



BLACK HILLS STATE UNIVERSITY

Study Abroad Application & Planning Guide

Dear Study Abroad Applicant:

Thank you for choosing to participate in a Black Hills State University Affiliated International excursion!

The Office of International Relations & Global Engagement is responsible for keeping accurate records of all participants traveling abroad for a variety of reasons, but most of all to ensure we have accurate records of anyone traveling under the banner of BHSU. You are our ambassadors to the world. Please represent us well.

Please take a moment to review, complete and sign the attached documentation. You are not required to list medical history that you deem personal or private, but we strongly encourage you to complete the document in the event of an international incident. Please complete the checklist below and return to the Office of International Relations and Global Engagement.

International Relations & Global Engagement
Woodburn 115
Black Hills State University
1200 University Street, Unit 9519
Spearfish, SD 57799-9519
1-605-642-6942
International@bhsu.edu

Black Hills State University

Study Abroad Checklist

Please complete and/or return ALL items listed below to the Office of International Relations

- Student Application
- Study Abroad Contract
- Acceptance, Release, and Waiver Statement
- Emergency Medical Treatment/Medical History Form
- Indemnity Agreement and Consent to Medical Treatment
- Release Waiver of Liability and Assumption of the Risk
- Mandatory Insurance Information
- Host University/Provider contact information
- Cost Estimate Form
- Complete the Study Abroad/Exchange Planning Guide (Remember to attach any appropriate supporting documentation)
- Signatures & Comments
- Copy of Passport Information Page
- Copy of Flight Itinerary
- Copy of Letter of Acceptance

Once all steps have been completed please return application to Office of International Relations

Thank you,

Office of International Studies & Global Engagement
Black Hills State University
1200 University: Unit 9519
Spearfish, SD 57783
1(605)642-6942

BLACK HILLS STATE UNIVERSITY

STUDENT APPLICATION FOR STUDY ABROAD

Today's date: _____

Student ID # _____

1. Last name: _____ First name: _____ Middle Name: _____

2. Gender

Male

Female

3. Ethnicity (check all that apply)

White

Hispanic or Latino

Black or African American

Asian/Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

4. Complete and current University address: _____

5. Permanent Home Address: _____

Home Phone: _____

Mobile Phone: _____

6. E-mail Address: _____

7. Birth Place: _____

8. Passport Number: _____

Expiration Date: _____ Issued Date: _____

The number of Blank Pages: _____

9. Date of Birth: _____

10. University major: _____ Minor: _____

11. Total number of credit hours earned to date at BHSU: _____
(Include hours for which you are currently registered)

12. Academic Level (mark one):

- Freshmen (0-30 credits)
- Sophomore (30-60 credits)
- Junior (60-90 credits)
- Senior (90+ credits)

13. Credit hours earned at another university or college: _____

14. Current GPA: _____ Expected Graduation Date: _____

15. Are you currently qualified to receive financial aid? **YES** **NO**

16. Name of study abroad program:

BHSU Sponsored Programs:

- | | |
|----------------------------------------------|------------------------------------------------------|
| ___ Aalen University, Aalen, Germany | ___ Baoding University, Baoding, China |
| ___ Botho University, Gaborone, Botswana | ___ Catholic University of Daegu, Daegu, South Korea |
| ___ CEGRI, Granada, Spain | ___ China Three Gorges University, Yichang, China |
| ___ Daegu University, Daegu, South Korea | ___ Dongguk University, Seoul, South Korea |
| ___ Hanyang University, Seoul, South Korea | ___ IDRAC Business College, Lyon, France |
| ___ Jiangnan University, Wuhan, China | ___ Konkuk University, Seoul, South Korea |
| ___ Kyung Hee University, Seoul, South Korea | ___ Nambu University, Gwangju, South Korea |
| ___ Soongsil University, Seoul, South Korea | ___ University of Ljubljana, Slovenia |
| ___ Yeungnam University, Daegu, Korea | |

Other Study Abroad Program _____

17. Comment briefly on your experience acquiring language skills:

18. Briefly describe any International travel or living experiences you have had:

19. Write a statement of purpose or answering the following questions: how does the program address your academic and/or personal goals? Attach this statement at the end of this packet.

20. REFERENCES. List four people who may be contacted as references (give only ONE family member or friend; others should be previous employers, teachers/professors, or anyone else that knows your personal qualities).

