

Asheville-Buncombe Technical Community College Study Abroad Program Application



Application instructions

Please read these instructions completely.

ELIGIBILITY

A-B Tech Study Abroad programs are for current curriculum or continuing education students in good standing with the College. You should be open to new ideas, enthusiastic and serious about learning in another culture, flexible, adaptable, culturally sensitive, and respectful of program rules.

APPLICATION PROCEDURE

- Meet with the Trip Leader or Contact person about trip specifics. Complete this application and the attached forms (Study Abroad Release Form, Safety, Health and Insurance Information, and Model Release).
- If you are a non-A-B Tech student, you may still participate in our programs by becoming a Curriculum student: <http://www.abtech.edu/content/student-services/admissions/Admissions-Overview>. Or register for the associated Continuing Education course in *Cultural Exploration* that supports the trip.
- All materials should be returned to:
Your Trip Leader/ Contact person or
Email: globaleducation@abtech.edu

ADMISSIONS

Admission decisions are made by the faculty member leading the Study Abroad Program. Students are accepted on a rolling basis until programs reach capacity. Students may be accepted after the posted deadline for each trip, but the cost of the trip may increase. All trip fees include international airfare and transfers, accommodations, some meals (depending on trip), program fee, and basic travel insurance.

DEADLINES

Applications are due by:

February 1st for Summer Sessions

For Community Programs, see Trip Leader for application deadlines.

Applications may be accepted after the deadline if spaces remain.

PRE-DEPARTURE ORIENTATION

For all study abroad programs, you are required to attend a pre-departure orientation at A-B Tech with our consortium partners. Your particular program may also supply other pre-departure orientation materials to which you should pay careful attention. The program will also offer an on-site orientation.

DEPOSIT AND BILLING

Applications for our programs require a deposit. For students studying abroad, a deposit is due with the application.

The standard deposit for an A-B Tech faculty-led summer program is \$200; however, some programs have smaller or larger deposit requirements. Deposits and all payments can be made in person using personal check, credit card, money order or cashier's check made payable to A-B Tech. Visit the Business Office at 93 Victoria Road to make a payment- you will need the trip/country account number. Your Trip Leader or contact person will give you the account number to make any payments. Payment forms and payment arrangements will originate from your Trip Leader.

Programs are often required to make commitments, such as travel arrangements, well in advance of the start date; therefore, all program fees may not be refundable in the event of last-minute withdrawal. Notification of withdrawal must be in writing.

SPECIAL SERVICES

If you require special services because of a disability, you should meet with the Disabilities Office (828-398-7581) and the Global Education Coordinator (828-398-7831) to learn if accommodations can be made for your trip abroad. If possible, we would like at least 90 days prior notice so that we have sufficient time to assess your needs prior to departure.

Please note that all requests for services and accommodations must be supported by the documentation on file and be reasonable and appropriate within the limits set forth by state and federal law and A-B Tech procedure.

PASSPORT

You must have a passport that is valid for at least six months after the program ends. If you do not, you should apply for one **immediately**. Wait times for passports (both new and renewals) can vary significantly depending on when you apply. You can find information regarding the passport application process, as well as forms, on the U.S. State Department's website:

<http://travel.state.gov/content/passports/english.html>

VISAS

Some countries require a visa in addition to a passport. You are responsible for determining if a visa is required and obtaining a valid visa. Requirements and procedures will vary by country. The U.S. Department of State provides information on entry and exit requirements in its country specific information sheets:

www.travel.state.gov/travel/cis_pa_tw/cis/cis_4965.html. Visit the website of the embassy of your destination country to determine visa requirements and locations of consulates.

Application

Program Information



Name of Program/Country:

Personal Information

Name: _____

first

middle

last

Date of birth _____

month/day/year

A-B Tech ID number (if applicable):

Country of citizenship: _____

Place of birth: _____

Student Status _current student _other college student
_ community member

Name of Applicant: _____

MAILING ADDRESS

street

city

state

postal code

Telephone number (_____) _____

area code

EMERGENCY CONTACTS

Will be contacted in the event of a medical emergency or other emergency.

Emergency Contact #1

Mr. Ms. Mrs. Other _____

Name _____

Address _____

street

city

state

postal code

Home telephone (_____) _____

area code

Mobile telephone (_____) _____

area code

Email address _____

Emergency Contact #2

Mr. Ms. Mrs. Other _____

Name _____

Address _____

street

city

state

postal code

Home telephone (_____) _____

area code

Mobile telephone (_____) _____

area code

Email address _____

ADDITIONAL INFORMATION

Discuss your motivations and goals in applying for the study abroad program or experience and how you will benefit culturally/academically from this program.

