

Instructions for Non-WWU Applicants ONLY

(WWU applicants please go to the [Applications](#) page, and choose [IPE Application for WWU Students](#))

Please read the following information carefully before filling out the IPE study abroad/exchange application.

- Non-WWU students are only eligible for the WWU-sponsored programs, and are NOT eligible for the Exchange programs or Cosponsored programs.
- In most cases, you need to complete two different sets of applications for any study abroad program. One is the IPE Study Abroad/Exchange Application, which follows these instructions; the other one is the specific program application, which you can either obtain from the IPE office or from the program by mail or program websites.
- IPE Study Abroad/Exchange Application package includes:
 - Application Checklist
 - Conditions of Enrollment
 - Memorandum of Understanding
 - Acknowledge of Risk and Hold Harmless Agreement
 - Program Form
 - Medical Report
 - Deposit Form
 - Study Abroad Health Insurance Information
 - Health Insurance Verification Form
 - Academic Reference

Step 1

Read the *Conditions of Enrollment*, and sign the *Memorandum of Understanding* to acknowledge that you have read the Conditions of Enrollment and understand the policies and procedures. If you are under the age of 18, you will need to have your parent or guardian read the Conditions of Enrollment and sign the Memorandum of Understanding.

Step 2

Read and sign the *Acknowledgement of Risk and Hold Harmless Agreement*. If you are under the age of 18, you will need to have your parent or guardian read and sign the Acknowledgement of Risk and Hold Harmless Agreement.

Step 3

Complete the *Program Form* with your accurate local and permanent addresses, e-mail address, phone number and other relevant information. It is important to keep your contact information up-to-date so that IPE can contact you in a timely manner.

Step 4

Medical Report – Fill out the information required by the student and submit the forms to your physician. Your physician is requested to complete the remainder of the forms and give it to you upon completion of your exam. Please submit the completed Medical Report to IPE office in a **sealed envelope**.

Step 5

Deposit Form – \$305* (Including \$105* non-refundable application fee, and \$200* concurrent enrollment fee). There is a \$25* late application fee if you turn in your application after the IPE deadline. Fees must be paid by check or money order, payable to WWU. Please read the *Conditions of Enrollment* for cancellation and refund policies.

*Fees subject to change

Step 6

Health Insurance Verification Form – Fill out, sign and submit the form to IPE along with a photocopy of your insurance ID, card certificate or insurance confirmation letter. (*Participants of AHA programs do NOT need to provide insurance evidence*).

Step 7

Academic Reference – Please have an appropriate individual complete the Academic Reference form. References are important for evaluating your abilities and appropriateness for a study abroad experience.

Step 8

Submit the completed application to the IPE office. Note: [IPE deadlines](#) only apply to the IPE study abroad/exchange application. For the specific programs application deadlines, please refer to the program brochures or websites.

Step 9

Registration Form – If needed the form will be given to you during your advising appointment at the IPE office, or mailed to you after acceptance.

Step 10

Transcript Request – **After** you complete your study abroad program through International Programs & Exchanges, you will need to request an official WWU transcript. Please visit: <http://www.wvu.edu/depts/registrar/transcripts.shtml> for information and instructions on how to obtain your transcript.

Application Checklist for Non-WWU Students

Program you are applying to:

- KCP
- NW Cadiz
- ProMexico Semester in Oaxaca
- Other _____

Please complete and submit the following items to IPE:

- IPE Study Abroad/Exchange Application:
 - Memorandum of Understanding
 - Acknowledgement of Risk and Hold Harmless Agreement
 - Program Form
 - Medical Report

 - WWU Deposit \$305 (*including \$105* non-refundable application fee and \$200* concurrent enrollment fee. \$25* late application fee is charged to those who submit their application after the IPE deadline.*)
- *Fees are subject to change

- Health Insurance Verification Form and photocopy of insurance ID card or confirmation letter

- Registration Form or List of classes planned to take
(*ProMexico Semester in Oaxaca participants only*)

- Academic Reference

- Academic Transcripts

Application must be submitted to IPE by the IPE deadline to be considered for admission to the programs; IPE reserves the right to not consider incomplete applications.

Send completed application to the following address:

International Programs & Exchanges
Western Washington University
516 High Street
Bellingham, Washington 98225-9100
Phone: +1 (360) 650-7627
Fax: +1 (360) 650-6572
Web: <http://www.wwu.edu/ipe>

These Conditions of Enrollment will guide and inform students of certain required policies and procedures regarding education abroad.