Name: _____ Email: _____ Phone(s): _____ Relationship: _____ How long have you known this person?	Name: _____ Email: _____ Phone(s): _____ Relationship: _____ How long have you known this person?
Name: _____ Email: _____ Phone(s): _____ Relationship: _____ How long have you known this person?	Name: _____ Email: _____ Phone(s): _____ Relationship: _____ How long have you known this person?

Black Hills State University Study Abroad Contract

Study abroad offers students the unique opportunity to earn credits toward a degree while learning about another culture, its history, and its people. Study abroad is a privilege, not a right, and as such carries with it a number of responsibilities on the part of the student. A student who participates in a study abroad program will be perceived, by the host culture, not only as an individual, but also as a representative of the university, the state of South Dakota, and the United States. Students become, in essence, ambassadors and should keep that role in mind as they participate in study abroad through BHSU.

Because of the important role you will play as an ambassador, it is necessary that you commit to both the language and the intent of the provisions contained in this study abroad contract. Read each item carefully, initial each statement to indicate that you have read and understand these expectations, and sign at the end of the contract. Failure to agree to the provisions within this contract will result in the termination of your study abroad opportunity.

Behavior while abroad

Initials **A. Compliance with rules and regulations of the host university**

_____ I understand and agree that I am a guest of the host university while on my study abroad program and will learn, and abide by, all rules and regulations the host university may have in place governing visiting students and the study abroad experience.

_____ I understand that the International Office of the host university is the point of contact while I am in residence at the host university.

B. Compliance with BHSU rules and regulations

_____ I understand and agree to follow all the rules, regulations, and policies in place at BHSU that govern the study abroad experience. I agree to supply information to the BHSU Office of International Studies when requested to do so, to comply with all paperwork requirements, and to maintain contact, as needed, with the BHSU Office of International Studies during my study abroad experience. I also understand that I am responsible for the guidelines, expectations and code of conduct as outlined in the BHSU Student Handbook and Code of Conduct.

C. Compliance with laws of host country

_____ I understand that I am a guest in the host country during my study abroad experience and that I am subject to the laws of the host country.

_____ I understand that the laws in the host country may differ from those, with which I am familiar at home and, moreover, that I agree to acquaint myself with the laws of the host country in order to avoid any legal difficulties while I am abroad.

_____ I understand that neither BHSU or any employee of BHSU will be responsible for me, should I violate any laws in the host country.

_____ I understand that should I violate any laws of the host country or engage in any behavior while abroad that involves me in any legal action, that my first point of contact should be my own family, my parents, or some other family member. I understand that my second point of contact will be the US Consulate General's Office in the host country. I understand that neither BHSU nor any of its employees will be in a position to assist me with any legal difficulties while I am abroad.

Academic Responsibilities

Initials **A. Compliance with rules and regulations of the host university**

_____ I agree to visit with the staff at the International Office of the host university to become informed about the rules, regulations, and policies regarding academic study at the host university. I also agree to comply with all academic policies at the host institution.

B. Compliance with BHSU rules and regulations

_____ I agree to visit with the staff at the BHSU Office of International Studies and to consult the BHSU bulletin (catalogue) to inform myself about the rules, regulations, and policies regarding academic study abroad. I also agree to comply with all BHSU policies.

_____ I understand that I must maintain full-time student status while I am participating in a semester-long study abroad program (full-time status is defined in this regard as a minimum of 12 BHSU semester credit hours).

_____ I understand that the number of credits I must take to be considered full-time at the host university may be more than 12 BHSU credits. Failure to maintain full-time status will constitute a breach of this Study Abroad Contract and may jeopardize any financial aid or scholarship monies I may be currently receiving or will receive.

_____ I understand that I may take more than 12 semester credit hours, but that the BHSU Office of International Studies does not recommend doing so. I understand that any adverse consequences that may result from my taking more than 12 semester credit hours are entirely my own responsibility.

_____ I understand that I must complete all course-related work (examinations, papers, or other such work) in order to receive grades in my courses while abroad. I understand that simple class attendance will not constitute completion of any course.

_____ I understand that I must receive an official passing grade (A, B, C, D, or S) in each course or I will receive an "F" for that course (see also under **Grades** below). Auditing classes is not permitted in any study abroad program.

C. Academic Advising

_____ I understand and agree that I will consult with my BHSU academic advisor before, during, and after the study abroad experience, and that I will inform him or her of what courses I will be taking while abroad, and/or if I make any changes to my study abroad plan while at the Host University.

_____ I also agree that I will inform the BHSU Office of International Relations of any changes I may make to my schedule of classes while at the Host University.

