Gannon Faculty/Staff-Led 

Learning Abroad Application

**Please complete and return to:**

**Office of Learning Abroad**

**129 Waldron Campus Center**

Name of faculty/staff trip leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note:** This is an internal application. Please check to determine if there is an additional application required by the faculty/staff member leading the trip.

**Part I: Personal & Academic Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Status:** |   | American-Citizen |   | Green Card |   | International Student |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gannon Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City: State: Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Housing Type:** On-Campus Off-Campus

**Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City: State: Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major 1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Major 2 (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Academic Grade: (i.e. junior): \_\_\_\_\_\_\_\_\_\_\_

**Do you currently have any conduct issues pending at Gannon (if yes, explain)**

 **Do you have any conduct issues pending in Pennsylvania or the US (if yes, explain)**

**Part II: Travel Information & History:**

**Please list any countries/places you have traveled to:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you currently have a VALID United States of America Passport**  | Yes | No | **Will you need a Tourist Visa** (Check with trip facilitators) | Yes | No |

 **Passport #:**

**Expiration Date:**

|  |
| --- |
| **How did you find out about study abroad?** |
|   | Classroom Visit |   | Advertisement |   | Faculty/Staff |   | Study Abroad Event |   | Other |

|  |
| --- |
| **Why are you interested in this experience?** |
|   |
|  |

**Part III: Recommendation by Faculty/Staff Leading Program**

I approve this student to go on this trip.

|  |  |  |
| --- | --- | --- |
| **(Faculty/Staff Member )** |   | **(Date)**  |

**Part IV: Office of Residence Life**

I have reviewed the student’s conduct record and have not found any pending academic or conduct issues that cause a concern to have this student as part of the program.

|  |  |  |
| --- | --- | --- |
| **(Student Conduct Officer)**  |   | **(Date)**  |

**Part V: Office of Learning Abroad**

I have reviewed the student’s application and have discussed with the student his/her responsibilities in participating in learning abroad. In my estimation this student meets my expectation and the college’s qualifications to participate.

|  |  |  |
| --- | --- | --- |
|  |   |   |
| **(Office of Learning Abroad)**  |   | **(Date)**  |

**Part VI: Medical Information**

Please answer all questions openly and honestly. This form is a confidential document and any and all information you provide will be disclosed only as necessary to provide for your health and well-being.

The information may be helpful in the event you become injured or ill. All information will be kept confidential in accordance with HIPAA (Health Insurance Portability Accountability Act of 1996.)

1. Do you have any serious or chronic illnesses, surgery or injuries that may affect your health while abroad?

**YES / NO** If yes, please explain.

1. Do you have allergies such as hay fever, food allergies, or asthma?

**YES / NO** If yes, please explain and include any ongoing treatment required abroad.

1. Do you have any mobility or physical activity restrictions (due to a disability, obesity, or cardiac condition) that may require accommodations to fully participate in the study abroad program?

**YES / NO** If yes, please explain the type(s) of services that you might require.

1. Do you believe you have a health condition or disability (e.g. learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require reasonable accommodations to fully participate in the study abroad program?

**YES / NO** If yes, please explain.

1. Are you presently seeing a counselor or other medical professional for emotional, psychological, or other problems (e.g., addiction, depression, anxiety, eating disorder, or a condition related to grief) that will require on-going treatment abroad? **YES / NO** If yes, please list specifically the type of service or professional that is needed.
2. Are you currently taking prescription medication?

**YES / NO** If yes, list below any prescription medications that you take including the dosage, frequency of medication, and include your plan for continued use while abroad. Please note that in some countries it is not possible to fill prescriptions written in the U.S. or to receive medications through the mail.

1. Is there any additional information that would be helpful for the program to be aware of during your study abroad period?

**YES / NO** If yes, please explain.

8. Will your participation in full-time academics or other program elements be limited in any way because of health issues or special needs requirements?

**YES / NO** If yes, please explain

## Declaration

I certify that I have had the full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with the direction to the University. I understand that by signing this form, I am confirming my authorization that the University may use and/or disclose the protected health information described in this form to all persons and organizations, who would need to know. Furthermore, I certify that all of the responses made on this Health Information Form are true and accurate, and that I will notify the Office of Learning Abroad hereafter of any important changes in my health that occur prior to the start of the program.

I understand that the Office of Learning Abroad will do its best to accommodate my needs, although not all accommodations may be possible. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation. I also understand that the cost of medical attention and ambulance are not the responsibility of Gannon University, its employees, agents, representatives, teachers and/volunteers.

Applicant Signature Date

**Gannon University**

**Name of Trip Travel Dates Faculty/Staff Leader**

**Agreement and General Release**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s Telephone #:** \_\_\_\_\_\_\_\_\_\_(cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Email)

**Emergency Contact Information (List two)**

 **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Phone number Cell phone number Email address

 **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Phone number Cell phone number Email address

I have carefully reviewed the following sources of information about each of the countries in which I plan to travel (must review and check both):

* **U.S. State Department Travel Advisory** website for the planned countries of travel (<http://trave.state.gov/>)
* **U.S. State Department Country Background** **Notes** website (<http://www.state.gov/r/pa/ei/bgn/>)

**Pre-departure orientation:** I acknowledge that I have participated in pre-departure orientation and program education.

**Participation in the Program:** I acknowledge that I have been informed by Gannon University of the scope and focus of the Program, eligibility requirements, costs, registration procedures, travel, itinerary, logistics, terms of cancellation, academic contact and credit. By signing this Agreement and General Release, I acknowledge that I have fully educated myself as to the details of this program and agree to abide by its terms. It is expressly acknowledged that I am not required to participate in the Program. In consideration of the execution of this Agreement, I agree to be legally bound by its terms.

**Conduct of Participant:** I acknowledge that I am aware of the health, safety and legal implications associated with the use of alcohol and drugs and will educate myself, prior to departure, as to the local or national laws of the country or countries visited. I also acknowledge and understand that Gannon University assumes no liability whatsoever, for any death, injury, loss, damage, harm, accident or delay resulting from the Participant’s conduct. Gannon students acknowledge that while participating in this travel program the Gannon University Code of Conduct applies and is to be followed in the same manner as if the student was on campus. In the event that a student is asked to leave the program as a result of a Code of Conduct violation, the cost of returning (airfare, ground transportation, etc.) is the responsibility of the student and family.

**Withdrawals/Cancellations**:

**Medical Withdrawal**: Travelers who must withdraw from the program for medical reasons prior to the departure date will receive a refund of all **recoverable funds**. Travelers are encouraged to purchase refund trip cancellation insurance along with their medical insurance. The University is not responsible for expenses not refunded. The traveler must provide a physician’s statement verifying that the traveler is medically unable to travel in the program.

**Withdrawal:** All travelers must notify the faculty leader, in writing, of their travel cancelation. Travel deposits and certain payments are non-refundable.

**Cancelled Programs:** Travel programs may be cancelled due to lack of enrollment. Faculty/Staff members should determine a cancellation date as they plan their travel program. This is the only instance in which a deposit or payment will be refunded.

**Additional travel requirements:** Some travel destinations will require current passports, visas, and inoculations. Travelers will be notified of these requirements by the travel program faculty/staff. It is the responsibility of the traveler to assure these requirements are met and to cover and all associated fees.

**Disclaimer:**

* All fees listed are the most accurate estimates possible. These costs are subject to change due to the rate of inflation and the fluctuating rate of exchange. These factors might necessitate the cancellation of a program if enrollment is not sufficient. If it is necessary to update costs, this information will be provided to travelers as soon as possible.
* The University reserves the right to cancel a travel program if deemed necessary due to safety concerns.

**Waiver of Liability:** I understand that there are certain dangers, hazards and risks inherent in international and domestic travel and the activities included in the Program, including but not limited to, risks of injury, permanent disability or death, property damage and several social or economic losses.  These risks may result from my actions, inactions or negligence or that of others, as well as weather conditions, conditions of equipment used, language barriers, differing social cultures, national and local laws, sickness, strikes, natural disasters, civil unrest or hostilities, terrorist activities or acts of war.  I further understand that Gannon University its trustees, employees and agents do not assume responsibility for any such personal injury, property damage or other loss.

**Indemnification and Hold Harmless:** I also agree to hold harmless and indemnify Gannon University from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of participation in this travel program. I further agree to pay all costs and attorney’s fees incurred by Gannon University in investigating and defending a claim or suit if their claim is withdrawn, or to the extent a court or arbitration determines that Gannon University is not responsible for injury or loss.

**Assumption of Risks:** Physical activity and travel, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Participation in this travel program. Activities may involve strenuous exertions of strength using various muscle groups; some involve sustained physical activity, which places stress on the cardiovascular system. Activities include, but are not limited to, international travel and land transportation, and exposure to local inhabitants, species and climate.

The specific risks vary from one activity to another, but in each activity the risks range from minor injuries such as scratches, bruises, sprains and native insect bites and/or reactions, to major injuries such as heat stroke, loss of sight, joint or back injuries, concussions, heart attacks to possible catastrophic injuries and vehicular accidents and other injuries related to transportation.

**Severability and Venue:** I further expressly agree that the foregoing waiver assumption of risk agreement is intended to be as broad and inclusive as is permitted, by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, it is agreed that if legal action is brought, it must be brought in Erie County, Pennsylvania.

**Acknowledgment of Understanding:** I have read this assumption of waiver of liability, indemnification agreement, assumption of risk and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify to complete assumption of the inherent risks of participating in activities sponsored by Gannon University to the greatest extent allowed by law in the Commonwealth of Pennsylvania.

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

**Office Use Only**

|  |  |
| --- | --- |
|  Copy sent to Academic Advisor: |   |
| Copy sent to Risk Management: |   |
| Copy to Faculty Member |   |
| Student entered into electronic database: |   |

Student Checklist

* Passport-be sure to have a valid passport and visa if required. Passports must have more than 6 months left before expiration. Be sure to make a copy of all forms of identification (passport, visa and ID if required) and provide a copy to your contacts, faculty, and University representative in case of an emergency.
* Orientation- Must attend pre-departure orientation to be aware of the risk management issues, safety, culture, local risks, state department information, and the Gannon University Code of Conduct. Students must understand that the Code of Conduct will apply while they are traveling.
* Medical forms—must complete medical forms, which should include all medications, allergies, recent vaccines and shots that may be required, and medical insurance.
* Medications – If you take medications be sure to pack an extra supply. Carry duplicate copies of the original prescription. Keep all medications in their original, labeled containers to avoid customs problems.
* Insurance- All travelers must have appropriate health insurance. International travelers must purchase international medical and worldwide assistance insurance. Provide a copy of insurance card to the faculty member prior to departure and leave one copy with a family member.
* Waivers – All participants must sign a waiver prior to departure.
* Itinerary- have a copy of the itinerary with you along with your emergency contacts.
* Emergency information—provide emergency contact information to faculty for two individuals including their names, cell phone and house phone numbers, and e-mail.