Due to restrictions placed on the university by the Family Educational Rights and Privacy Act (FERPA) and Western Washington University's (WWU) policy, Western's International Programs & Exchanges office (IPE) is not able to release any information regarding a student to their parents or other parties outside of WWU and its affiliates. This includes the student's application status with IPE, their study abroad, exchange or internship plans, their program budget, etc. It is up to the student to communicate any necessary information to their parents or other parties who may request information. Parents may contact WWU Student Fiscal Services regarding billing or financial matters if the student has completed a Release of Financial Information form and/or a Power of Attorney.

CONDITIONS OF ENROLLMENT

The undersigned is a student duly enrolled in a Western Washington University (WWU) approved study abroad/exchange program for which credit shall be granted upon successful completion of the program. The undersigned understands that s/he must deliver to International Programs & Exchanges (IPE) an executed copy of the Study Abroad/Exchange Application by the designated application deadline for the proposed study abroad/exchange program.

1. BEHAVIORAL RESPONSIBILITIES:

The undersigned is aware of the expected behavioral responsibility while participating in this program as outlined below. As a guest in a foreign country, there are certain behaviors which are considered unacceptable and could lead to possible disruption of the program. The undersigned hereby assures the University that s/he shall conduct himself/herself in an appropriate manner which does not infringe upon the customs and mores of the country in which the program is being conducted, nor upon the rights of other participants of the program. Behavioral responsibilities shall be applicable during the course of the program both when in the company of other program participants and when the undersigned is physically separated from other program participants. In addition, the undersigned must adhere to all policies outlined in the Western Washington University Student Code of Conduct and Judicial Procedures. **Inappropriate behavior is cause for dismissal from the program without notice and without refund.**

Compliance with Laws:

The undersigned will comply with the laws of the country and community in which s/he is studying and those in which s/he is traveling. The undersigned understands that neither law enforcement authorities nor program officials accept ignorance as an excuse by the undersigned for non-compliance with local laws or regulations.

Alcohol:

The undersigned agrees to abide by the local laws or regulations regarding the consumption of alcohol. Excessive and/or irresponsible use of alcohol will not be tolerated.

Illegal Drugs:

The undersigned understands that the use or possession of drugs (other than prescription drugs used under the care of a physician) at any time during the program is cause for immediate dismissal of the involved student.

Harassment:

The undersigned understands that any form of harassment (including sexual) of program participants and staff, and of others is cause for immediate dismissal of the involved student and may include criminal and civil litigation. Any acts of individuals or of groups that diminish the friendliness of the participants, lodgings, classrooms, workplaces and other program venues, will not be tolerated.

Involuntary Withdrawal:

The undersigned acknowledges that return passage and all other expenses occasioned by a participant's involuntary withdrawal from the program shall be the sole and exclusive financial responsibility of the involved student.

2. ACADEMIC RESPONSIBILITIES:

The undersigned agrees to the following policies and procedures relative to academic matters:

Class Attendance:

Students enrolled in a study abroad/exchange program are required to attend all regularly scheduled classes and fieldtrips or excursions.

Course Registration and Concurrent Enrollment:

While participating in an exchange or study abroad program through International Programs & Exchanges (IPE), students are considered WWU students and all WWU policies still apply. Sponsoring institutions and organizations will assume responsibility for registering the student at the host institutions for course credit.

Study abroad experiences are intensive and consuming. Therefore it is not permissible for a student engaged in a study abroad program to be simultaneously enrolled in other courses outside the program.

IPE will concurrently register students at WWU for the term(s) that they are approved for and for study abroad courses approved by IPE under the following conditions:

- Students are required to enroll in a full-time course load each quarter or semester. It is not possible to enroll only part-time on WWU study abroad/exchange programs, with the exception of summer quarter if the student is not on financial aid. This means:
 - Regardless of whether or not a "full-time course load" requirement exists at the host institution, students have an obligation to meet the WWU study abroad requirement of the *equivalent of twelve WWU credits per quarter* of concurrent enrollment.
 - Students may register for no more than 18 credits per quarter or 24 credits per semester.
- While concurrently enrolled, status as a full-time WWU student will not be interrupted. In summary, concurrent enrollment grants students the following benefits:
 - Maintenance of financial aid eligibility
 - Earning of resident, graded WWU credit while abroad
 - Maintenance of pre-registration privileges
 - Continued deferment of any school-related loans
 - Satisfaction of residency requirements for graduation
- Credit will not be given for non-academic/non-credit courses. *Do NOT take a class that you have taken before at WWU.*
- All courses *must* be taken for credit.
- If students wish to make changes to their registration or program, they must inform IPE by email or fax in the first three weeks of the quarter (email: ipe@wwu.edu; fax: 360-650-6572). If students add a course(s) after the third week of the quarter, a late charge may be applied.