D. Class Attendance

_____ I understand that good attendance in my classes while at the Host University is expected and that I will endeavor not to miss class meetings without good reason. I also understand that there are possible grade penalties associated with non-attendance, up to, and including, failure of the course or courses in question.

E. Drop Policy

_____ I understand that if I choose to drop some or all of my courses while abroad, that I must comply with the other provisions contained within this study abroad contract, and that I must consult with both the Office of International Relations at the host university as well as the BHSU Office of International Relations before I initiate any such action. I understand that dropping a course at the host university, even if my action complies fully with the host university's policies in this regard, does not constitute dropping the credits at BHSU. I understand and agree that I must also follow BHSU policies with regard to dropping courses.

Initials **F. Grades (includes pass/fail (satisfactory/unsatisfactory))**

_____ I understand that BHSU undergraduate and graduate credits will be transferred as Satisfactory/Unsatisfactory (Pass/Fail).

G. Early return

_____ I understand that I am obligated to fulfill any contractual agreements during the course of my study abroad and that if I choose to return early for any reason, that the policies of both the Host University and BHSU must be followed.

Financial Responsibilities

Initials **A. Payment for study abroad experience**

_____ I understand and agree that all payments for the study abroad experience are my responsibility and that I will pay all bills in a timely manner.

_____ I understand that some programs require tuition payment at BHSU separate from the program fees and I agree to register for such credits as required by the BHSU Office of International Studies.

B. Compliance with rules and regulations of Host University

_____ I understand and agree that the rules and regulations of the host university may be different from those of BHSU, but that as a guest student of the host university, I am bound by the financial rules and regulations of the host university and will comply with them fully.

C. Compliance with BHSU rules and regulations

_____ I understand and agree that I will comply with all BHSU financial rules and regulations governing study abroad.

D. Tuition/fees and program costs

_____ I have been told what the approximate costs are associated with this study abroad experience, but understand and agree that not all costs can be fully anticipated by the BHSU Office of International Studies, and that some costs may vary from student to student.

E. Housing (includes on-campus, off-campus, host family)

_____ I understand that housing during the study abroad experience will obligate me financially and I agree that no matter what housing options I choose, I will fulfill my financial obligations.

_____ I understand that once I sign a housing contract or agreement with the host university or other such organization, that I am legally obligating myself and that I will abide by the terms of the contract. I also agree that no one at BHSU will be in a position to assist me, should I be in breach of said contract.

Safety while abroad

Initials **A. Travel Warnings and Alerts**

_____ I understand and agree that I have been advised that it is South Dakota Board of Regents policy that all study abroad programs in countries with a current US State Department Travel Warning are to be suspended. I will consult with the Office of International Relations and the US State Department website prior to purchasing tickets to study abroad; no refunds will be granted. In the event of a Travel Alert to my study abroad destination, I will communicate with the Office of International Studies to determine the best course of action for safety and travel on US State Department guidance.

B. Money, passports, tickets

_____ I understand and agree that I have been advised on the safest ways to secure money, passports and tickets, but that the ultimate safety of these items is solely my responsibility.

C. Travel

_____ I agree to be circumspect in my travel plans and to exercise all due caution when traveling internationally and during the study abroad experience.

_____ I understand that any travel before, during, and/or after the study abroad experience may put me at some personal risk. I accept that risk as my responsibility.

D. Operation of motor vehicles

_____ I understand that the operation of a motor vehicle of any kind (car, truck, motorcycle, etc.) while I am abroad is not recommended by the BHSU Office of International Relations, but that if I choose to operate a motor vehicle while abroad, I do so at my own risk.

E. Sexual behavior, alcohol, drugs, tattoos, body piercing

_____ I understand that HIV and other STDs are a major health concern and that engaging in any sexual behavior may put me at personal risk.

_____ I understand that the laws surrounding alcohol use in my chosen study abroad country may differ from those of South Dakota. I understand that any alcohol use may put me at risk.

_____ I understand that laws and regulations surrounding tattoos and body piercings in my chosen study abroad country may differ from those in South Dakota and the US. I understand that obtaining tattoos and/or body piercings while abroad may put me at risk.

Signature of Student

Date

Printed Name

BLACK HILLS STATE UNIVERSITY
ACCEPTANCE, RELEASE AND WAIVER STATEMENT
(Read carefully, sign and date last page)

In consideration of (name) _____ being permitted to participate in the _____ course/program administered by BLACK HILLS STATE UNIVERSITY, **I DO HEREBY RELEASE THE STATE OF SOUTH DAKOTA, THE SOUTH DAKOTA BOARD OF REGENTS, BLACK HILLS STATE UNIVERSITY, THEIR OFFICERS, STAFF AND THE PROGRAM DIRECTOR, FROM LIABILITY AND ASSUME THE RISK AS FOLLOWS:**

1. **DEFINITIONS.** As used herein (a) "Participant" means the student or non-student participant and the parent or guardian signing on behalf of the participant (if necessary); (b) "BLACK HILLS STATE UNIVERSITY" means the State of South Dakota, the South Dakota Board of Regents, BLACK HILLS STATE UNIVERSITY; and expressly includes their officers and staff, other representatives, and the Program Director individually and in their representative capacities.
2. **PERSONAL CONDUCT.** BLACK HILLS STATE UNIVERSITY and the Director of the Office of International Studies have the authority and the discretion to establish reasonable rules of conduct for the operation of the program during the entire period of the program, including free time. The use of illegal drugs during the entire period of the program, including free time, is strictly prohibited. The Program Director or other representative of BLACK HILLS STATE UNIVERSITY has the right and authority, but not the obligation, to decide that a participant must be sent home because of violation of stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, and that decision will be final. BEING SENT HOME MAY RESULT IN THE INSTITUTION OF STUDENT DISCIPLINARY PROCEEDINGS IN ACCORDANCE WITH REGENTIAL AND UNIVERSITY POLICIES. PERSONS SENT HOME WILL REMAIN RESPONSIBLE FOR ALL PROGRAM COSTS INCURRED ON THEIR BEHALF INCLUDING ANY ADDITIONAL TRAVEL COSTS OF BEING SENT HOME.
3. **INSURANCE COVERAGE.** The student is obligated to purchase South Dakota Board of Regents Health Insurance which is administered by Cultural Insurance Services International.
4. **MEDICAL TREATMENT.** (a) In the event of any illness or injury to the participant, the participant AUTHORIZES THE PROGRAM DIRECTOR OR ANY REPRESENTATIVE OF BLACK HILLS STATE UNIVERSITY TO SECURE MEDICAL TREATMENT, including surgery and the administration of an anesthetic, and the undersigned accepts all financial responsibility for such treatment; (b) The participant is aware that if hospitalization is necessary for any reason while in a foreign country or in the United States during this program, BLACK HILLS STATE UNIVERSITY CANNOT AND DOES NOT ASSUME ANY LEGAL RESPONSIBILITY FOR PAYMENT OF SUCH COSTS; RATHER, THE PARTICIPANT HEREBY ASSURES BLACK HILLS STATE UNIVERSITY THAT HE/SHE ASSUMES ALL RISK AND RESPONSIBILITY THEREFORE and that the participant has adequate hospitalization insurance to meet any and all needs for payment of hospital costs during this program.
5. **LEGAL PROBLEMS.** The participant acknowledges and understands that should he/she fall into legal problems with any foreign nationals or government jurisdictions of a foreign country that the participant will attend to the matter personally with his/her own personal funds. BLACK HILLS STATE UNIVERSITY DOES NOT GUARANTEE ANY ASSISTANCE UNDER ANY SUCH CIRCUMSTANCES. Moreover, the participant understands that as an American citizen in a foreign country, he/she will be subject to the laws of that foreign country and agrees to conduct himself/herself in a manner that will comply with the regulations of the host university (if any) and of the program as administered by the Program Director or other representatives of BLACK HILLS STATE UNIVERSITY.
6. **TRAVEL PROBLEMS.**
 - (a) The participant acknowledges and understands that in the event he/she become detached from the group, fails to meet a departure bus or train, or becomes sick or injured, that the participant will bear all responsibility to seek out, contact, and reach the group at its next available destination. THE PARTICIPANT ALSO UNDERSTANDS THAT HE/SHE SHALL BEAR ALL COSTS ATTENDANT TO CONTACTING AND REJOINING THE GROUP.
 - (b) BLACK HILLS STATE UNIVERSITY cannot assure that travel arrangements will be without certain disruption. ACCORDINGLY, THE PARTICIPANT ACKNOWLEDGES AND AGREES TO ACCEPT ALL RESPONSIBILITIES FOR LOSS OR ADDITIONAL EXPENSES DUE TO DELAYS OR OTHER CHANGES in the means of transportation or other services caused by sickness, weather, strikes, or other unanticipated causes.
 - (c) The participant acknowledges and understands that BLACK HILLS STATE UNIVERSITY assumes no liability whatsoever for any loss, damage, destruction, theft or the like to his/her luggage, personal belongings or self (including death).

