supervised program and I agree to uphold individual and group standards set out by JBU. I understand that JBU has the right to dismiss me from the Program at any time should my actions, overt or covert, in the sole discretion of JBU, be determined to impede or obstruct the progress of the Program, or violate the individual and group standards set forth by JBU. The costs associated with my dismissal will be my responsibility.
4. I understand that although JBU will make reasonable efforts to assure my safety while participating in the Program, there are unavoidable risks in travel abroad or in other parts of the United States. I, on behalf of myself and my estate, hereby release and promise not to sue JBU or its employees and agents, for any damage or injury (including death) caused by, derived from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of JBU. I further agree that in the event anyone else files a claim against JBU, its employees or agents arising from damages or injuries (including death) to me, I and/or my estate agree to indemnify and hold harmless JBU, its employees and/or agents.
5. I agree that, should any provision or aspect of this agreement be found to unenforceable, all remaining provisions of the agreement will remain in full force and effect.
6. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with an advisor, counselor, or attorney of my choice.
7. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of Arkansas. Any such claims will be filed in the Benton County Circuit Court. Students who make claims against the university in a court of law will have to indemnify JBU for costs to JBU arising out of such claim.
9. This agreement represents my complete understanding with JBU concerning JBU's responsibility and liability for my participation in the Program. It supersedes any previous or contemporaneous understandings I may have had with JBU on this subject, whether written or oral, and cannot be changed or amended in any way without written concurrence by me and by an authorized agent of JBU.
10. I represent that I am at least eighteen years of age. (If not, see the International Programs Office.)



JOHN BROWN UNIVERSITY

Health and Personal Authorization:

For use by the International Office as deemed applicable for your safety and well-being. The contents are confidential.

Name: _____ International Team: _____
JBU ID#: _____ Birth Date: _____

Medical History: Have you ever had any of the following? (Please circle any which apply)

Anemia	Convulsions/Seizures	Heart Condition	Malaria
Alcohol/Substance Abuse	Depression/Anxiety	Hepatitis	Rheumatic Fever
Anorexia/Bulimia	Diabetes	HIV Positive	Suicidal Ideation
Asthma	Epilepsy	Hypoglycemia	Thyroid Disease
Bleeding Disorder	Headaches/Migraines	Kidney Stones	Tuberculosis

If you circled anything above, please comment: _____

Do you have a medical disability? _____ If yes, please explain _____

Are you currently under a physician's care? _____ If yes, please explain _____

Have you been under medical, psychiatric, or a counselor's care in the past year? If yes, please explain _____

May we contact the person(s) who provided you care? If yes, please list their contact information:

Name: _____ Phone number: _____

Have you ever had major surgery? _____ If yes, what type? _____

Please list any allergies to medication, food, plants, insect bites, or other items _____

Please list any prescription medications that you take on a frequent or regular basis: _____

Do you use syringes for self-medication or blood glucose testing? _____

Do you have any currently existing health conditions that might need medical attention or monitoring such as special diets, medication levels, etc.? _____

Authorization and Permission for Treatment:

Consent is hereby given for treatment by licensed medical personnel, including necessary emergency procedures such as non-elective surgery and hospitalization. If I am incapacitated or otherwise unable to give release for medical treatment, consent is hereby given to a university representative to authorize needed care on my behalf. No guarantee has been made to me as to the results to be obtained by treatment given. It is understood that the university representative will contact the designated, authorized person(s) in the case of an emergency or serious illness. I understand that I am responsible for charges incurred due to illness, injury, or accident (whether authorized by me or by the university's representative on my behalf).

(Signature of Participant) (Date)

(Signature of Parent/Guardian if Participant is Under 18 Years of Age) (Date)

Mandatory Health Insurance Information: Applicants are strongly advised to review their personal insurance coverage for any exclusions related to international travel.

Insurance Company _____ Policy Number _____

Address _____ Phone Number _____

Emergency Contacts:

1. Name _____ Day Phone _____

Relationship _____ Evening Phone _____

2. Name _____ Day Phone _____

Relationship _____ Evening Phone _____

John Brown University International Programs ISIC Application:

Please complete these areas only: Signature, Personal Information, and Permanent Address (non JBU address). We will use your JBU face book photo unless one is attached. Payment for the ISIC is covered by the JBU administrative fee.

Apply for the ISIC today!



Visit your nearest ISIC (Student), IYTC (Youth) (GO25), or ITIC (Teacher) Issuing Office and purchase your card on the spot. Don't know where to go? Check out your Study Abroad Office.

Don't forget about ISIC Premium:

- Triple medical coverage
- Protect you ipod, computer and digital camera
- Piece of mind that you and your belongings are covered!

For more info, see your study abroad office.

Applications must be submitted with:

- One 1" x 1" photo (name printed in ink on the back)
- Payment (unless included in program cost)
- Proof of student, faculty, or youth status as described in categories below
- Copy of driver's license, passport, or birth certificate

**ATTACH
PHOTO
HERE**

Terms & Conditions

I hereby certify that this information is true and understand that any false statements on my part may result in forfeiture of all card benefits.

Applicant's Signature	Date	Card	Proof Requirements	Cost	Validity Period
		ISIC (Student)	Photocopy of current school ID with academic year validity visible OR photocopy of your transcript/report card for current academic year.	\$22	One year from date of issue.
		IYTC (Youth)	Photocopy of valid driver's license, birth certificate, OR passport showing you are under 26 years of age at the time of application.	\$22	One year from date of issue.
		ITIC (Teacher)	Photocopy of your faculty ID (showing validity for current academic year) OR letter on school stationary from department chair, school principal, OR other school official verifying faculty status or equivalent during the current academic year.	\$22	One year from date of issue.

Please read the instructions above before filling out your application. Type or print in clear block letters only.

Please indicate which card you are applying for:

- Student (ISIC)
 Youth (IYTC)
 Teacher (ITIC)
 Student ISIC Card Premium Insurance

Personal Information

Name (first, last) _____

Institution/School Name _____ Expected grad. date (MM/YY) _____

Date of Birth (i.e. 09/Jun/82) _____ School ID# _____

Credit Card Information

Name on Card _____

Billing Address (Street, Apt. #, City, State, Zip) _____

City _____ State _____ Zip _____

Card # _____ Expiration Date (MM/YY) _____

Security Code _____

Mailing Address (U.S. addresses only)

Street _____ Apt. # _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

School Address Stamp (to be completed by institution)

School Address (to be filled out if not stamped above)

Institution/School Name _____

Street _____

City _____ State _____ Zip _____

OFFICE USE ONLY

Int'l ID Card # _____ Year _____

Permanent Address (if different from mailing address)

Street _____ Apt. # _____

City _____ State _____ Zip _____



International Education Application

REFERENCE FORM: Resident Director/ Resident Assistant

Please send to your RD or RA. By signing below, you, the applicant waive your right to review this reference form.

Student Name (printed): _____ International Team: _____

Signature: _____

Referral Instructions: The above student has applied to participate in a JBU International Program. Your name has been submitted as a reference. Your comments will be considered and appreciated during the selection process. If you feel you are not qualified to answer any particular question, please leave it blank. Please feel free to include additional comments or information on an attached sheet.

- 1. How long and in what capacity have you known the applicant?
2. Please rate this person in each of these areas by circling one number on a scale of one to five, five indicating the highest level of trait exhibition.

Table with 5 columns: Trait, Low, 2, 3, 4, High. Rows include Discipline/ Reliability, Self -motivation, Sense of responsibility, Interpersonal relationships, Personal Integrity.

3. Please indicate any other factors that should be taken account of in considering this student's application (spiritual, social, emotional, physical). Please include any suggestions that would be helpful in working with this student.

4. How do you recommend the applicant for an international trip?

- Strongly Recommend, Recommend, Recommend with reservations, Do Not Recommend

Signature: _____ Date: _____

Printed Name: _____ Residence Hall: _____

Please return to: Melissa Dea (Mindi) Stevenson, International Education, 2000 W. University, Siloam Springs, AR 72761, Phone: 479.524.7363; Fax: 479.524.7463, mstevenson@jbu.edu



International Education Application

REFERENCE FORM: Faculty Member/Professional Reference

Please send to a faculty member or professional reference. By signing below, you, the applicant waive your right to review this reference form.

Student Name (printed): _____ International Team: _____

Signature: _____

Referral Instructions: The above student has applied to participate in a JBU International Program. Your name has been submitted as a reference. Your comments will be considered and appreciated during the selection process. If you feel you are not qualified to answer any particular question, please leave it blank. Please feel free to include additional comments or information on an attached sheet.

1. How long and in what capacity have you known the applicant?
2. Please rate this person in each of these areas by circling one number on a scale of one to five, five indicating the highest level of trait exhibition.

	Low			High	
Intellectual Curiosity	1	2	3	4	5
Academic motivation	1	2	3	4	5
Responsibility for learning	1	2	3	4	5
Interpersonal relationships	1	2	3	4	5

3. Please indicate any other factors that should be taken account of in considering this student's application (spiritual, social, emotional, physical). Please include any suggestions that would be helpful in working with this student.

4. How do you recommend the applicant for an international trip?

Strongly Recommend Recommend Recommend with reservations Do Not Recommend

Signature: _____ Date: _____

Printed Name: _____ Department: _____

Please return to: **Melissa Dea (Mindi) Stevenson**
International Education
2000 W. University
Siloam Springs, AR 72761
Phone: 479.524.7363; Fax: 479.524.7463
mstevenson@jbu.edu