Grades:

Grades for WWU-sponsored programs are awarded by the course instructors on the basis of their evaluation of the student's scholastic achievement. For some WWU-sponsored programs, letter grades (A, A-, B+, B, B-, etc.) will be recorded on the student's transcript. Grades for participants in other WWU approved programs (WWU-affiliated, co-sponsored, exchange and direct enrollment) will be awarded a block of International Studies credit. The credit will be evaluated by the appropriate advisor and/or credit evaluator and the equivalent Satisfactory (S) or Unsatisfactory (U) grade will be recorded on the student's transcript.

Transcripts:

It is the **STUDENT'S RESPONSIBILITY** to make arrangements for his/her accredited institution transcript to be sent to International Programs & Exchanges upon completion of the study abroad/exchange program. Transcripts should be sent to: International Programs & Exchanges, Western Washington University, 516 High Street, Bellingham, WA 98225-9100.

Prerequisites:

To insure adequate preparation for the course offered in the study abroad/exchange program, all prerequisites must be successfully completed prior to departure for the program. Failure to complete all prerequisites successfully will result in the denial of the student's participation in the study abroad/exchange program.

3. FINANCIAL RESPONSIBILITY:

The undersigned agrees to the following policies and procedures regarding Financial Responsibility:

Application Fee:

All non-WWU students participating in study abroad/exchange programs through IPE are required to pay a one-time \$105* non-refundable application fee to International Programs & Exchanges in connection with processing the Study Abroad/Exchange Application. Students must also pay any applicable fees required by their sponsoring institution and organization.

Late Application Fee:

Students who submit their IPE application after the appropriate deadline will be charged a non-refundable late application fee of \$25*.

IPE Concurrent Enrollment Fee:

In order to be registered concurrently at WWU while on a study abroad/exchange program, students must pay \$200* for each quarter they are concurrently enrolled. While concurrently enrolled, students maintain their Western student status (See Course Registration and Concurrent Enrollment).

Deposit Policy:

Upon acceptance to an IPE-approved program, the student will be required to submit the application fee of \$105* and IPE concurrent enrollment fees (\$200* per quarter abroad) for all terms they are registered with the Study Abroad/Exchange Application. The deposit can be paid in person in Old Main 245 or by mail with check or money order made **payable to Western Washington University**. A credit card deposit can be made in person only at the University Cashier.

Cancellation Policy:

It is the student's responsibility to inform IPE as soon as possible, if they decide to cancel their participation in study abroad or exchange program. Any request for withdrawal and refund must be made in writing, email notification is acceptable. A complete refund of all but the application fee(s) is made for cancellations received in writing prior to the start date of the program. No refunds whatsoever are made for cancellations occurring after the program begins.

Program Fees:

Students enrolled in WWU-sponsored, WWU Direct Exchange or ISEP programs are responsible for the applicable program fees, which may include tuition, room and board, and other expenses as outlined in the program information. Students enrolled in programs from other sponsoring institutions or organizations are similarly responsible for all mandatory fees as established by such institutions or organizations.

Financial Aid:

The undersigned are responsible for working with Financial Aid Office to ensure that all the requirements for processing the financial aid are met. IPE will provide the student with an approved Financial Statement to take to the Financial Aid office.

*Fees subject to change

4. MEDICAL, DENTAL AND HEALTH RESPONSIBILITIES:

The undersigned acknowledges that there are certain risks inherent in international travel and that WWU/IPE cannot assume responsibility for the provision of medical, dental, hospital or related services to its students or the payments thereof. The undersigned is expected to have consulted with a medical doctor and/or dentist as s/he may have deemed necessary, with regards to any individual medical or dental issues or needs. Further, the undersigned is aware that the WWU/IPE cannot be responsible for attending to any of the medical or dental needs of the undersigned.

The undersigned is aware that, should s/he be required to receive medical, dental, or hospital services, or services related to medical evacuation or death (including repatriation of remains) while in a foreign country or in the United States during the program, WWU/IPE cannot and does not assume legal responsibility for payment of such costs; rather, the undersigned hereby assures WWU/IPE that s/he has assumed all risk and responsibility thereof and that the undersigned has adequate and appropriate health insurance to meet any and all needs for payment of these services during the course of the study abroad/exchange program.

Consent to Emergency Treatment:

The undersigned, if participating in a WWU/IPE-sponsored program, acknowledges that on rare occasions an emergency may develop which necessitates the administration of medical care, dental care, hospitalization or surgery.