(d) THE PARTICIPANT ACKNOWLEDGES THAT HE/SHE HAS RETAINED ADEQUATE INSURANCE OR HAS SUFFICIENT FUNDS TO REPLACE SUCH BELONGING AND/OR COVER SUCH LOSSES AND WILL HOLD BLACK HILLS STATE UNIVERSITY HARMLESS THEREFROM. Private travel insurance may be available from insurance agents and BLACK HILLS STATE UNIVERSITY suggests that the participant consider such insurance.

7. **THEFT, OTHER CRIMES, POLITICAL UNREST AND OTHER MISCELLANEOUS TRAVEL RISKS.** THE PARTICIPANT RELEASES BLACK HILLS STATE UNIVERSITY FROM ANY LIABILITY FOR DAMAGE TO OR LOSS OF PERSONAL POSSESSIONS, INJURY, ILLNESS, OR DEATH ARISING OUT OF CRIMES OR POLITICAL UNREST DURING THE PERIOD OF THE PROGRAM. The participant also understands and accepts the risks associated with sickness and/or death from ingestion of impure or unfamiliar foodstuffs, the misunderstanding of notices and signs concerning public health or safety, unfamiliar customs or traditions and all other risks associated with transportation or travel in unfamiliar settings.
8. **RESPONSIBILITY DURING FREE TIME.** The participant understands that during free time within the period of the program and after the period of the program he/she may elect to travel independently at his/her own expense. THE PARTICIPANT AGREES TO INFORM THE PROGRAM DIRECTOR OF THOSE TRAVEL PLANS AND UNDERSTANDS THAT BLACK HILLS STATE UNIVERSITY IS NOT RESPONSIBLE FOR OCCURRENCES DURING SUCH FREE TIME.
9. **USE OF VEHICLE.** BLACK HILLS STATE UNIVERSITY strongly discourages participants from owning or operating vehicles of any type (including non-motorized vehicles) while participating in study abroad programs. Traffic congestion and different traffic laws and regulations (civil and criminal) can make driving vehicles in foreign countries extremely hazardous. Insurance requirements, or other financial responsibility laws, vary from country to country. If, however, a participant is determined to operate a vehicle while abroad, he/she recognizes that BLACK HILLS STATE UNIVERSITY ASSUMES NO FINANCIAL RESPONSIBILITY FOR LEGAL AID, OR FOR THE CARE OF THE PARTICIPANT SHOULD HE/SHE BE INVOLVED IN AN ACCIDENT WHILE OPERATING A VEHICLE OF ANY TYPE.
10. **CHANGE OR CANCELLATION OF THE PROGRAM.** The participant acknowledges and understands that no refunds for program fees will be made after departure. There is a non-refundable deposit and certain other unrecoverable costs which may also be assessed to the participant if cancellation is necessary before departure. THE PARTICIPANT ACKNOWLEDGES THE RIGHT OF BLACK HILLS STATE UNIVERSITY OR THE PROGRAM DIRECTOR TO WITHDRAW, CHANGE, ALTER, DELETE OR MODIFY THE ITINERARY AND/OR ACADEMIC PROGRAM. Any tuition and fees assessed by the South Dakota Board of Regents are governed by the same University policies applicable to domestic and on-campus programs.
11. **GENERAL RELEASE AND WAIVER.** ON BEHALF OF HIMSELF/HERSELF, HIS/HER HEIRS, ASSIGNS, OR OTHERS HAVING CLAIMS THROUGH OR ON THEIR BEHALF, THE PARTICIPANT **RELEASES AND WAIVES** ANY CLAIMS ARISING AGAINST BLACK HILLS STATE UNIVERSITY (AS DEFINED IN PARAGRAPH 1) FROM ANY AND ALL LIABILITY FOR DAMAGE TO OR LOSS OF PROPERTY, INJURY, ILLNESS, OR DEATH DURING THE PERIOD OF THE PROGRAM, arising in any manner from his or her participation in the program including by way of illustration and not limitation: him/herself, fellow participants, host family members (if any), agencies and educational organizations, persons or groups with which BLACK HILLS STATE UNIVERSITY contracts for the provision of services for the program, or which have been suggested by the Program Director as resources for regional or independent student projects.
12. **CHOICE OF LAW AND RULES OF INTERPRETATION.** (a) The participant agrees that this agreement is GOVERNED BY THE LAW OF THE STATE OF SOUTH DAKOTA. The participant further agrees that the proper place for litigating any claims or controversies hereunder are South Dakota Courts; (b) the invalidity of any part or parts of this Acceptance, Release and Waiver does not affect the validity of the remainder of it. MOREOVER, THE PROVISIONS OF THIS AGREEMENT MAY NOT BE AMENDED OR DELETED ORALLY AND THE PARTICIPANT MAY NOT RELY ON ANY ORAL REPRESENTATIONS CONTRARY, OR IN ADDITION, TO THESE EXPRESS TERMS.

THE PARTICIPANT HAS READ AND UNDERSTANDS THE ABOVE PROVISIONS CONSISTING OF TWELVE NUMBERED PARTS AND AGREES TO BE BOUND THEREBY.

Participant

Parent or Guardian if participant is under 18 years of age

Date

BLACK HILLS STATE UNIVERSITY

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, please notify:

Name(s) _____

Address (es) _____

Relationship(s) to student

Telephone Number(s)

Home _____

Work _____

Email Address (es) _____

In the event that I/(we) cannot give (my)/(our) consent, I/(we) the undersigned participant/parent(s)/guardian(s) _____ hereby authorize BLACK HILLS STATE UNIVERSITY's representative to consent for (me)/(us) to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care deemed necessary or advisable by a qualified physician during the period the student is enrolled in a BLACK HILLS STATE UNIVERSITY study abroad program.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of BLACK HILLS STATE UNIVERSITY to give specific consent to the diagnosis, treatment, or hospital care that is in the best judgment of a qualified physician is deemed advisable.

Student Signature

Date

Parent/Guardian (if the above person is under 18 years of age)

I certify that I am the parent or legal guardian of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

Parent/Guardian Signature

Date

BLACK HILLS STATE UNIVERSITY

MEDICAL HISTORY – SELF DISCLOSURE

Study abroad programs place students in new situations that can be stressful and where physical and emotional demands are different than on campus. To protect yourself and to assist the group coordinator, we request that you provide the following evaluation about your health. In accordance with the equal rights legislation, this information **will not** be used as part of the selection process. This information will be available only to the tour leader(s) or health care providers who may need to know. In accordance with your right to privacy, strict confidentiality will be maintained.

Name: _____ Male _____ Female _____

University Address _____ Phone _____

Permanent Address _____

Email Address _____

Age _____ Rate your health: Excellent Good Fair Poor

1. Do you have any dietary restrictions? Yes No

2. Do you have any known allergies? Yes No

Please specify _____

4. Do you have any other physical or mental conditions that group coordinator should know about? Yes No

If you answered yes to any of the questions above, please explain. Are you prepared to deal with a physical or mental accident? How do you handle the situation? Write on the back or attach another sheet if necessary.

5. Have you ever had: A major surgical operation or been advised to have one? Yes No
 Treatment in a hospital or mental institution? Yes No
 A major illness (rheumatic fever, etc.)? Yes No

6. Are you currently undergoing medical treatment or taking a prescription medication? Yes No

If you answered yes to any of the questions above, please explain on the back or an attached sheet. Describe the illness, frequency of condition, duration, dates. List prescriptions and over-the-counter medications you take routinely.

Please indicate date(s) you have had for the following immunizations:

Diphtheria/Pertussis (Whooping Cough)/Tetanus _____

Most recent Tetanus Booster (needed every 10 years) _____

Measles/Mumps/Rubella (MMR) _____ Smallpox _____

Poliomyelitis _____ Hepatitis A _____

Hepatitis B _____ Meningitis _____

Other: (may be specified for specific programs) _____

8. Approximate date of last TB test? _____

9. Are you aware of CDC (Center for Disease Control) requirements for the host country? Yes No

10. Do you agree to comply with CDC requirements? Yes No

Signature _____ Date _____

BLACK HILLS STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY and ASSUMPTION OF THE RISK
INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, on behalf of myself, my heir, next of kin, successors in interest, assigns, personal representatives, and agents, I do hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents from any liability for injuries to my person or property resulting from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK OF INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name _____ Date of Birth _____
Address _____ Phone Number _____
Email Address _____
Signature _____ Date _____

I HAVE READ THIS RELEASE YES NO

Parent/Guardian (if the above person is under 18 years of age)

I certify that I am the parent or legal guardian of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

Parent/Guardian Signature

Date

BLACK HILLS STATE UNIVERSITY
HEALTH, ACCIDENT, EVACUATION AND REPATRIATION
INSURANCE

BLACK HILLS STATE UNIVERSITY requires students who study abroad in any university sponsored program to purchase South Dakota Board of Regents Study Abroad and Exchange insurance in the event of illness or accident that may require a doctor's care, hospitalization, evacuation, or repatriation. The type of medical care and the methods of deliver and payment differ from country to country. Without insurance, it may be difficult to obtain any kind of treatment. Remember, even WITH insurance, travelers may be expected to pay for the treatment at the time of delivery and to file for reimbursement later.

