

Application Packet for Participation in Ohio University College of Osteopathic Medicine International Programs

Instructions: Complete this application in full (sections 1-7) along with the *Conditions of Participation* and submit it to Mary Dailey by the program application deadline.

Additional Materials: Please also include the following with this application:

- **Personal Statement.** 1-2 page typed essay about yourself, your academic and career interests, and your motivation for studying abroad on this particular program.
- **References.** Two academic reference forms (section 7).
- **Additional Materials.** Some International Programs require additional application materials for you to complete. These requirements are available from your Program Director or on the program website.

Special Notes:

- Applications will be reviewed when all requested materials are submitted and after the application deadline. Applicants will be notified of their status by email or letter. Applicants may be interviewed by the program selection committee.
- The Office of International Programs reserves the right to review your judicial record at Ohio University or elsewhere and to review any criminal history, including juvenile adjudications, for participation on an international program.
- Study Abroad Scholarship information is available on the Office of Education Abroad website (www.ohio.edu/studyabroad).
- Do not use this application if your program is not listed in Section 1.

Please submit the original and one copy of this application and any additional materials to:

Mary Dailey
Office of International Programs
Ohio University College of Osteopathic Medicine
221A Grosvenor Hall
Athens, OH 45701

740 593-2183 phone
740 593-9557 fax
dailey@ohio.edu

Non-Ohio University Students:

Home University

Academic Advisor's Email

Non-OU students must also provide written approval from their home university. Your application won't be complete until we have received this letter.

Non-Students:

Will you be acting as a preceptor during this program? **YES NO**

If yes, you must complete a Preceptor Information Form

All Applicants: Indicate Your Level of Training as of _____/_____/_____
Month Day Year

- Undergrad Student ____ Year
- Graduate Student ____ Year
- Medical Student ____ Year
- Resident ____ PGY
- Pharmacy Student ____ Year
- MD/DO _____
Specialty

- Nurse
- Pharmacist
- Physical Therapist
- Journalist
- Other _____

Previous Overseas Travel (List countries, duration, and purpose; if travel was for study abroad, please also indicate director's name and email):

References. Please provide the names and departments of any faculty member or graduate teaching assistant who is providing a reference for you. Please see section 1 of this application for more information.

1 _____
Name Department Institution

2 _____
Name Department Institution

5 Health Information. The purpose of this section is to help the Ohio University College of Osteopathic Medicine to be of maximum assistance to you should you need medical assistance during your study abroad. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program administrator(s) be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. Ohio University will do its best to reasonably accommodate all individual needs or circumstances.

The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. Please attach additional sheets for any necessary explanations while answering the following questions.

- | | | | |
|---|---|-----|----|
| 1 | Are you generally in good physical condition? (If no, please explain) | YES | NO |
| 2 | Have you been treated or are you currently being treated for any physical, psychological or emotional conditions? (If yes, please explain) | YES | NO |
| 3 | Do you have any allergies? (If yes, please explain) | YES | NO |
| 4 | Are you taking any medications? (If yes, please explain) | YES | NO |
| 5 | Are you a vegetarian or are you on a restricted diet? (If yes, please explain) | YES | NO |
| 6 | Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the Program Coordinator to know during your study abroad? (If yes, please explain) | YES | NO |

6 Proof of Insurance Coverage. Adequate health and accident insurance coverage is required of all Ohio University students participating on a study abroad program or independent project abroad. Such a policy should minimally include basic medical, accidental death and dismemberment, repatriation and emergency evacuation coverage. If you plan to travel before the official start of your program or after the program's conclusion and your policy does not cover this period, short-term coverage should be arranged with a private company to ensure adequate coverage for the duration of your time abroad. In addition to your primary insurance coverage, all Ohio University students participating on a study abroad program or independent project abroad must purchase an International Student ID Card (ISIC). A handbook of insurance benefits and discounts provided by the ISIC is available for review in the Office of Education Abroad.

I will be covered by a health and accident insurance policy for the duration of my stay abroad as a participant in the above-mentioned program or independent project. This insurance is provided through:

Plan Name: _____

Policy Number: _____

7 Academic Reference Form. This form should be given to faculty members or Graduate Teaching Associates who are able to comment on your academic qualifications for studying abroad. Please make additional copies of this form if required by your program. The person writing the recommendation should turn this form in with their recommendation to the Office of International Programs.

To the Applicant: Please fill out the top part of this form.

Applicant Name

Official Name of Program (Please refer to section 1)

Applicant's Waiver of Right to Access. The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate to waive his or her right of access to confidential statements written on his or her behalf. Ohio University does not require you to make such a waiver as a condition for admission.

I hereby waive my right of access to this recommendation:

Applicant's Signature

____/____/____
Month Day Year

Deadline to Submit Reference Form to Mary Dailey: ____/____/____
Month Day Year

To the Referee. The above student is applying to participate on a study abroad or exchange program through the Ohio University College of Osteopathic Medicine Office of International Programs. To benefit from this experience and qualify for acceptance, a student must be highly motivated, emotionally mature, and able to adapt easily to people with different cultural and social backgrounds. We would appreciate your thoughtful and candid appraisal of this applicant's academic ability and personal suitability, as well as foreign language skills if applicable. Your comments will be seen by faculty and staff members on the program selection committee.

Name of Person Providing Reference

Position

Department

Institution

Phone

Email Address

How long and in what capacity have you known the applicant?

Please return this form and your written reference (please attach) by the above application deadline to:
Mary Dailey
Office of International Programs
Ohio University College of Osteopathic Medicine
221A Grosvenor Hall
Athens, OH 45701
740 593-2183 phone
740 593-9557 fax
dailey@ohio.edu

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Conditions of Participation in an International Program

Ohio University College of Osteopathic Medicine

I, the undersigned, upon accepting my nomination to the program by Ohio University, do hereby accept my participation in such program and agree to all terms and conditions of the program. Furthermore, I verify that I am at least eighteen (18) years of age and fully competent to sign this agreement.

- 1 Personal Conduct.** I agree to participate in all aspects of the program, including orientation, instruction, excursions, and evaluation. I understand that Ohio University and its representatives have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program. The Student Code of Conduct (<http://www.ohio.edu/judiciaries/conduct.cfm>) also applies to me whether I am in the U.S. or abroad. Should I violate stated rules or the Ohio University Student Code of Conduct, demonstrate disruptive behavior, or through my conduct bring the program or its participants into disrepute or legal or physical jeopardy, I may be removed from the program and/or face other sanctions. If I am dismissed from the program, I will lose all academic credit and will remain responsible from all program costs incurred on my behalf.
- 2 Financial Responsibility and Cancellation.** I acknowledge my indebtedness for the total program cost which includes the non-refundable administrative fee. I further understand the following:
 - a** Ohio University and its partner institutions reserve the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions or in the interest of the group. Should Ohio University cancel the program, full refunds of recoverable expenses will be made. Refund policies of partner institutions may also apply.
 - b** The administrative fee and any required deposit are nonrefundable. Program deposits will be applied to the cost of the program. If I should choose to withdraw from the program before paying the deposit, I understand that I may be held responsible for all nonrefundable fees and deposits.
 - c** If I choose to withdraw from the program for any reason, I must notify the Program Coordinator and the Office of International Programs in writing. If I fail to do so, I may be held responsible for the full program costs.
 - d** If I must withdraw from the program for medical reasons, I must provide the Program Coordinator with the statement of a medical doctor who examines me on site when I become ill. This statement must certify that I must withdraw for medical reasons. In the case of life-threatening emergency, this pre-certification will be waived. The Office of International Programs will provide refunds of all recoverable costs whenever possible in the case of certified medical reasons but cannot guarantee any refund in advance.
 - e** If I withdraw from the program voluntarily or am removed for disciplinary reasons, I will be held responsible for all non-recoverable costs. If I withdraw on the date of departure or thereafter for a non-medical reason (see d above), I will be held responsible for all program and administrative costs. In those instances when airline tickets and/or other services have been purchased by Ohio University on my behalf, I will be responsible for any cancellation penalties arising out of my withdrawal from the program. I will be responsible for negotiating

directly with the appropriate airline or booking agencies regarding any penalties or refunds caused by my withdrawal from the program.

- f** The program costs pay for the program as a whole. I cannot be refunded any part of it that I miss while preparing for or participating on the program.
 - g** If I do not meet payment deadlines, a hold will be placed on my records and I will be prevented from graduating, registering for future quarters, and/or securing an official transcript until the amount is paid in full along with any other charges that may occur in the meantime; Ohio University may report this delinquency to a credit bureau; and my account may be placed at a collection firm and/or litigation may be pursued if my entire indebtedness is not paid by the indicated deadline, in which case I will pay all collection firm fees, attorney's fees, and other costs and charges associated with the collection of my debt.
- 3 Insurance Coverage.** I understand that I am required to have adequate health insurance, accident disability, and hospitalization insurance coverage for the duration of my program. I recognize and accept that Ohio University has no obligation to provide such insurance.
 - 4 Medical Treatment.** I have completed the health information section of the application to the best of my knowledge. In the event of illness or injury to me, I authorize any official representative of Ohio University to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.
 - 5 Independent Travel.** I understand that before and after the program and during free time within the program, I may elect to travel independently at my own expense. I agree to inform the designated Ohio University representative of my travel plans in writing, and I understand that neither Ohio University nor its staff are responsible for me while I am traveling independently.
 - 6 Permission to Share Information.** I give Ohio University and its representatives permission to communicate internally and with my parents, host institution abroad, and/or other emergency contact person (as specified in this application) regarding all issues surrounding my education abroad experience. This may include but is not limited to student account information, student conduct issues, health and safety, grades or academics; such contact may occur before, during or after the program.
 - 7 Photo Release.** I give Ohio University and its representatives permission to make use of photographs bearing my image in both print- and web-based program materials for educational, non-commercial promotion.
 - 8 General Release and Waiver.** I release Ohio University and its staff from any liability for damage or loss of property, injury, illness or death during the period of the program, arising on the part of fellow participants, host family members, agencies and education organizations, persons, or groups with which Ohio University contracts for the provision of services for the program, or which have been suggested by program faculty as resources for regional or independent study projects.

I understand that all Ohio University Policies and Procedures are subject to change, and it is my responsibility to be informed of all University policies pertaining to students enrolled at Ohio University. I certify that all responses made on this application are complete, true and accurate, and I will notify the Office of International Programs hereafter of all relevant changes that may occur prior to the start of the program. I hereby acknowledge that I have read, fully understood, and agree to the policies as stated above in this section.

Signature

Date

Name (please print)

Ohio University does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities.

Return to: Office of International Programs · Ohio University College of Osteopathic Medicine ·
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dailey@ohio.edu