Indicate your ability in languages other than English (Note: Most programs do not require foreign language ability.):

Language	Speaking ability			Comprehension		
_____	<input type="checkbox"/> Rudimentary	<input type="checkbox"/> Functional	<input type="checkbox"/> Conversant	<input type="checkbox"/> Rudimentary	<input type="checkbox"/> Functional	<input type="checkbox"/> Conversant
_____	<input type="checkbox"/> Rudimentary	<input type="checkbox"/> Functional	<input type="checkbox"/> Conversant	<input type="checkbox"/> Rudimentary	<input type="checkbox"/> Functional	<input type="checkbox"/> Conversant

How did you hear about this study abroad program?

- | | |
|--|--|
| <input type="checkbox"/> From a friend | <input type="checkbox"/> From your academic department/faculty members |
| <input type="checkbox"/> Posters or advertisements on campus | <input type="checkbox"/> Study Abroad Website |
| <input type="checkbox"/> Information session | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Fall Festival | <input type="checkbox"/> Other College and/or Consortium partner |



Study Abroad Release Form

I _____ (print your name), in consideration of Asheville-Buncombe Technical Community College ("A-B TECH") allowing me to participate in this education abroad program (the "Program"), agree to all terms and conditions of the Program. I understand that my registration and attendance in the Program constitute evidence of my agreement to comply with all such terms and conditions.

I. DISABLED STUDENTS

Students requiring reasonable accommodations for a medical condition and/or disability during the Program must submit an accommodation letter to the College's Disability Office.

Please note: Reasonable accommodations may differ and/or not be available in the host country. By signing this Agreement, I acknowledge that U.S. disability laws may not be applicable overseas.

II. FINANCIAL RESPONSIBILITIES

- A. I understand that I am responsible for paying all fees and personal expenses incurred in conjunction with the Program. This includes tuition due to A-B TECH or any foreign institutions and persons, other fees, the cost of international health insurance, room and board, and personal expenses.
- B. A-B TECH must undertake certain financial commitments on behalf of students participating in the Program prior to the beginning of the Program. I agree to pay all such expenses incurred by A-B TECH on my behalf in accordance with this Agreement.

III. STUDENT RIGHTS AND RESPONSIBILITIES

- A. I understand that while participating in the Program, I am subject to A-B TECH rules, regulations and policies, including but not limited to the A-B TECH Student Code of Conduct.
- B. I understand and acknowledge that I am responsible for obtaining all necessary travel documents (i.e., Visa, passport, tickets, etc.), obtaining all necessary immunizations and turning in all forms requested by A-B TECH in a timely manner.
- C. I understand that I must register with the United States Department of State.
- D. I agree to meet with an academic advisor to plan an appropriate course of study and attend required orientation(s).
- E. If I seek to obtain A-B TECH credit through my participation in this Program, I understand that it is my responsibility to confirm that the travel study program in which I plan to take part has been approved for credit by A-B TECH and that I have not exceeded the maximum credit limit for credits obtained through study abroad programs.
- F. I acknowledge that I will be expected to act in accordance with the laws and customs of the host country during the Program. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics and behavior. I will become informed of and will abide by all such laws and standards for each country to or through which I will travel during the Program. I realize that any violation of the foregoing or any disciplinary disturbances may constitute grounds for my expulsion.

from the Program and from A- B TECH. I will attend to and assume responsibility for any legal issues or problems that I encounter with any foreign nationals or government as a result of any such violations or disciplinary disturbances. A-B TECH is not responsible for providing any assistance under such circumstances.

- G. I understand and agree to inform the Trip Leader of my whereabouts when I am traveling independently or am otherwise absent from any Program supervised activity. In addition, I understand that any travel that I do independently on my own before or after the conclusion of the Program is entirely at my own expense.
- H. I acknowledge that my participation in the Program may be terminated if my behavior does not comport with these guidelines or is otherwise considered inappropriate or disruptive. My participation may also be terminated if I am placed on academic or disciplinary probation. In the case of such termination, no refund will be granted.

IV. PROGRAM SPONSOR RIGHTS AND RESPONSIBILITIES AND GENERAL RELEASE

I acknowledge that A-B TECH can in no way guarantee or assure my safety or security while participating in the Program nor can they eliminate all risks from the Program. In addition, they **cannot**:

- A. Monitor or control all of the daily decisions or activities of participants or prevent participants from engaging in illegal, dangerous or unwise activities.
- B. Assure that U.S. standards of due process apply in overseas legal proceedings, or provide or pay for legal representation for participants.
- C. Assume responsibility for actions or events that are not part of the Program, are beyond control of the sponsor or that may arise because of the failure of the participant to disclose pertinent information.
- D. Assure that the home country's cultural values and norms will apply in the host country.