Therefore, in event of injury or illness to the undersigned which necessitates emergency medical or dental care, I hereby authorize WWU/IPE and, deemed necessary or appropriate, its authorized representative(s) or agent(s) in charge of the study abroad/exchange program, to secure any necessary treatment including the administration of anesthetics and surgery.

Insurance Coverage:

The undersigned understands that WWU/IPE **requires** that participants maintain sufficient medical, dental, hospitalization, life, disability, medical evacuation, and repatriation of remains insurance while participating in a study abroad/exchange program. WWU/IPE shall not assume responsibility for the participant's expenses covered by such insurance. WWU/IPE **requires** any student participating in any IPE-sponsored study abroad/exchange program to provide evidence of health insurance (photocopy of insurance confirmation letter or I.D. card) and a completed Health Insurance Verification form **prior** to course registration.

5. RISK RESPONSIBILITIES:

The undersigned has voluntarily chosen to participate in the study abroad/exchange program and understands the risks involved. The undersigned has read and understands the **Acknowledgement of Risk and Hold Harmless Agreement** contained in this application. By signing the agreement, the undersigned agrees to its terms.

Extended Travel:

The undersigned acknowledges that when s/he voluntarily chooses to extend travel plans, by date or location, beyond participation in the program, that s/he recognizes this extended travel is for his or her own personal pleasure, on his/her own personal time and not associated with the program in any way, and the undersigned agrees to accept any and all risks associated with such extended travel.

Motor Vehicles:

The undersigned acknowledges that the University strongly discourages the rental or purchase of any motorized vehicle, including cars, mopeds, motorcycles and scooters during the program. If the undersigned chooses to rent or purchase a motorized vehicle, s/he agrees that such rental or purchase is a personal choice, by his or her own freewill and not associated with the program in any way and agrees to accept any and all risks associated with such motor vehicle use.

6. PROGRAM RESPONSIBILITIES:

Program Cancellation:

The undersigned understands that WWU reserves the right to decline any application or cancel any program without notice, in which event all money paid will be refunded in full.

Orientation:

Students must complete the online pre-departure orientation prior to participation in the study abroad program. The online orientation can be found on the IPE website: <http://www.wvu.edu/ipe/pre-departure.shtml>. The undersigned agrees to complete the online pre-departure orientation.

Travel:

Study abroad/exchange programs at WWU are not travel tours. While travel during free time can be quite educational in itself, the University does not grant academic credit for travel. The study abroad/exchange programs are strictly academic in nature, and students must expect to invest at least the same amount of time and effort that would be required at home for the course of the same academic level being held through a study abroad/exchange program. Travel on weekends and holidays must not conflict with the regular class schedule; students are responsible for making travel plans which will permit them to attend all regularly scheduled classes and fieldtrips.

Program Evaluation:

The undersigned agrees to complete an online Study Abroad/Exchange Program Evaluation upon the completion of the study abroad/exchange. The evaluation can be accessed from the IPE website: <http://www.wvu.edu/ipe/evaluation.shtml>.

Revised 6/16/09

MEMORANDUM OF UNDERSTANDING

I hereby agree to comply with the terms of the Conditions for Enrollment and Memorandum of Understanding, copies of which are attached hereto and incorporated herein by this reference.

I certify that I have read these forms, understand the provisions thereof and agree to be bound hereby.

Student Name (please print)

Signature of Student

Date

Name of Program

Term of Study Abroad/Exchange Program

IF STUDENT PARTICIPANT IS A MINOR OR UNDER AGE 18, THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED BELOW.

I certify that I have read the Conditions of Enrollment, understand the provisions thereof and agree to be bound hereby.

Name of Parent (please print)

Signature of Parent

Date

Age of Student (if a minor) _____

ACKNOWLEDGMENT OF RISK AND HOLD HARMLESS AGREEMENT

I hereby acknowledge that I have voluntarily applied and chosen to participate in the Western Washington University (WWU) approved study abroad/exchange program (hereinafter called "program") through Western Washington University's International Programs & Exchanges (IPE), including those activities conducted by any host institution or organization, or host individual(s).

I understand the risks involved in the program. I recognize that the program and its activities involve risk of injury and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, sickness, minor bodily injury, severe bodily injury, and death. Furthermore, I recognize that participation in the program involves activities that may create risk, including but not limited to, traveling to and from a foreign country, various forms of travel within country, disease, remote locations without medical assistance, political or civil disturbances, terrorism, war, crime, and the possible reckless or negligent conduct of other participants. I am voluntarily participating in the program with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

Furthermore, I understand that I am responsible for researching and evaluating the risks that I may face and responsible for my actions. Any activities that I may take part in, whether as a component of the program or separate from it, will be considered to have been undertaken with my approval and understanding of any and all risks involved.

