

METROPOLITAN STATE UNIVERSITY REGULATIONS



Study Abroad for Individual Students

University Procedure #214A

Section 1. Purpose

This procedure is designed for student-initiated study abroad programs, consistent with the study abroad mission statement, i.e., “Metropolitan State University believes that studying abroad is a life-changing educational journey which provides students the opportunity to experience culturally diverse environments throughout the world. The University encourages students to participate in international study and engagement to enhance their global understanding.”

Section 2. Authority

This procedure is issued pursuant to the Rules and Regulations of the Minnesota State College and University System and Metropolitan State University.

Section 3. Effective Date

This university procedure shall become effective upon signature by the President and shall remain in effect until modified or expressly revoked.

Section 4. Responsibility

The responsibility for administrative oversight of this university policy is assigned to the Provost in consultation with the International Study and Exchange Committee and the Center for Community-Based Learning.

Section 5. Academic Process for Student-initiated Study Abroad Opportunities

- A. Students may identify existing study abroad programs or independent study initiatives that meet any of the following three options:
 - 1. A Metropolitan State course that includes a study abroad option as determined by individual departments and colleges.
 - 2. Consistent with University Transfer Credit Policy 2120, courses completed abroad that are offered through accredited American colleges, universities, or qualifying organizations will be evaluated for transfer to Metropolitan State and/or GELS requirements.
 - 3. Alternative/Creative Learning Strategies (e.g., student-designed independent studies (SDIS), academic internships, assessment of prior learning) will be referred to the appropriate college for evaluation.

- B. Registration/ Tracking

For tracking purposes, in each case, an “A” is added to the course number to indicate study abroad.

C. Eligibility for Metropolitan State University Study Abroad Opportunities and Independent Study Initiatives

1. All students participating in a study abroad opportunity must be fully admitted degree-seeking students and in good academic standing at Metropolitan State University.
2. Students with fewer than 30 credits are not eligible for individual student study abroad programs.
3. PSEO students are not eligible to participate in study abroad programs.

D. Approval Process for Metropolitan State University Study Abroad Programs

1. Students obtain study abroad materials from the Center for Community-Based Learning Study Abroad Coordinator.
2. Students must register for alternative/creative learning strategies (SDIS, academic internships, assessment of prior learning) which require faculty approval.

D. Risk Management

- a. The study abroad destination must not be on the U.S. State Department’s list of Current Travel Warnings.
- b. All students must sign the Metropolitan State’s Code of Conduct (Policy 1020 on <http://www.metrostate.edu/msweb/choose/policies/index.cfm>).
- c. Emergency contact information must be collected on the Student Application (Appendix A).
- d. All students must sign the MnSCU Student Release and Waiver form (Appendix B).
- e. Students must provide evidence of current health coverage for out-of-country medical expenses.

Section 6. Review

This policy will be revised as necessary.

Section 7. Signatures

Issued on this 20th day of December 2011.



Gary Seiler, Interim Provost and Vice President Academic Affairs



President, Sue K. Hammersmith, Ph.D.

**Metropolitan State University
Student Application for International Study**

Name of Program: _____

Dates of Program: _____

Passport Number (leave blank if not received yet) _____

Applicant's Name (as it appears on the passport) _____

Permanent Mailing Address: _____

Phone (____) ____--____ Alternate Phone: (____) ____--____

E-mail Address: _____

Date of Birth: _____

Student ID #: _____

Will you be 18 by the Date of Departure? Yes No

Emergency Contacts: (Please list at least 2)

Name	Contact Phone	Relationship to You
1.		
2.		
3.		

Medical Information

Doctors' Name and Phone: _____

Current Medical Insurance Carrier and Policy Number:

Company Name	Policy Number
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Do you require any accommodation for a disability? Yes No

(Note: many countries do not provide accessible facilities.)

4. Please list any allergies:

Food _____

Medicine _____

Other _____

5. Do you require a special diet? Yes No

If yes, please describe. _____

(Note: vegetarian or other specialized diets may not be available.)

6. Are you taking or will you be taking at time of travel prescription medications? Yes No

If yes, please list.

7. Do you have any conditions (physical, social, mental) that might make air travel difficult or uncomfortable for you? Yes No

If yes, please describe _____

8. In country travel may be by bus, subway, train, car or foot. Do you have any conditions that would hinder travel by any of these modes? Yes No

If yes, please describe _____

9. You may be traveling in areas that have heat well in excess of what you are accustomed to in Minnesota. Is heat or humidity a health problem for you? Yes No

10. Please describe any other medical, mental or social conditions that would be helpful for the trip organizer to know in order to help you have a successful experience.

Please list 3 individuals who are not related to you who can serve as your reference. At last one must be a college instructor who has had you in class or a supervisor for whom you have worked at the university.

Reference Name	Phone or email	Relationship
1.		
2.		
3.		