I understand that any travel carries with it inherent risks including, but not limited to: bodily harm, death and property damage. I hereby release and hold harmless the A-B Tech Board of Trustees and its members, employees, agents and volunteers for any and all legal claims, causes of actions, damages, loss, fees, costs, attorneys' fees, complaints, whether known or unknown to me, associated with my travels and with the activities that I participate in while involved with the Program. Furthermore, I agree to fully indemnify, including attorneys' fees, the A-B Tech Board of Trustees and its members, employees, agents and volunteers for legal actions taken against them as a result of my negligent or intentional actions. I understand that I am voluntarily and freely waiving my legal rights.

I understand that although A-B TECH will attempt to maintain the Program as described in its publications and brochures or by its employees, it reserves the right to cancel or modify any aspects of the Program for any reason at any time. A-B TECH will make appropriate refunds in such circumstances.

V. OUTSIDE AGENTS

I understand that A-B TECH does not represent or act as an agent for, and cannot control the acts or omissions 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 A-B TECH is not responsible for matters that are beyond its control. I hereby fully release and hold harmless the A-B Tech Board of Trustees and its members, employees, agents and volunteers from any injury, loss, damage, accident, delay or expense arising out of such matters.

VI. CHOICE OF LAW

I acknowledge and agree that this Agreement shall be construed in accordance with the laws of the State of North Carolina which shall be the forum for any lawsuits filed under or incident to this Agreement. I further agree that any claims arising between me and A-B TECH shall be governed by North Carolina law and proper venue shall be Buncombe County, North Carolina.

VII. SEVERABILITY

I acknowledge and agree that the terms and provisions of this agreement shall be severable such that if a court of competent jurisdiction holds any term to be illegal, unenforceable or in conflict with any law governing this agreement, the validity of the remaining portion shall not be affected thereby.

VIII. CONSENT FOR MEDICAL TREATMENT

A-B TECH and its officers and trustees, agents and employees, are authorized (but are not obligated) to take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto and hereby release A-B TECH and its officers, trustees, agents and employees from any liability for any such actions or for payment for such authorized treatment.

_____ Print Name

_____ Signature Date

Witnessed by:

_____ Print Name

_____ Signature date



SAFETY FORM

Name of participant: _____

Dates & country/countries to be visited

1. I will submit/have submitted a clear copy of the main page of my passport. YES NO

2. I will check/have checked with the U.S. State Department for any travel warnings. YES NO

Travel warnings and announcements available at
<http://travel.state.gov/content/passports/english/alertswarnings.html>

3. I will check/have checked with the Centers for Disease Control for any health warnings. YES NO

Health information from the U.S. Centers for Disease Control on specific destinations is available at <http://wwwnc.cdc.gov/travel/destinations/list>

4. I have registered my trip abroad with the US Department of State: YES NO
<http://travel.state.gov/content/passports/english/go/step.html>

Signature _____

Date _____



**HEALTH AND INSURANCE
INFORMATION FORM**

Participant name _____

I. Health

Are you currently receiving any medical or psychological care? Yes _____ No _____

If yes, please explain. Please note that this information will be shared with our on-site coordinator/Trip Leader.

Is there anything in your medical/psychological history about which we should be aware (or which may affect your participation in this study abroad program (the "Program")? (For example: need allergy shots, chronic condition of some kind, etc.)
Yes _____ No _____

I have consulted with a medical doctor with regard to my personal medical needs. By signing below, I certify that there are no health-related reasons or problems which preclude my participation in the Program.

I hereby acknowledge that I am physically fit and able to participate in the Program. I further agree to notify the Program staff of any health concerns that may arise before and/or during the Program.

If yes, please explain. Please note that this information will be shared with our on-site coordinator/Trip Leader.

I further acknowledge the right of A-B TECH to terminate my participation in the Program if health concerns warrant such action.

Print Name _____

signature date

II. Medical Insurance

Participants cannot participate in the Program without proof of international travel insurance coverage.

A-B TECH will provide basic travel insurance for all participants. I acknowledge that I have obtained the medical-travel insurance policy approved by A-B TECH that covers medical care and emergency care received while traveling/living abroad and repatriation of remains or a suitable alternative. I understand that I may purchase additional coverage on my own. I further acknowledge that I will abide by any conditions imposed by my insurance carrier.

Please provide your insurance/other travel insurance information below, or give this form to your Trip Leader to fill out. You will be give the travel insurance information and card before departure:

A-B TECH Insurance Identification Policy Number Group Number

Student name as it appears on Policy



MODEL RELEASE FORM

In exchange for consideration received, I hereby give permission to Asheville-Buncombe Technical Community College to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

Print Name:

Signature:

Date: