

**STUDY ABROAD APPLICATION**  
**Missouri Southern State University**  
**Institute of International Studies**  
**Joplin, Missouri**

Name of Study Tour:	Sponsored by: (School or Dept.)	Faculty Leader:
Dates of Study Tour:	Country/Countries to be Visited:	

Name of the Applicant:	S ID Number:	Major at MSSU:
Passport Number:	Country of Issue:	Date of Expiration:

Please enclose one photocopy of the first two inside pages of the U.S. passport or of the pages showing name, date, and place of birth, date of issue of passport, place of issue, passport number, expiration date, etc.

Campus Mailing Address (if applicable):	Permanent Mailing Address: City/State/Zip:
Telephone Number:	Telephone Number:
Work phone: (if applicable)	E-mail address you use most frequently:

**Emergency Contact**

Please list who should be notified in case of an emergency:

Name:	Home Address:
Relationship:	City/State/Zip:
Home Phone:	Cell Phone:
Work Phone:	E-mail:

Please list a second emergency contact.

Name:	Home Address:
Relationship:	City/State/Zip:
Home Phone:	Cell Phone:
Work Phone:	E-mail:

## Health Conditions

Do you have any health conditions (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your study abroad experience or may affect your ability to participate in this program?      \_\_\_Yes      \_\_\_No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition: \_\_\_\_\_

How often do you have symptoms? \_\_\_\_\_

Plan for managing this condition while traveling \_\_\_\_\_

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Plan for managing this condition while traveling \_\_\_\_\_

If there is any additional health information that would be helpful for the faculty or program director to be aware of during the study abroad experience, please describe below.

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## Disabilities

Do you have a disability that will require accommodations while abroad? \_\_\_Yes \_\_\_No

(If yes, you must meet with the MSSU Coordinator of Disability Services before departure. If you do not disclose your disability and/or request accommodations until abroad, MSSU may not be able to assess and accommodate your need.)

If yes, please supply an explanation below:

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In consideration of my selection for participation in a Missouri Southern State University Study Abroad Program, I \_\_\_\_\_ hereby agree to the following conditions of participation:  
(please print name)

Please **initial** each section after reading.

\_\_\_\_\_ I understand that this is an academic program and that I am responsible for attending all meetings, classes, and other scheduled activities. If I become detached from the Study Abroad Program group, fail to meet a departure bus, subway, train, or airplane, or become sick or injured, I will at my own expense seek out, contact, and reach the group at its next available destination.

\_\_\_\_\_ I understand that Missouri Southern State University reserves the right to make changes to the program itinerary whenever conditions warrant and shall not be liable for any loss whatsoever to program participants as a result of such changes.

\_\_\_\_\_ I must abide by the Standards for Conduct, including the policies for sexual harassment and substance abuse, as published in the Missouri Southern State University Student Handbook. I know that my violating my responsibility in this regard may result in (a) immediate dismissal from the Study Abroad Program; (b) disciplinary action upon my return to the campus; and (c) expulsion or suspension from the University.

\_\_\_\_\_ I will abide by the host Institution's and country's policies, regulations, laws, and customs. I know that I need to be sensitive to the social mores of the host culture.

\_\_\_\_\_ I understand that the University has the right to withdraw me from the Study Abroad Program if my behavior gives the faculty group leader or program director reasonable cause to believe that my continued presence in the program poses a danger to the health or safety of persons or property, or if I engage in disruptive behavior or conduct that could bring the program into disrepute. I agree further that a decision to withdraw me from the program is final and that I am not entitled to any refund.

\_\_\_\_\_ I further understand that I am solely responsible for any and all costs arising out of my own voluntarily or involuntarily withdrawal from the Study Abroad Program prior to its completion, including withdrawal caused by illness or disciplinary action.

\_\_\_\_\_ I agree to purchase ISIC Premium Insurance Coverage from the Institute of International Studies at least three weeks prior to departure. (ISEP students purchase their medical insurance directly from ISEP.)

\_\_\_\_\_ I understand that on occasions an emergency may develop that necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to myself, I hereby authorize Missouri Southern State University by and through its authorized representative(s) or agent(s) in charge of the Study Abroad Program to secure any necessary treatment including, but not limited to, the administration of an anesthetic, necessary drug therapy, and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse MSSU for any expense that it might incur on account of said injury or treatment thereof.

\_\_\_\_\_ I expressly understand and agree to indemnify and hold harmless Missouri Southern State University, its Board of Governors, its Study Abroad Program, its agents, affiliates, officers, and employees from any and all claims and causes of action for damage to or loss of property, personal illness, or injury, or death arising out of travel or activity conducted by or under the control of Missouri Southern State University with regard to its Study Abroad Program.

\_\_\_\_\_ I have carefully read this Study Abroad Student Agreement before signing it. I acknowledge that I have had an opportunity to ask any questions I have about it, that I accept its terms, and that I have signed it knowingly and voluntarily.

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

**Release of Student Information:**

Before, during, and after a student's participation in a Study Abroad Program, the Institute of International Studies may wish to provide relevant information to the campus community or the news media. The information released could include your name, hometown, year and major at MSSU, photographs, and details about your specific Study Abroad Program.

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