Please complete the below information to purchase the South Dakota Board of Regents Study Abroad and Exchange Insurance administered by Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788

1. **Names (Student name):**

2. **Study Abroad Program** _____
3. **Program Location(s)** _____
4. **Student date of birth:** _____
5. **Departure date:** _____
6. **Return date:** _____
7. **Student Identification number:** _____

I authorize the Office of International Studies at Black Hills State University to purchase the South Dakota Board of Regents Study Abroad and Exchange Insurance administered by Cultural Insurance Services International. Furthermore, I acknowledge that the insurance invoice will be billed to my student account.

Signature _____
Date

Parent/Guardian (if the above person is under 18 years of age)

I certify that I am the parent or legal guardian of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

Parent/Guardian Signature _____
Date

Financial Assistance Information

Now that you've decided to study abroad, here is the checklist you must complete before your departure if you wish to receive federal and/or other aid.

1. If you are going through another US institution and not on one of our sponsored Exchange Programs, check with the Financial Aid Director to ensure the US institution is accredited for financial aid purposes.
2. Research the courses you wish to take while abroad. If you are to receive federal aid for these programs, all courses must be required for your major or minor.
3. Schedule a meeting with your Dean/Dept. Chair to go over the courses you plan to take and the requirement(s) you wish to fulfill.
4. Fill out the Study Abroad/Exchange Planning Guide. Attach any appropriate agreements and other supporting documentation (i.e. brochures, transcripts, certificates, website information).
5. Meet with Director of Financial Aid in the Student Financial Services office in Woodburn Hall to start the Cost Estimate Form. Make sure to have the Director sign the last page where appropriate.
6. Acquire necessary signatures from Dean and Dept. Chair and Office of International Studies. Submit the completed Planning Guide to the Registrar's Office so the coursework for which you will be enrolled can be reviewed.
7. Request a copy of the completed form and meet with a Financial Aid Director. Bring a copy of all forms and supported documentation.
8. You are responsible to arrange for an official transcript to be sent from the host university to the Office of International Studies for final approval of credits upon completion of the program.

Office of International Studies & Global Engagement
Black Hills State University
1200 University: Unit 9519
Spearfish, SD 57799-9666

Study Abroad Cost Estimate Form

Selected Program:

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Aalen University, Aalen, Germany | <input type="checkbox"/> Baoding University, Baoding, China |
| <input type="checkbox"/> Botho University, Gaborone, Botswana | <input type="checkbox"/> Catholic University of Daegu, Daegu, South Korea |
| <input type="checkbox"/> CEGRI, Granada, Spain | <input type="checkbox"/> China Three Gorges University, Yichang, China |
| <input type="checkbox"/> Daegu University, Daegu, South Korea | <input type="checkbox"/> Dongguk University, Seoul, South Korea |
| <input type="checkbox"/> Hanyang University, Seoul, South Korea | <input type="checkbox"/> IDRAC Business College, Lyon, France |
| <input type="checkbox"/> Jiangnan University, Wuhan, China | <input type="checkbox"/> Konkuk University, Seoul, South Korea |
| <input type="checkbox"/> Kyung Hee University, Seoul, South Korea | <input type="checkbox"/> Nambu University, Gwangju, South Korea |
| <input type="checkbox"/> Soongsil University, Seoul, South Korea | <input type="checkbox"/> University of Ljubljana, Slovenia |
| <input type="checkbox"/> Yeungnam University, Daegu, Korea | |

Other Study Abroad Program _____

Program Fee	\$ _____
Tuition (must be separate from program fee)	\$ _____
Room and/or Board	\$ _____
Books	\$ _____
Official Transcript Fee	\$ _____
Miscellaneous living expenses (Including local transportation)	\$ _____
Transportation	\$ _____
Passport/visa/other required documents	\$ _____
Other expenses	\$ _____
Total Estimated Expenses	\$ _____

Person from host institution providing this information should sign. And/or, student attach the agreement with costs provided on agreement.

