

## 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 TCC's Study Abroad Programs, submit a **completed application form** accompanied by the **specified program deposit to the International Programs office in the form of a credit card, check, or money order made payable to Tidewater Community College** and **one 2 x 2 inch passport photo**. Your deposit must be submitted to the International Programs office prior to the application deadline. Once your completed application and program deposit is received, you will be notified by the International Programs office of your approved participation in the program you have requested. 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 \_\_\_\_\_*  
Program Director Approval \_\_\_ Approved \_\_\_ Disapproved

### I. PERSONAL INFORMATION (*Print your name as it appears or will appear on your passport*)

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Program Plan (Major) \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Est. Graduation Date \_\_\_\_\_

**If you are not a U.S. citizen, please indicate if you are a:**

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

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Are you a currently enrolled TCC student? \_\_\_NO \_\_\_ YES If yes, **TCC Student EMPL** \_\_\_\_\_

### 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. The IPO must register your passport number with the U.S. Embassy. *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. My passport information is indicated below.

Passport Number \_\_\_\_\_

Passport Country of Issue \_\_\_\_\_

Passport Date of Issue \_\_\_\_\_

Passport Date of Expiration \_\_\_\_\_

*I understand that I am responsible for securing a valid passport for travel prior to the departure of the program I have been selected to participate in. I understand that the International Programs Office assumes no responsibility for the passport application process. I also understand that failure to secure a valid passport by the time of departure will result in the forfeiture of monies paid.*

**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 are received from the travel provider and reviewed by the International Programs staff. 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 \_\_\_\_\_ 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 \_\_\_\_\_, 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  
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**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 \_\_\_\_\_

**Paper-clip your 2 x 2  
inch passport photo  
here.**