In consideration of my participation in the program and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless Western Washington University, its trustees, officers, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my participation in the program. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless Western Washington University, its elected and appointed officials, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I hereby expressly agree to indemnify, defend, and hold harmless Western Washington University, its trustees, officers, employees, agents, volunteers and assigns for any claim arising out of or incident to my participation in the program, except for claims arising out of the sole negligence or willful misconduct of Western Washington University.

I also understand that Western Washington University does not provide any medical, repatriation, medical evacuation, dental or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance and finances to cover these expenses.

I further understand that this assumption of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and understand this acknowledgement of risk and hold harmless.

Student Name (please print)

Signature of Student

Date

IF STUDENT PARTICIPANT IS A MINOR OR UNDER AGE 18, THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED BELOW.

Student Name (please print)

Signature of Student

Date

Age of Student (if a minor) _____

Study Abroad/Exchange Application

Explore the World of Learning Opportunities

International Programs & Exchanges

College Hall 104 • (360) 650-3298

PROGRAM FORM

WWU Quarters you will participate in the Study Abroad/Exchange Program: <input type="checkbox"/> Fall quarter 20_____ <input type="checkbox"/> Winter quarter 20_____ <input type="checkbox"/> Spring quarter 20_____ <input type="checkbox"/> Summer quarter 20_____

Program Name _____

Host Institution _____

Host Country _____

Calendar at Host Institution: Quarter____ Semester____ Program Start Date _____ End Date _____

Last Name _____ First Name _____ M.I. _____

WWU Student # _____ D.O.B. _____

If you are not a WWU Student, what is your home university? _____

Local Address: _____

Permanent Address: _____

Local Phone _____

Permanent Phone _____

Alternate Phone _____

E-Mail Address _____

Address & Phone Valid Until _____

Alternate Email _____

Emergency Contact: Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

Are you on Financial Aid? yes no

=====

DEMOGRAPHIC INFORMATION (Optional) Gender____ Major _____

Race/Ethnicity:

- Native American/Alaskan Native Asian American/Pacific Islander African-American
- Hispanic-American Caucasian/White Multiracial Other _____

Primary reasons for a study abroad/exchange (check all that apply):

- Recommended/encouraged by Parent Friend Advisor Other _____
- Family near host site
- Required/recommended for my major/minor
- Learn another language or strengthen existing second language abilities
- Experience another culture/environment
- Other _____

How did you find out about going abroad? _____

Year in school when you will be abroad: Sophomore Junior Senior Graduate Don't know
 Other _____

May we release your name/email/phone number to other study abroad participants going to the same country?

Yes _____
(signature)

No _____
(signature)

MEDICAL REPORT

INSTRUCTIONS TO THE STUDENT: Please fill out the Part I – Health History before your appointment and submit it to your physician at your medical screening exam. **Note: Please be sure to let your physician know that you will be participating in a study abroad program through WWU International Programs & Exchanges (IPE) and you are required as part of the application process to have a medical screening.** Submit the completed Medical Report (Parts I, II and III) to the IPE office in a sealed envelope.

INSTRUCTIONS TO THE PHYSICIAN: You are requested to evaluate the physical and mental health of the student planning to participate in a study abroad program. Depending upon the program, participants spend anywhere from six weeks (summer) to ten months (academic year) abroad. The pressures of living and studying abroad are considerable. It is extremely important that all participants be able to adjust to dramatic changes in climate, diet, and living conditions. Living overseas can also create emotional and physical stress for those not able to meet the demands of living in a new and different environment. In some cases, mild physical and emotional disorders can become serious under the stress of life in a new culture, and become especially challenging in an unfamiliar or limited foreign health care system.

Students live in university dormitories with students from the host country or in homes with host families. In some cases, participants will live and study in an environment which offers few amenities and little privacy. They need tact and sensitivity when dealing with people of their host country and with other students. A student will not be rejected due to either a physical or emotional condition unless it is of such serious nature as to prevent successful participation in the program. Information regarding the participant's health, however, will be invaluable to staff in anticipating and dealing with any health problems which may arise during the student's stay abroad.

It is essential that your assessment be based on a current and thorough physical examination and knowledge of the student's medical history.

Please give the completed Medical Report to the student upon completion of your exam. Thank you for your cooperation.

MEDICAL REPORT

LAST NAME _____

FIRST NAME _____

BIRTH DATE MM/DD/YY ____/____/____

MALE FEMALE

WWU STUDENT NUMBER _____

STUDY ABROAD/EXCHANGE PROGRAM NAME _____

COUNTRY _____

TERM AND YEAR _____

INSTRUCTIONS TO THE STUDENT:

Please complete the health history questions in PART I below to the best of your ability, sign, and submit this form to the examining physician or health care provider, who will complete PART II and PART III. Parts I, II and III should then be submitted to the IPE office in a sealed envelope.