_____	_____	_____	_____
Student's Signature	Date	Student Printed Name	Student ID#

Please complete this form and return it to:

Office of International Studies & Global Engagement
Black Hills State University
1200 University Street, Unit 9519
Spearfish, SD 57799-9519

Host University/Provider Contact Information

Name of Host Institution _____

Address _____

City _____ Country _____ Postal Code _____

Phone Number _____

Length of Study Abroad _____

Beginning Date _____

Return to US Date _____

Air Transportation Information

Carrier _____

Flight Number – Outbound _____

Date of Departure _____

Date of Arrival _____

Time of Arrival _____

Arrangement of pick up from the airport _____

Visa information

Visa Requirement Yes _____ No _____

Visa Type _____

Visa Number _____

Study Abroad via another Regental Institution:

Name of University _____

Contact Person _____ Telephone Number _____

E-Mail address _____

Black Hills State University - Learning Agreement Planning Guide

Academic year 20__/20__ - Field of Study: _____

Name of student: _____ ID# _____
Sending Institution: <u>Black Hills State University</u> Country: <u>U.S.A.</u>

Details of the student's projected studies based on needed BHSU course work

Receiving Institution: _____	Country: _____
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<u>Host Institution Course Equivalent</u>	<u>Credit hours</u>	<u>BHSU Intended Course title</u>	<u>Credit hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor's Signature: _____	Date: _____
Printed Name: _____	

<u>Receiving Institution Approval</u>
We confirm that these proposed BHSU courses and Host Institution course equivalents are offered in English and during the proposed study dates.
Host Institution or Program Official Signature: _____
Printed Name: _____ Date: _____

Black Hills State University - Learning Agreement

Academic year 20__/20__ - Field of Study: _____

Name of student: _____ ID# _____
Sending Institution: <u>Black Hills State University</u> Country: <u>U.S.A.</u>

Details of the Proposed Study Abroad Program/Learning Agreement

Receiving Institution: _____ Country: _____

<u>Host institution Course title</u>	<u>Credit hours</u>	<u>BHSU Course Equivalent</u>	<u>Credit hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor's signature: _____ Date: _____
Printed name: _____

<u>Sending Institution</u>
We confirm that the proposed program of study/learning agreement is approved.
BHSU Office of International Studies Official Signature: _____
Printed Name: _____ Date: _____

<u>Receiving Institution</u>
We confirm that the proposed program of study/learning agreement is approved.
Institutional Coordinator's Signature: _____
Printed Name: _____ Date: _____

Name of student: _____	ID# _____
Sending Institution: <u>Black Hills State University</u>	Country: <u>U.S.A.</u>

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

<u>Host institution Course title</u>	<u>Credit hours</u>	<u>BHSU Course Equivalent</u>	<u>Credit hours</u>	<u>Add/Remove Course</u>

If necessary, continue this list on a separate sheet

Advisor’s Signature: _____	Date: _____
Printed Name: _____	

<u>Sending Institution</u>	
We confirm that the changes to the program of study/learning agreement are approved.	
BHSU Office of International Studies Official Signature: _____	
Printed Name: _____	Date: _____

<u>Receiving Institution</u>	
We confirm that the changes to the program of study/learning agreement are approved.	
Institutional Coordinator’s Signature: _____	
Printed Name: _____	Date: _____

Signatures & Comments

I have met with this student and have determined that courses listed will be accepted towards fulfillment of his/her degree requirements as shown.

Department Chair

Print Name _____ Signature _____

Date _____ Phone Number _____

Comments _____

Dean of College

Print Name _____ Signature _____

Date _____ Phone Number _____

Comments _____

Registrar

Print Name: _____ Signature _____

Date _____ Phone Number: _____

Initial one: Exchange 489 (MOU – 12 credits) _____ Exchange 487 (Study Abroad – 0 credits) _____

Financial Aid Director

Print Name: _____ Signature: _____

Date: _____ Phone Number: _____

Comments _____

Office of International Relations & Global Engagement

Print Name: _____ Signature _____

Date _____ Phone Number: _____ 605-642-6942

Comments _____

Student Signature

*I recognize how my study abroad/exchange courses **can** be applied to my degree. I am responsible to arrange for an official transcript to be sent from the study abroad/exchange institution to the Office of International Studies at BSHU. I understand that financial aid is only available upon the coursework being applicable to my degree and I need to meet with the Financial Aid Director to discuss availability of federal and/or other aid.*

Signature _____ ID# _____

Printed Name _____ Date _____