****By signing this application you are giving us permission to contact these references.**

Have you traveled out of the United States? Yes No
If yes, when and where _____

Are you fluent in any language other than English? Yes No
If yes, please describe _____

What college courses have you taken that will prepare you for a study abroad experience?

Please attach a one page (typed, double spaced) essay explaining why you would like to study abroad with this program. All participants must read the attached Code of Conduct. By signing this application, you agree to all the terms and conditions of the Code of Conduct. *All students must enroll in and pay for all tuition and fees prior to receiving airline tickets.*

Please read and if you agree, initial each of the following statements.

- ____ I certify that the above information is accurate to the best of my knowledge.
- ____ I understand and accept the expectations and sanctions described in the Metropolitan State Code of Conduct.
- ____ If I am found in violation of the Code of Conduct, I agree to return early from the program at my own expense.
- ____ I have read and understand the refund policy for this trip.
- ____ I understand that by paying the application fee, I am securing my place in the program.
- ____ I understand that I may lose this deposit if:
 - I have provided any false information in this application.
 - This program does not get enough participants to go.

Please print name of applicant

Date

Signature of applicant

INFORMATION AND INSTRUCTIONS to Colleges and Universities

Re: Minnesota State Colleges and Universities Study Abroad Opportunities Student Release and Waiver Form

This template form is for study abroad opportunities offered through system colleges, universities, departments, and/or individual faculty and for use by students participating in non-system sponsored study abroad for which academic credit by Minnesota State Colleges and Universities will be sought. For system sponsored programs, the form should be provided as part of the orientation for students who have been accepted for the program. System colleges and universities may wish to modify this form to reference their specific procedures, for example, cancellation and refund policies, and/or add links to other applicable policies. *Substantive changes to the provisions describing student rights and responsibilities or legal liability are not permitted without authorization of the Office of General Counsel or Attorney General's Office.*

Provide students with ample opportunity to review this document before signing, including with family and/or legal counsel. Students should be informed about how to access or be provided with copies of policies and procedures referenced in this document, particularly including the information described in Paragraph 4.2.

Instructions to Students on completing the word-fillable fields:

1. Please complete all fields before printing.

Introductory Paragraph (Be accurate in listing the name of the program, term, and dates; check with the college, department or faculty offering the program.)

Enter the name of the country and program;

Enter the name of the college, university, department or faculty offering program;

Enter the term, include the semester/session/break and year (e.g., Spring Semester 2009 or Winter Break 2010)

Waiver Paragraph

Enter the name of the system college or university offering the program where indicated.

Signature Block

Program Participant signature Block

Enter the name of the student

Enter the date of birth of the student

Enter emergency contact name and number

Parents/Guardians Signature Block

Enter the name of the parent/guardian

After initialing each page and signing the Release & Waiver, return the original to the appropriate college or university office responsible for administering your study abroad program. Retain a copy for your records.

Minnesota State Colleges and Universities System
STUDENT RELEASE & WAIVER
Study Abroad Opportunities

I have been approved and wish to participate in the _____ study abroad program offered or approved through Minnesota State Colleges and Universities _____, during the _____. I understand this program is subject to System Procedure 5.19.3, which prohibits travel to countries that are under a State Department Travel Advisory and other applicable policies and procedures to manage health and safety risks. In consideration for the opportunity to participate in this program, I understand and agree that:

1. Academic and Financial Requirements.

1.1 I am responsible for all academic requirements, including, but not limited to, classroom work, assignments, projects, field trips, internship and/or volunteer duties.

1.2 I am responsible for payment of all applicable program fees and/or tuition and understand that Board Policy 5.12 and related system payment procedures may apply, as appropriate.

1.3 I am responsible for reading and complying with the information contained in the applicable cancellation and refund policy for this program.

1.4 I understand that I will be required to purchase international health insurance coverage that includes major medical health care, medical evacuation and repatriation, which will be provided as part of the program fees/tuition for this program, or I will be required to purchase such insurance as approved by program leaders. I am responsible for any additional insurance that I may elect to purchase as well as the cost of health care not covered by insurance.

2. Health Factors.

2.1 I am responsible for submitting complete and accurate medical information as may be required for this program.

2.2 I am responsible for requesting reasonable accommodations related to a disability in a reasonable time frame prior to departure. I understand that I must provide the college or university's Office of Disability Services with documentations of my disability to be considered for accommodations. I further understand that my requested accommodations may not be available at the study abroad site but that reasonable efforts will be made to provide alternative accommodations if possible.

2.3 I understand that if I do not make my medical and psychological needs known in a timely manner, this may delay my participation in the program until reasonable accommodations can be determined.

Initial: _____

2.4 If in the course of the program, my study abroad office or the program sponsor should determine in its good faith judgment that the health, safety or welfare of myself or others, or the integrity of the program, is jeopardized by my continued participation, I agree to withdraw or be subjected to expulsion from the program and return to the U.S. and in such cases may lose all academic credit for the program and remain responsible for the full payment of all program fees and transportation costs to return home.

3. Personal Behavior.

3.1 I am subject to Minnesota State Colleges and Universities Board Policy 3.6 and applicable college or university *Student Conduct Code(s)* while participating in this program, in addition to all rules of conduct specifically established for this activity. I understand that if I violate the student conduct code or program rules of conduct, I may be expelled from the program, lose all academic credit for the program, and remain responsible for full payment of all fees and transportation costs to return home.

3.2 At all times during my travel with the program, I agree to be in possession of a valid U.S. passport or, if not a U.S. citizen, a valid foreign passport or official travel document, and any visas or other immigration documents required for entry into a foreign country and re-entry into the United States. In the event that I am prevented from traveling with the group at any time due to my failure to be in possession of all necessary documents, I understand that I shall bear responsibility for all costs incurred to seek out, contact and reach the group, obtain accommodations during periods of delayed departure from any location, or return home.

3.3 I may not purchase, possess, and/or use any illegal or unauthorized drugs during the duration of the program, including free time. This ban covers drugs that are illegal in the United States and/or the country of participation. I understand that illegal drug purchase, possession, or use jeopardizes me, other students in the program, and the program itself. I understand that violation of this rule of conduct may result in immediate expulsion from the program and loss of all academic credit for the program. I further understand that I would remain responsible for the full payment of all program fees and costs of transportation home.

3.4 I understand that neither the program nor the U.S. Embassy can obtain release from jail if I am jailed for any reason.

Initial: _____

4. Travel Risks and Waiver.

4.1 I am responsible for informing an official representative of the program or of the college or university, in a manner designated, of any plans to travel during free time before, during, and after the period of the program. I understand that neither the college or university, nor its staff, agents, or representative are responsible for my travel outside program requirements. As a safety precaution, I agree not to travel to countries that are under a U.S. State Department travel warning or alert, or not recognized by the U.S. Government within the dates of this program.

4.2 I understand that there are unavoidable risks in travel abroad. I acknowledge that I have been provided website information for U.S. Consular Information, as well as the Centers for Disease Control information, on travel to, in, and around, my program site country; that I am aware of and understand the risks and dangers to my own health and personal safety posed by the use of public transportation to and from and in my site country, by domestic or international terrorism, and by civil unrest, political instability, terrorism, crime, violence, and disease in my site country. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in, or around my site country.

4.3 I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for the college or university to suspend a learning abroad program for health or safety reasons before the program term ends. While Minnesota State colleges and Universities will make good faith efforts to mitigate expenses in such circumstances, I understand I may remain responsible for certain expenses.

4.4 **Waiver.** I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, release the Minnesota State Colleges and Universities, [name of college/university] and its staff, agents, and representatives, from any and all liability whatsoever for damages, losses, or injuries (including death) that I may sustain to my person or property, arising out of, resulting from, or occurring during my participation in the study abroad program or any travel incident thereto, except where such damage, loss or injury is the result of the intentional or reckless conduct of the Minnesota State Colleges and Universities, [name of college/university], its staff, agents, or representatives. This release applies to any loss of property, injury, illness, or death due to theft or other crimes committed by persons other than the employee or agents of Minnesota State Colleges and Universities of [name of college/university], political unrest, use of modes of transportation, and activities on the part of fellow participants, host family members, agencies, and organizations, persons, or groups with which Minnesota State Colleges and Universities or [name of college/university] contracts or recommends for the provision of services for the program. This release further applies to any independent travel or optional activities or sojourns that I may undertake during my experience abroad. This release does not apply to intentional, willful, or wanton acts of Minnesota state Colleges and Universities or [name of college/university], or its employees or agents.

Initial: _____

5. **Medical Authorization.**

5.1 I authorize the college or university or its agents to secure medical treatment on my behalf in the event of a health emergency, and I accept financial responsibility for such medical treatment. I also authorize them to transport me back to the United States by commercial airline or otherwise for medical treatment. I agree that I am fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

5.2 I also authorize the college or university or its agents to release medical information obtained from me to a care provider or others in the event of a health emergency or as need to provide reasonable accommodations.

Acknowledgement and Signature

I acknowledge that I have had the opportunity to review this document, including with legal counsel. This Release and Waiver Agreement represents my complete understanding with the college or university concerning its responsibilities and liability for my participation in the program, and it supersedes any previous or contemporaneous understandings I may have had with the college or university or its representatives, whether written or oral. I agree that this Release and Waiver is to be construed under the laws of the State of Minnesota, U.S.A., and that if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER AGREEMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT.

Name:

Date of Birth:

Signature: _____

Date: _____

Emergency contact name: _____

2. Phone Numbers: _____

Initial: _____

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

By: _____

Parent/Guardian Name:

Emergency Phone #(s):

Date: _____