PART I: HEALTH HISTORY (To be completed by student - check boxes and describe conditions that apply)

My general health is: Excellent Good Fair Poor

List any recent or continuing health problems: _____

List any physical or learning disabilities: _____

Are you currently under the care of a doctor or other health care professional, including mental health treatment?

Yes No

Professional's Name: _____ Phone/Fax: _____/_____

Address: _____

For what condition(s): _____

Are you currently seeing other health professionals as well? Yes No If so, use additional paper and include name, phone number, address and condition being treated.

Allergies:

- None
- Penicillin
- Aspirin
- Peanuts
- Eggs
- Bee stings
- Pollen (hay fever)
- Other (give details) _____

Diet:

- Regular
- Vegetarian
- Restricted (give details) _____

Medications:

- None
- Vitamins – Please list _____
- Herbal – Please list _____
- Antidepressants – Name of medication _____
- Seizure medications – Name of medication _____
- Birth control pills – Name of medication _____
- Inhalers – Name of medication _____
- Insulin injections/pump
- Other medications prescribed for medical or mental health conditions (give details) _____

Habits:

- Tobacco Use - Former or Current - What kind _____ Amount per week _____
- Coffee/Caffeinated beverages

PART II. SCREENING EXAMINATION:

(To be performed by the physician or health care provider)

A standard medical screening should be documented in the clinic's official medical record only, and together with any medical reports submitted from outside consultants, is subject to standard policies governing release of confidential health data. Annual health exams for female patients of reproductive age may require a separate appointment.

NOTE: It is our policy not to accept reports completed by parent-physicians.

PART III. MEDICAL ASSESSMENT:

(To be completed by the physician or health care provider after reviewing PART I and completing PART II)

Are the statements given by the student in Part 1 of the Medical Report correct to your knowledge? Yes No

Height: _____ Weight: _____

General state of health: Excellent Good Fair Poor

Comment on affect and habitus: _____

1. Is the student significantly underweight or overweight? Yes No
2. Is the student allergic to any form of medication? Yes No Specify if "yes" _____
3. Has the student any physical disability that might cause hardship through change of diet, carrying luggage, or strenuous travel? Yes No
4. Does the student have a history of asthma or any acute or chronic illness? Yes No
5. Does the student have any active infectious or contagious diseases? Yes No
6. Is the student currently under treatment for any physical or emotional health, or chemical dependency diagnosis? *
 Yes No

**If so, please elaborate in the space provided on the following page or submit a physician's letter that further explains the patient's condition.*

7. Is there any history of mental health diagnosis such as mood disorders, anxiety disorder, eating disorder or other that may impact the student's adjustment to a foreign study environment? * Yes No

**If so, please elaborate in the space provided on the following page or submit a physician's letter that further explains the patient's condition.*

8. Are further medical consultations recommended before this student participates on a study abroad program? *
 Yes No

- | | |
|---|--|
| <input type="checkbox"/> Women's Health | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Eye exam, expanded** | <input type="checkbox"/> Hearing exam, expanded** |
| <input type="checkbox"/> Dental exam** | <input type="checkbox"/> Allergy & Infectious diseases** |

***Not available at the WWU Student Health Center.*

Student Health Center to confirm status of **WWU Measles Immunity Requirement**

Other medical consultations (please specify) _____

Note: Consultations require separate appointments, except for consulting the Student Health Center to check on measles immunity status.

9. Based on the geographic location and possible health risks at destination (e.g. malaria, diarrhea, hepatitis A or B, typhoid fever, yellow fever, meningitis, encephalitis, tuberculosis, intestinal parasites, etc.), do you recommend that this student obtain travel vaccines and specific travel health advice at a travel medicine clinic? Yes No

10. To your knowledge, are there any predisposing medical, surgical, or emotional factors which may under stress or duress during the program present a need for immediate therapy while abroad? Yes No

If the answer to any of questions 1 – 10 is “Yes”, please elaborate in the space provided below, or further explain on a separate, signed note that is printed on physician’s office or clinic letterhead. Please be sure to refer to the question by its number:

CONCLUDING ASSESSMENT: Based upon the information provided to me by the student under PART I – Health History, and pursuant to an assessment of the student’s health condition as determined in Part II – Screening Examination, and Part III – Medical Assessment, I find:

There are NO medical or psychiatric contraindications to participation, and the student is cleared to study abroad.

