

Program Application

Leadership, Learning & Service Retreat in Italy: July 10/11-19, 2012

Please Print All Information Clearly !

Personal Information

Your Full Name _____ Male _____ Female _____ Student ID# _____
(*exactly as it appears or will appear on your passport*) (if applicable)

Current Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Your Current Phone _____ Cell Phone _____ Alternate Phone _____

E-mail _____ Alternate E-mail _____

Date of Birth _____ Citizenship _____ SS# _____
Date (mm/dd/yyyy) (for insurance purposes)

Do you have a passport? Yes No Passport Number _____ Expiration Date _____
Date (mm/dd/yyyy)

Academic Information: All participants have the opportunity to enroll in course credit or to participate for no credit. Please see the program brochure for details. The following courses are offered: The enrollment deadline is May 4, 2012

ED 647 LLS International Retreat (1-2 Professional Development Graduate credits) \$260 per credit YES No

EDP 848 Observational Research: International Practicum (1-2 Ph.D. credits) \$338 per credit YES No

Accommodation and Travel Preferences:

- Are you interested in a single room accommodation at an additional cost of \$200? YES No
- Are you interested in roundtrip Coach transport from Milwaukee to Chicago Airport at a cost of \$50? YES No
- Are you considering an airline schedule that differs from the group travel dates? YES No

If yes, please provide dates of travel you will book. From: _____ To: _____
Date (mm/dd/) *Date (mm/dd/)*

Program Requirements

- Applicants must submit a complete and timely program application with program deposit including the international medical history disclosure form and the university release and waiver form to the International Education Office (Dun Scotus 103) **by Monday April 2, 2012**. You may scan and send application documents per e-mail to: studyabroad@stitch.edu Please alternatively see the program brochure for the office mailing address.
- Participants must submit the Stritch international medical history disclosure form and must be capable of walking distances up to a mile, up and down steps and hills and through narrow cobblestone streets and carrying their own bags.
- Participants must be capable of adjusting their personal and social behavior to accommodate the needs of the travel group and leadership and service retreat. Participants will be expected to conduct themselves in a culturally-sensitive manner that is conducive to group learning and to be a credit to Cardinal Stritch University and the Stritch community.
- Participants must pay a **\$1,500 program deposit by Monday April 2, 2012**. Checks must be made out to **Cardinal Stritch University** and provided to the International Education Office. Program deposits may also be made by credit card by calling our office at: 414 410 4729. Participants must pay the remaining program balance (based on personal preferences provided in the application and which will be communicated the week of April 2) with check or credit card **by Friday June 1, 2012**.
- Participants must possess a [valid passport](#) which will not expire in the timeframe of travel. Participants requiring a passport are expected to submit a passport application in a timely manner (**suggested three months prior to departure**) Participants should enclose a copy of the picture page of your passport with this application or submit a passport copy after submitting application and upon receiving your new passport.
- Participants are financially responsible for withdrawing from the program after submitting a signed program application whether prior to departure or while participating in the program abroad. An administrative fee of \$250 will be charged and any portion of your program costs already incurred cannot be refunded. I have read and understand the program withdrawal policy on page 2 of this application.
- Booking and paying for airfare is the responsibility of the participant. Please see the program brochure for details. Please book your airfare **only after** the program has been confirmed to take place. Please e-mail your airline itinerary to: studyabroad@stitch.edu
- Participants are required to submit a complete program evaluation online to the International Education Office upon return.

Program Withdrawal Policy

- Admitted participants withdrawing from the program prior to the start date or during the travel program itself risk forfeiting part or all of their total program cost.
- Withdrawal after the application deadline of April 2 but before June 1, 2012 will result in forfeiting \$250 plus any additional costs already incurred with program hosts in Italy.
- Withdrawal after June 1, 2012 will result in forfeiting the entire program cost.

I confirm that I understand the program requirements, withdrawal policy and that I am aware that confidential information may be shared with the Stritch International Education Office, the Dean of Students, the Faculty/Staff Program Coordinators and the Stritch Health Center. I guarantee my timely payment of the program deposit when submitting this application as well as paying the remaining program balance. Post program photos and videos which I submit may be used in future Stritch International Education print materials or on the Stritch website.

Name of Applicant (Please Print)

Applicant Signature

Date (mm/dd/yyyy)

Document I: Release and Waiver of Liability: Part A

Program Name: Italy Leadership, Learning and Service Retreat **Program Dates (mm/dd/yyyy):** July 10-19, 2012

I hereby acknowledge that my participation in this approved international university program experience and all related activities associated with the program are completely voluntary and are in no way required by Cardinal Stritch University, its employees or representatives. Representatives of Cardinal Stritch University include, but are not limited to, the individual organizations and individuals who compose the planning coalition on the Cardinal Stritch campus.

