

**Cedarville University  
International Programs  
Study Abroad Application**

Name \_\_\_\_\_ ID # \_\_\_\_\_

PROGRAM OF INTEREST: \_\_\_\_\_

SEMESTER: FA \_\_\_\_\_ SP \_\_\_\_\_ SU \_\_\_\_\_ MAY TERM \_\_\_\_\_ YEAR \_\_\_\_\_

COURSES: \_\_\_\_\_

Advisor \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

**PLEASE PRINT**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

Passport# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

Box # \_\_\_\_\_ Cell \_\_\_\_\_

Anticipated Grad Date \_\_\_\_\_ Academic Level when abroad: FR \_\_\_ SO \_\_\_ JR \_\_\_ SR \_\_\_

**OPTIONAL:** ALL INFORMATION IS CONFIDENTIAL AND YOUR NAME WILL NOT BE INCLUDED IN ANY REPORT  
PLEASE CIRCLE ONE OF THE FOLLOWING CHOICES REGARDING DISABILITIES.

- A. NO DISABILITY
- B. DISABILITY (INCLUDES PHYSICAL, HEARING, VISION, MENTAL, CHRONIC HEALTH-RELATED, LEARNING, MULTIPLE & OTHER)

IF YOU CIRCLED DISABILITY ABOVE, PLEASE CIRCLE ANY THAT APPLY.

- A. SENSORY DISABILITY (HARD OF HEARING, DEAF, LOW VISION, BLIND, OR DEAFBLIND)
- B. PHYSICAL DISABILITY (AMPUTEE, CEREBRAL PALSY, PARAPLEGIA, SPINA BIFIDA, WHEELCHAIR, ETC.)
- C. MENTAL DISABILITY (ANXIETY DISORDER, BIPOLAR DISORDER, DEPRESSION, SCHIZOPHRENIA, ETC.)
- D. ATTENTION DEFICIT DISORDER OR LEARNING DISABILITY (DYSLEXIA, AUDITORY PROCESSING DISORDER, ETC.) OTHER DISABILITY (E.G., BRAIN INJURY, SPEECH IMPEDIMENT, HEALTH-RELATED DISABILITY, AUTISM, ETC.)

**EMERGENCY CONTACT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

**SECOND EMERGENCY CONTACT:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

*\*\*As a Cedarville University student, I understand that I represent the university and my fellow students. If accepted into a program, I agree to abide by the conduct policies as stated in the student handbook. I understand that I will receive letter grades completed in a program and will strive to do my best academically.\*\**

**CEDARVILLE RECOMMENDS STUDENTS PURCHASE ADDITIONAL MEDICAL INSURANCE DURING  
YOUR STUDY ABROAD. (INEXT IS OUR RECOMMENDED COMPANY)**

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

## Drop/Add Policy for Travel Study Students

I understand that it is my responsibility to finalize my registration for travel study courses within the semester in which I am studying at an off-campus site. I agree to notify the Travel Study Office at Cedarville University within one week of making any change to my approved master course list. In addition, I understand that a late registration fee of \$200 will be charged to my account if I neglect to report any and all course changes before the end of the semester.

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

Printed Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

# *Cedarville University*

Office of International Programs

Release of All Claims

Program: \_\_\_\_\_

Program Date: \_\_\_\_\_

This Agreement and release is made on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between The Cedarville University, an Ohio Corporation, not for profit (University) and

\_\_\_\_\_.

(Student)

## RECITALS

- A. Student now is or will be voluntarily participating in an off-campus activity which is supervised, arranged, or sponsored by or in some other manner involves the University. University involvement may vary from close supervision, if any, to incidental contact between the University and Student.
- B. For the purposes of this Agreement and Release, the Student may be engaged in study, with or without University credit, participating in an internship, ministry, or off-campus academic course.

## COVENANTS

IN CONSIDERATION OF THE UNIVERSITY'S AGREEMENT to allow Student to participate or, as the case may be, to continue to participate in an activity included in the description in paragraph A. above, Student and/or his/her parent(s) or spouse, promise as follows:

- 1. The Student, at his/her own cost, shall arrange for and maintain life, health, major medical and hospitalization insurance during the period of such off-campus activities. Such insurance shall provide coverage for any and all expenses caused by illness, injury, accident or death during the period of the off-campus activity aforementioned.
- 2. In consideration of the opportunity to engage in such activity, the student hereby and for his or her heirs, executors, administrators, successors and assigns, RELEASES, forever discharges and holds the University harmless from any and all claims whatsoever resulting

from illness, accident, injury, hospitalization or death of the student arising from any such off-campus activity.

3. The student hereby and for his/her heirs, executors, administrators, successors, and assigns, also RELEASES, forever discharges and holds the University harmless from any and all claims, demands or liabilities of any kinds, for or on account of any injury, damage, loss, accident, delay, or inconvenience sustained in connection with the program.
4. In addition, student, his/her parent(s) or spouse, further RELEASES, holds harmless and forever discharges any agents, employees, successors, administrators and all other persons who may be acting on behalf of or in the stead of the University and with respect to all activities contemplated herein.
5. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not set forth herein, has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto. THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

IN THE PRESENCE OF:

\_\_\_\_\_  
STUDENT PRINTED NAME

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
Witness 1. Printed Name

\_\_\_\_\_  
Witness 1. Signature

\_\_\_\_\_  
Witness 2. Printed Name

\_\_\_\_\_  
Witness 2. Signature