The student is CONDITIONALLY cleared to study abroad. This conditional clearance is contingent upon the student arranging for the following, but only if there is concurrence from IPE that such arrangements are suitable for the type of study abroad program in which the student plans to participate:

Further medical consultation as recommended in Paragraph 8 of Part III – Medical Assessment (see page 4).

Other arrangements must include:

There ARE MEDICAL contraindications to participation and in my judgment the student is NOT cleared to study abroad.

There ARE PSYCHIATRIC contraindications to participation and in my judgment the student is NOT cleared to study abroad.

PHYSICIAN NAME (please print) PHYSICIAN SIGNATURE DATE

ADDRESS ZIP CODE TELEPHONE NUMBER

IPE STAFF NAME (please print) IPE SIGNATURE DATE



Study Abroad Health Insurance Information

Western Washington University **requires** that students engaged in international educational activities provide evidence to the University that they have obtained appropriate study or travel abroad health insurance prior to travel outside the U.S. (except British Columbia). The insurance plan should provide the following minimum amount of coverage:

- Medical expense coverage of \$100,000 per injury or sickness.
- Accidental death & dismemberment indemnity in the amount of \$10,000.
- Repatriation expense benefits of \$15,000.
- Medical evacuation benefits of \$50,000.
- Family air fare expense of \$1,500.
- Overseas travel and assistance services.

Where can I purchase this insurance?*

Wells Fargo 1-800-853-5899 <https://wfis.wellsfargo.com/ProductServices/A+to+Z/StudentInsurance/> Click on "Study outside the U.S." and follow directions to "2009 Washington Study Abroad – Outbound." You can enroll online.

HTH Worldwide 1-888-243-2358 www.hthtravelinsurance.com/
Click on "Global Student" and follow directions to "U.S. Students Abroad." You can enroll online.

CISI 1-800-303-8120 www.culturalinsurance.com/index.asp
Click on "Study Abroad" and then "Study Abroad Individuals." The plan that meets our University recommendations is the "upgrade plan." The "basic" does not. You can enroll online.

What if my current medical insurance plan provides coverage abroad?

Although domestic medical insurance plans may provide some coverage abroad, they may not provide medical evacuation, repatriation expense and other important travel assistance benefits. You can enhance your current plan to meet the University's requirements with the following travel assistance programs:

- **MEDEX 1-800-732-5308** or <http://www.medexassist.com/Default.aspx> Click on "Individual" and then "Select Your Plan." The plans are listed under "Evacuation Coverage."
- **Int'l SOS 1-800-767-1403** or <http://www.internationalsos.com/enroll>

Note: Not all plans meet the University's requirements. Make sure that you become familiar with an individual plan's eligibility requirements, coverage, limits, exclusions and premiums before purchasing it. Be certain the plan meets your personal needs for health insurance coverage.

If you have any questions, please contact WWU's International Programs & Exchanges at (360) 650-3298 or WWU's Risk Manager at (360) 650-3065.

Participants of the programs listed below do **NOT need to purchase additional insurance. On the Health Insurance Verification Form, please indicate your program name for coverage and sign the form.

AHA International, Academic Programs International (API), American Institute for Foreign Study (AIFS), AustraLearn / AsiaLearn / EuroLearn, Cultural Experiences Abroad (CEA), CIEE, Center for Education Abroad (CEA) Arcadia, Global Student Teaching (GST), IE3 Global Internships, IFSA Butler, International Student Exchange Program (ISEP), International Studies Abroad (ISA), Lexia International, School for International Training (SIT), Tourism in Peru Crooked Trails, and University Studies Abroad Consortium (USAC).

STUDY ABROAD HEALTH INSURANCE VERIFICATION FORM

As stated under MEDICAL DENTAL AND HEALTH RESPONSIBILITIES of CONDITIONS FOR ENROLLMENT, the participants understand that IPE/WWU **requires** each student to maintain sufficient study abroad health insurance coverage while participating in a study abroad/exchange program.

Coverage Questions

Please respond to the following insurance questions by checking the boxes. All answers must be "YES" to be eligible for participation in the program. However, please explain any "NO" answers below.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Minimal medical expense coverage of \$50,000 per injury or sickness, \$100,000 recommended. |
| <input type="checkbox"/> | <input type="checkbox"/> | Accidental death & dismemberment indemnity in the amount of \$10,000. |
| <input type="checkbox"/> | <input type="checkbox"/> | Repatriation expense benefits of \$15,000. |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical evacuation benefits of \$50,000. |
| <input type="checkbox"/> | <input type="checkbox"/> | Family air fare expense of \$1,500. |
| <input type="checkbox"/> | <input type="checkbox"/> | Overseas travel and assistance services. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coverage for the full period of study. |
| <input type="checkbox"/> | <input type="checkbox"/> | There are no out of area / country penalties. |
| <input type="checkbox"/> | <input type="checkbox"/> | Co-payments no greater than 80%. |
| <input type="checkbox"/> | <input type="checkbox"/> | A deductible no greater than \$250. |

Please explain any "NO" answers _____

Policy Information

Primary Insured's Name _____ Relationship _____

ID # _____ Group Name _____

Policy # _____ Policy Expiration Date _____

Insurance Company Name _____

Company's U.S. Address (required) _____

Company's U.S. Phone # (required) _____

You must provide WWU/IPE with a copy of your insurance ID, certificate or insurance confirmation letter.

The undersigned certifies that all information is true, and that failure to provide correct information may result in the cancellation of the student's participation in the study abroad program. The undersigned also authorizes the insurance company to release information regarding coverage to Western Washington University.

I have read and understand this study abroad health insurance verification form.

Student Name (please print)

Signature of Student

Date

DEPOSIT FORM

Instructions

Step 1) Fill out the form. If you have any questions, please contact the IPE office.
Step 2) Go to the University Cashier (Old Main 245) and deposit the fees into your student account.
Step 3) Once you receive the receipt, verify that it has your correct WWU I.D. number on it.
Step 4) Attach the receipt to this form. Please keep a copy of the receipt for your records.
Step 5) Return the form to IPE with your application.

Attach Receipt Here

Student Name: _____

WWU Number: _____

E-mail Address: _____

Program Name: _____

Country: _____

Banner Form TSADETL

<u>Fee/Deposit</u>	<u>Amount</u>	<u>Quarter</u> (Circle one)				<u>Year</u>
Application Fee	_____	Winter (IPE1)	Spring (IPE2)	Summer (IPE3)	Fall (IPE4)	_____
Concurrent Enrollment Fee	_____	Winter (IPE1)	Spring (IPE2)	Summer (IPE3)	Fall (IPE4)	_____

<u>Other Fees/Deposit</u>	<u>Amount</u>	<u>Quarter</u> (Circle one)				<u>Year</u>
_____	_____	Winter (IPE1)	Spring (IPE2)	Summer (IPE3)	Fall (IPE4)	_____
_____	_____	Winter (IPE1)	Spring (IPE2)	Summer (IPE3)	Fall (IPE4)	_____
_____	_____	Winter (IPE1)	Spring (IPE2)	Summer (IPE3)	Fall (IPE4)	_____

Total: _____

Definition of Fees

Application Fee:	\$60 for WWU students \$105 for Non-WWU students/IE ₃ Global Internships
Late Application Fee:	\$25
Concurrent Enrollment Fee:	\$200/quarter (automatically billed for subsequent quarters)
NSE Placement:	\$150
CIMAS Tuition Deposit:	\$200

*Fees are subject to change.

ACADEMIC REFERENCE

Part 1: To be completed by the applicant

Name of applicant	Study Abroad Program	Date of request
-------------------	----------------------	-----------------

Evaluator's full name	Position	Deadline for request
-----------------------	----------	----------------------

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), student are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below.

Applicant's signature	Date
-----------------------	------

Part II: To be completed by the evaluator

Please note: The above-named student is requesting that you provide an academic reference as part of the application process for a study abroad program sponsored by Western Washington University (WWU). Participants serve as representatives of WWU and International Programs & Exchanges is concerned with both the academic achievement and personal suitability of the applicants. Your opinion of the applicant will be an important contribution in the selection process. It is important that your comments be detailed and frank. If you have any questions or comments, call (360) 650-3298. Please type or print clearly. Thank you for your assistance.

Please return the form to: International Programs & Exchanges
 Western Washington University
 Bellingham, WA 98225-9100

1. How long, and in what capacity, have you known the applicant?

2. Please indicate the applicant's academic ability and competence in comparison to other individuals whom you have known in similar stages in his or her academic career.

	Below Average	Average	Above Average	No opportunity to observe
Knowledge in area of specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech and writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC REFERENCE

3. Please comment specifically on the applicant in terms of the following:

(a) academic suitability for study abroad:

(b) personal suitability for living in another country:

(c) how an international experience might be of benefit, both academically and personally:

(d) weaknesses; and (e) other factors which you believe may affect a successful experience:

4. Recommendation for applicant participation in WWU study abroad program:

High Average Low Not recommended

Comments:

Signature of individual providing reference

Date

Print name

Position or title

Address

Telephone