I understand that Cardinal Stritch University, its employees, and representatives are not in any way responsible for insuring the safety of any activities I choose to undertake. Any decisions I make regarding participation are my own responsibility.

I am fully aware that international travel may be dangerous and involve risks and dangers of my being seriously injured or hurt, including my being killed. In addition to physical injury, I am fully aware that international travel involves risks and dangers of financial injury and loss. I am further aware that such risks of physical and financial injury exist in the university program. Despite such risks of injury involved in the international university program experience, I freely choose to be involved, assuming the risks of injury.

Because I am not required to participate in this program, and because I understand that Cardinal Stritch University, its employees, and representatives have no duty to insure my safety, and because I understand and assume the risks of injury involved in this university program, I hereby waive any and all legal claims that I, my assignees, heirs, distributees, guardians, legal representatives and/or successors may have against Cardinal Stritch University, its employees and representatives for any and all injuries or damages that I incur as a result of my participation in this university program experience. Such injuries or damages for which I am releasing liability may result from the negligence of Cardinal Stritch University, its employees or representatives; my own negligence; or the negligence of any third party while I am participating in the university program experience.

Such injuries and damages for which I am releasing liability may result from, but are not limited to, the following activities: any accident, whether by motor vehicle or airplane, during my transportation to, within, or from my foreign destination; any political or civil unrest in a foreign country; any criminal assault or abduction while participating in the university program; any illness or disease contracted while in the foreign country; and any theft, destruction, or other loss of my personal property while on the international university program.

I acknowledge that this Release and Waiver of Liability is being relied upon by Cardinal Stritch University in allowing me to participate in this university program.

I CONFIRM THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CARDINAL STRITCH UNIVERSITY, AND SIGN IT OF MY OWN FREE WILL.

Printed Name of Participant

Signature of Participant

Date (mm/dd/yyyy)

Document I: Release and Waiver of Liability: Part B

Program Postponement or Cancellation

I acknowledge and agree that Cardinal Stritch University, through its faculty and staff, has the authority to cancel, suspend or postpone any or all international travel if it believes that the current international situation, including but not limited to war or terrorist or criminal activity, poses a unique or special danger to participants. Participants will bear the responsibility for any financial losses associated with such cancellation, suspension or postponement.

Health and Medical Care

I also grant any of the international university program supervisors, officers or agents full authority to take whatever action is deemed warranted regarding my health and safety. This authority gives full permission to the program supervisor, officers or agents, at their discretion, to place me in a hospital at any point, at my own expense, for medical services and for medical treatment or, if no suitable facility is available, to place me under the care of a local medical practitioner for treatment. The program supervisor, officers and agents are further authorized to medically evacuate me at my own expense for medical treatment if local medical authorities deem it to be necessary.

Personal Behavior and Standards of Conduct

I acknowledge and agree that this supervised program is fully under the purview and authority of Cardinal Stritch University, and, as a participant, I am expected to conform fully to the standards and procedures articulated in the Cardinal Stritch University Student Handbook. Cardinal Stritch University and the program supervisor reserve the right to terminate my participation in the program if it deems my conduct is detrimental or incompatible with the interests, harmony, comfort or welfare of the program as a whole. If my participation is terminated, I understand that there will be no financial refund or reimbursement of any kind.

Independent Activity

I acknowledge and agree that Cardinal Stritch University is not responsible for any injury or loss that I may suffer when traveling independently or am otherwise separated or absent from any University-sponsored activities. I further acknowledge and agree that any independent activity or travel outside of the official university program whether prior to the program or after the program or during the official dates of the university program will be at my personal expense and risk.

Summary

I agree that Cardinal Stritch University and the program supervisor have the right to make cancellations, changes or substitutions in emergencies or changed conditions in the interests of the group; to alter the cost prior to departure in order to meet unexpected changes in lodging rates, airfare rates, or group transportation, etc. I understand that the announced fees, schedules and rates are based on information available at the time program plans are developed and are subject to change.

Printed Name of Participant

Signature of Participant

Date (mm/dd/yyyy)

Document I: Release and Waiver of Liability: Part C

Health & Safety

I will have read and received health & safety information from the [U. S. State Department Consular Information Sheet](#) and the [Center for Disease Control and Prevention](#) and I agree to read its contents. I also will have received health information from the Travelers Health Report, which is produced by the National Center for Infectious Diseases, and I agree to read its contents.

Printed Name of Participant

Signature of Participant

Date (mm/dd/yyyy)

Program Orientation

I will attend any and all relevant program orientation sessions and I fully understand the information I have received as well as the necessary steps I still need to complete before my departure.

Printed Name of Participant

Signature of Participant

Date (mm/dd/yyyy)

DOCUMENT H: INTERNATIONAL HEALTH DISCLOSURE FORM (PAGE ONE)

This health disclosure form is to be submitted to the Stritch Student Health Center (6801 North Yates Road #505, Milwaukee, WI 53217). Copies of Page One are to be provided to the Program Coordinators as well as to the International Education Office.

Family/Last Name _____ First Name _____ Middle _____
As it appears or will appear on passport

Program Location _____ Program Dates _____ to _____

Home Address _____ Country _____
Street City State Zip

Home Phone # _____ Cell Phone # _____ Email _____

Birth Date ____/____/____ Sex _____ Student ID # _____ Blood Type _____
Month Date Year (if applicable) (if known)

Emergency Contact _____ Relationship _____

Phone _____ Email _____

Primary Care Physician _____ Telephone # _____

Health Insurance Provider _____ Policy # _____

HEALTH CONDITIONS (Check where applicable)		
<input type="checkbox"/> Alcoholism / Drug Addiction	<input type="checkbox"/> Asthma	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Compromised immune system
<input type="checkbox"/> Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Currently Pregnant (Females Only)	<input type="checkbox"/> Fainting /Dizziness	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Hypertension / High Blood Pressure	<input type="checkbox"/> Migraines
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Seizures/Epilepsy	<input type="checkbox"/> Specific Psychological Disorder
<input type="checkbox"/> Insomnia/Sleep Disorder	<input type="checkbox"/> Walking/Lifting Impairments	
<input type="checkbox"/> Any other condition which Program Coordinators should know about while arranging logistics or in case of emergency <input type="checkbox"/>		

MEDICATIONS CURRENTLY BEING USED—CHECK AND LIST MEDICATION AND DOSAGE

- None
- Over the Counter _____
- Prescriptions including oral contraceptives _____
- Vitamins/Herbal _____
- Sleep Aids _____
- Other _____

DIETARY RESTRICTIONS (religious or otherwise): _____

SEVERE ALLERGIES (Include physical reactions): _____

DOCUMENT H: INTERNATIONAL HEALTH DISCLOSURE FORM (PAGE TWO)

Traveling abroad can be an enriching as well as a physically and mentally challenging experience. Mild or pre-existing health concerns can become serious as participants transition into an unfamiliar environment. For your health and safety, we encourage full disclosure of your health status. Use additional paper as needed.

Page Two will be reviewed and kept by the Stritch Student Health Center and the Center for Counseling & Mental Wellness. If you answer "Yes" to any question, additional information may be requested from you and your health care professional regarding treatment or health management strategies.

Family/Last Name _____ First Name _____ Middle _____

A. Has your physical activity been restricted during the past 5 years? No Yes: If yes, provide reasons and duration:

B. In the last 5 years, were you treated by a physician, psychiatrist/psychologist, drug/alcohol counselor, or other health practitioner (other than for routine check-ups)? No Yes

If yes, provide details including any medications prescribed: _____

C. In the last 5 years, have you been hospitalized? No Yes: If yes, provide details:

D. Have you ever had a serious acute illness? No Yes: If yes, provide details: _____

E. Do you have any chronic/recurrent illness or any permanent/chronic injury or physical limitation? No Yes: If yes, provide details: _____

F. Have you had any serious physical reaction to a prescription or over-the-counter medicines or immunizations? No Yes: If yes, provide details: _____

G. Do you have a history of asthma or any other respiratory ailment? No Yes: If yes, provide details: _____

H. Are you currently receiving antigen/immunotherapy injections or prescription medication for an allergy? No Yes: If yes, provide details: _____

I. Have you ever experienced a period of depressed, anxious or irritable mood that lasted nearly every day, for weeks? No Yes: If yes, provide details: _____

J. Have you ever experienced a time in which you were unable to attend school or work because of stress, anxiety or depression? No Yes: If yes, provide details: _____

K. Have you ever been so upset that you have harmed yourself, or been afraid that you might harm yourself?: No Yes: If yes, provide details: _____

Authorization to Release Medical Records and Permission for Emergency Medical Treatment - Please complete and sign the following:

As an applicant to a Cardinal Stritch University international program, in the event of an emergency, I, _____ hereby authorize the release of this medical record or any medical information pertaining to me to Cardinal Stritch University personnel and to the [host partner organization \(if applicable\)](#) as well as to emergency medical personnel. I also authorize the release by Cardinal Stritch University of my medical records or other medical information pertaining to me to my designated emergency contact in the event of an emergency.

Although in most cases administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be conducted without consent of the patient, in order to prevent a dangerous delay in an emergency situation where Cardinal Stritch University is either unable to contact my designated emergency contact, or if I am unconscious or otherwise unable to give my consent, I hereby authorize the Cardinal Stritch University representative to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery.

I hereby verify that all of the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information, including notification to Cardinal Stritch University of changes in the health information contained in this form, may result in my dismissal from the program. I agree to notify Cardinal Stritch University of any material changes in my health that occur prior to the start of the program or while on the program.

Printed Name _____


CARDINAL STRITCH
Signature UNIVERSITY

Date _____ / _____ / _____