

# TIDEWATER COMMUNITY COLLEGE STUDY ABROAD NON-STUDENT APPLICATION



## APPLICATION CHECKLIST

- Does the name on your application completely match the name as it is or will be on your passport, including your middle name?** We give the name that you enter on your application to the travel provider for ticket issuance. If the name you provide to us does not exactly match the name on your passport, you may be denied boarding your flight or the airline can charge you a fee to re-issue your ticket. The IPO is not responsible for errors or omissions of your name on the study abroad application.
- If you have your passport, have you attached a copy of the identification page of your passport to your study abroad application?
- Have you completed both the **Study Abroad Application** and the **TCC non-credit application?**
- Have you signed and initialed the complete non-student study abroad application?
- Are you aware of the program cost, fees and payment schedule?
- Are you aware that payments must be made only by **check, money order or credit card** to the International Programs Office? **Cash payments cannot be accepted.**



TIDEWATER COMMUNITY COLLEGE

Non-Credit Application for Study Abroad

1. Have you ever applied to any Virginia Community College? Yes No If yes, most recent year:

a. Are you a TCC employee? Yes No Full-time Part-Time If yes please provide your EMPL ID:

2. Full Name (AS INDICATED ON YOUR PASSPORT OR PASSPORT APPLICATION) Do not use nicknames.

Last First Full Middle

3. Prefix: Mr. Miss Ms. Mrs. Other:

4. Suffix: Jr. Sr. II III Other:

5. Social Security Number: 6. Gender: Male Female

7. Are you a U.S. citizen? Yes No (If yes, continue to question #8)

If no, what is your Country of Citizenship?

What is your current immigration status with the U.S.?

Permanent Status (Check One): Resident Alien Asylee Refugee A# (number), if any:

Temporary Status: Specify visa type and Expiration Date

8. Date of Birth: / / (Month) (Day) (Year)

10. Racial / Ethnic Group: American Indian or Alaskan Native Asian or Pacific Islander Black Hispanic White Other:

11. Military Information: Active Duty Active Reserves Inactive Reserves Retired Veteran Military Spouse Military Dependent Child Branch:

12. Email address (REQUIRED): 13. Former Name:

14. Home Phone: ( ) -

15. If you live in Virginia, provide your City or County of Residence:

If you live outside of Virginia, provide the State and/or Country of Residence:

16. Mailing Address: (Address) (City) (State) (Zip) (Country, if not USA)

17. If employed: Business Phone: ( ) - Extension:

18. Employer name:

19. I wish to travel in Year: 20 Fall Spring Summer

I certify that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: Date:

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification) handicap, national origin or other non-merit factors.

Study Abroad Program: Please complete the following section to indicate the overseas program you wish to enroll in.

Table with 8 columns: Country, Program, Departure Date, Faculty Leader, and three empty columns.

Submit this completed non-credit application and the attached Study Abroad application with your program deposit in person to:

International Programs Office
1700 College Crescent, Virginia Beach, VA, 23453
D-Kempsville Building, D-126 A

\*Payments must be made by check, credit card, or money order and submitted directly to the International Programs Office.



# NON-STUDENT STUDY ABROAD PROGRAM APPLICATION

TCC's Study Abroad Programs and activities are developed and priced specifically for student participation. We welcome TCC staff and community members to accompany our students on a study abroad program to enrich their global learning experience. Student applicants are accommodated on a priority basis; all non-student applicants will be accepted on a space available basis.

To participate in a TCC Study Abroad Program, submit this **completed application form** with a **completed TCC non-credit application** and accompanied by the **specified program deposit and applicable fees to date to the International Programs office in the form of a CREDIT CARD, CHECK, OR MONEY ORDER made payable to Tidewater Community College. DO NOT BRING CASH.** Your deposit and applicable fees will only be accepted during the open enrollment period. Incomplete applications will not be accepted.

The Coordinator of International Programs at Tidewater Community College reserves the right to accept or decline participants in the Program at any time should a participant's actions be determined to impede or obstruct the progress of the Program in any way.

IPO Office Use: Deposit \_\_\_\_\_ Date Received \_\_\_\_\_ Check \_\_\_ Money Order \_\_\_ Credit Card \_\_\_ Initials \_\_\_\_\_

Application \_\_\_ Complete \_\_\_ Incomplete: Data Missing \_\_\_\_\_ Participation \_\_\_ Approved \_\_\_ Disapproved

## I. PERSONAL INFORMATION (*Print your name AS IT APPEARS OR WILL APPEAR ON YOUR PASSPORT*)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email (Required) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ If you are **not** a U.S. citizen, please indicate your immigration status:

U.S. Permanent Resident \_\_\_\_\_ Temporary Alien (indicate current visa status) \_\_\_\_\_ Other \_\_\_\_\_

TCC SIS # \_\_\_\_\_

## II. PASSPORTS

**ALL APPLICANTS MUST PROVIDE A COPY OF THE IDENTIFICATION PAGE OF THEIR UNEXPIRED PASSPORT TO THE INTERNATIONAL PROGRAMS OFFICE PRIOR TO TICKET ISSUANCE. FAILURE TO DO SO WILL RESULT IN BEING DROPPED FROM THE PROGRAM.** The IPO must provide your name as it appears on your passport to the U.S. Embassy in the host country and to the travel provider at the time the final airline ticket payment is due.

*Check one statement that applies:*

\_\_\_\_\_ I do not currently have a passport.

\_\_\_\_\_ I do not currently have a passport, but my passport application is in progress.

\_\_\_\_\_ I do have a current valid passport. **A CLEAR copy of the identification page of my passport is attached to this application.**

*I understand that I am responsible for securing a valid passport for travel **BEFORE AIRLINE TICKETS ARE ISSUED ON MY BEHALF.** I understand that failure to secure a valid passport **PRIOR TO TICKET ISSUANCE** will result in my being dropped from the program and the forfeiture of monies paid. I understand that the International Programs Office assumes no responsibility for the passport application process.*

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

**III. PROGRAM OF INTEREST** (List your first choice and an alternate)

1<sup>st</sup> Choice: Study Abroad Program in \_\_\_\_\_ Date Program Departs \_\_\_\_\_

Alternate Choice: Study Abroad Program in \_\_\_\_\_ Date Program Departs \_\_\_\_\_

**IV. EMERGENCY CONTACT INFORMATION**

This information is confidential and will only be used in case of an emergency and is limited to your participation in a TCC Study Abroad Program.

Emergency Contact Person *not traveling with you.* Please print clearly.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Emergency Contact Person *not traveling with you*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**V. PROGRAM COST AND ACCOMMODATIONS**

The cost of all study abroad programs is based on **double occupancy**. In the event of an uneven number of same sex participants, limited single supplements may be available at an additional charge that is set by the travel provider and is to be paid by the participant. The International Programs office is not responsible for ensuring that you will have a roommate with which to share a room; however, an attempt will be made to pair participants for room sharing. Participants are responsible for finding their own roommates.

**Due to the fluctuation in foreign currency, accommodation rates, and fuel surcharges, the final program cost may not be available until 30 days before departure. Participants are liable and responsible for any additional costs above the advertised rates.**

*I understand that I will be liable to pay the single supplement fee if there is no other participant available to share a room with me. I understand that I am responsible to pay, prior to the issuance of airline tickets and travel vouchers, any additional travel surcharges incurred over and above the advertised costs due to currency, fuel or accommodation rate fluctuations. Tickets and final itinerary will be distributed to the participant after these documents have been reviewed by the International Programs staff AND the receipt of all scheduled payments have been received. The International Programs office is not responsible for delays in the receipt of such documents from travel providers.*

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

**VI. PRE-DEPARTURE ORIENTATION AND FACULTY MEETINGS**

All participating students are required to attend a pre-departure orientation provided by the International Programs Office, as well as any pre-departure meetings or workshops scheduled by faculty leaders. The IPO orientations are scheduled based on the semester in which the program departs. Participants will be notified of the specific time and place of this mandatory orientation. For programs that depart during an inter-session, students will attend the orientation in the immediate previous semester.

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

## VII. TRAVEL INSURANCE

All participants in a Tidewater Community College study abroad program are strongly advised to purchase comprehensive travel insurance. Comprehensive travel insurance is not the same as individual health insurance that you may already have. You should have coverage in the following areas:

- ✓ Trip Cancellation/ Interruption
- ✓ Operator Default
- ✓ Emergency Medical Evacuation
- ✓ Repatriation of Mortal Remains
- ✓ Primary or Secondary Medical Coverage

MY TRAVEL INSURANCE PROVIDER IS: \_\_\_\_\_

POLICY # \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS OF INSURANCE PROVIDER \_\_\_\_\_

For Travel Insurance Information - Travel Guard: [www.travelguard.com](http://www.travelguard.com)  
STA Travel: [www.statravel.com](http://www.statravel.com)  
Travelex: [www.travelex-insurance.com](http://www.travelex-insurance.com)

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*I acknowledge that I am aware that Tidewater Community College **strongly recommends** that all individuals participating in a TCC study abroad program be covered by comprehensive travel insurance. I understand that each participant may have additional and somewhat different needs for insurance while participating in a program which includes international travel. I understand that if I elect not to purchase comprehensive travel insurance, I am responsible for paying out of pocket any additional fees incurred due to trip cancellation/interruption, operator default, emergency medical evacuation, repatriation of mortal remains, lost baggage, and any other benefits included in a comprehensive travel insurance policy. I also understand that should I cancel my participation in the study abroad program after the cancellation deadline, I will be responsible for repaying any travel funds disbursed on my behalf, and for paying any cancellation fees.*

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

## VIII. ASSUMPTION OF RISK

I agree that as a participant in, or a visitor to, the field projects associated with Tidewater Community College's program, I am responsible for my own behavior and well-being. I acknowledge that I have been informed of the general nature of the Program, and I understand that it may involve risks to my personal safety.

The same elements that contribute to the unique character of this visit can also be causes of loss or damage of personal equipment and accidental injury, illness, or in extreme cases, personal trauma or death. Risks during participation at, or visits to, this field site include, but are not limited to topics covered during the pre-departure orientation.

I understand that in the event of accident or injury personal judgment may be required by project personnel regarding what actions should or must be taken on my behalf. I understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all the College's rules applicable to this trip; and, I will take responsibility for abiding by specific requests made of me for my safety, the safety of others, or the welfare of ongoing research projects during the trip. I understand that the College reserves the right to exclude my participation in this field trip if at any time my participation or behavior is deemed detrimental to the safety and welfare of others.

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

In consideration for being permitted participate in this activity on my own initiative, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of, my property which may occur as a result of my participation in this activity or arising out of my participation in this activity, including any such injury, damage or loss that may result from misjudgments made by any officer, employee or agent of the College. I understand that this Assumption of Risk document will remain in effect during any of my subsequent visits, unless a specific revocation of this document is filed in writing with the project director, at which time my visits to, or participation at, this field site will cease.

In case an emergency situation arises, please contact \_\_\_\_\_ (name) at \_\_\_\_\_ (phone number).

\_\_\_\_\_ I represent that I am 18 years of age or older and legally capable of entering into this agreement.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**IX. WAIVER AND RELEASE AGREEMENT FOR INTERNATIONAL TRAVEL (PLACE YOUR INITIALS AT EACH SECTION BELOW. DO NOT LEAVE ANY BLANK LINES.)**

I have applied to participate in Tidewater Community College's academic travel program ("the Program") in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. In consideration for being permitted to participate in the Program, I hereby agree and represent that (initial each statement):

\_\_\_\_ I understand that, although the College will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the Commonwealth of Virginia, the College, and the employees and agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

\_\_\_\_ I understand that the College reserves the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the College, be determined to impede or obstruct the progress of the Program in any way.

\_\_\_\_ I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

\_\_\_\_ I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the adviser, counselor or attorney of my choice.

\_\_\_\_ I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of the Commonwealth of Virginia.

\_\_\_\_ This agreement represents my complete understanding with the College concerning the College's responsibility and liability for my participation in the program, and supersedes all previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

\_\_\_\_ I represent that I am at least 18 years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
If under 18 years of age, Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*APPROVED AS TO FORM BY ALISON LANDRY, SYSTEM COUNCIL FOR THE VIRGINIA COMMUNITY COLLEGE SYSTEM ON APRIL 01, 2002*

**X. DRUG AND ALCOHOL ABUSE POLICY**

Tidewater Community College takes a zero tolerance stand towards the excessive consumption of alcohol and the behavior arising out of the excessive consumption of alcohol by any individual participating in a TCC program abroad. Tidewater Community College also takes a zero tolerance stand towards the possession of drugs of any kind by any individual participating in a TCC Study Abroad Program or short-term trip.

Any individual found engaging in the excessive consumption of alcohol, or in the possession of drugs, other than prescriptions contained in their original packaging with identifying information, or drug paraphernalia will result in the termination of participation in the Program and will require that the individual be sent home at no expense to the college. In the case of a scholarship award, the individual will be required to repay Tidewater Community College for all funds disbursed on her or his behalf. A grade of "F" will be given for the academic course related to the study abroad course.

*I have read the above alcohol and drug policy and I understand Tidewater Community College's zero tolerance towards the excessive consumption of alcohol and the behaviors arising from this activity, and the possession of or drug usage while participating in a study abroad program. I also understand the consequences of engaging in such behavior.*

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

APPROVED AS TO FORM BY ALISON LANDRY, SYSTEM COUNCIL FOR THE VIRGINIA COMMUNITY COLLEGE SYSTEM  
ON APRIL 01, 2002

#### **XI. INTERNATIONAL PROGRAMS STUDY ABROAD COMMUNICATION POLICY**

By participating in a TCC Study Abroad Program I agree to follow the IPO's Communication Policy outlined below:

- I understand that the International Programs office will communicate with me electronically ONLY through my TCC student email account.
- After submitting a completed Study Abroad application, I will check my TCC student email regularly for communications from the International Program's office regarding my program.
- I will respond to any communication (via email, letter or phone call) from the IP office within 48 hours.
- I will submit electronic copies of requested documents, such as the identification page of my unexpired passport, participation agreement, etc. to the [studyabroad@tcc.edu](mailto:studyabroad@tcc.edu) address within 48 hours.
- I understand that failure to respond to communication from the International Programs office may result in being dropped from participation in the Study Abroad Program.

*I have read and understand the IPO Study Abroad Communication Policy.*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit Your Applicable Program Fees and Completed Application To:**

International Programs Office  
Tidewater Community College  
1700 College Crescent, D-126A  
Virginia Beach, VA 23453

**For IPO Staff Only**