



The University of Mississippi Study USA Program

Application

Study USA Office Contact Information

103 Yerby
P.O. Box 1848
University, MS 38677

Phone: (662) 915-2746

Fax: (662) 915-5138

Email: studyusa@olemiss.edu

Website: www.olemiss.edu/study_usa



OleMissStudyUSA



/StudyUSA



@UMStudyUSA

Application Checklist

DUE BY APPLICATION DEADLINE:

- Student Information Form
- Study USA Agreement
- Social Media Release
- Course Approval Form
- Assumption of Risk Form
- Health and Emergency Treatment Authorization Form
- Copy of Insurance Card
- \$50 application fee (will be charged to your bursar account)

Student Information Form

Name: First Middle Last Study USA Course Number

Date of Birth Country of Citizenship

Ethnicity: Please be advised that providing information about your race/ethnicity is voluntary. This information will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

Do you consider yourself to be Hispanic/Latino? Yes No

American Indian or Alaskan Native Asian Black or African American Native Hawaiian, Other Pacific Islander White
 I prefer not to answer.

Gender UM ID Number

College or School (ex. Liberal Arts) Classification (ex. Junior)

Age Are you considered by The University of Mississippi to be a Mississippi resident? Yes No

Major Minor Academic Advisor

It is your responsibility to inform the Study USA Office of any changes to your address or phone number, especially at school. You will fail to receive critical information on dates, prices, travel advisories, and last-minute program changes if we cannot reach you.

Current Address

| | | | |
|-------------------------------|-------|------------|---------|
| Address | | | |
| City | State | ZIP Code | Country |
| () | | () | |
| Home Phone | | Cell Phone | |
| Email Address @go.olemiss.edu | | | |

* Students must activate and check their Ole Miss email accounts as this will be the primary means of electronic communication.



OleMissStudyUSA



/StudyUSA



@UMStudyUSA

Study USA Agreement

- I certify that I am 18 years of age or older.
- I have read and understand the UM Study USA Policies and Procedures.
- I understand that a \$50 application fee is required and will be charged to my Bursar account. By submitting this application, I understand that I am obligated to pay this fee regardless of future circumstances. I also understand that I am responsible for any non-recoverable costs incurred on my behalf if I withdraw from the program after the application deadline.
- I have read and understand the withdrawal policy of the Study USA Office. I understand that I must submit the withdrawal of my application in writing with a Study USA Withdrawal Form to the Study USA Office in order for it to be officially recognized. I also understand that I will be financially responsible for certain costs in accordance with the Withdrawal Policy, including a \$300 withdrawal fee if withdrawing after the application deadline.
- I understand that in order to participate in a Study USA program, it is my responsibility to discover how my financial aid package will apply to my Study USA Program. I understand that I should work with the Financial Aid Office in a timely manner to make sure that my awards apply.
- I understand that the required online orientation contains important information related to my Study USA experience. I further understand that it is my responsibility to complete the Blackboard orientation and to follow the procedures as outlined.
- I certify that none of the information requested in my application packet is false or has been withheld. I understand that giving false information or withholding information may make me ineligible for admission or ineligible to continue studying off-campus with The University of Mississippi.
- I understand that it is my responsibility to complete a Course Approval Form and be aware of how the credit will apply to my academic program. Acceptance into the Study USA course is contingent upon completion of this form.
- I understand that my likeness from photographs submitted to the Study USA Office by myself or by participants or leaders on my program may be used for various marketing activities, publications, and/or on the web for the purpose of promoting Study USA at The University of Mississippi.
- I understand that I may be contacted by Study USA staff to complete a survey and provide feedback about the course. Additionally, I may be contacted by Outreach Marketing, UM Communications, or other media sources regarding the class.

X _____
Signature of Participant

_____/_____/_____
Date

Name (Printed)

Social Media Release

Please complete the top release or bottom opt-out. You should **NOT** sign both.

I, the undersigned, do hereby grant permission for Study USA, from the Office of College Programs, in the Division of Outreach and Continuing Education, at the University of Mississippi, to use content from my social media posts to promote Study USA.

I understand that Study USA's social media accounts may repost, retweet, regram, or otherwise redistribute content I have shared via social media related to Study USA. This can include content shared pre-departure and after my return, and content related to trip planning, course work, fieldwork, travel, or class.

I understand that these materials may be used for various marketing activities, publications, and/or on the web for the purpose of promoting Study USA at the University of Mississippi.

I release Study USA, the University of Mississippi, its employees, and related parties, from all claims and demands arising out of or in connection with use of my content, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation, and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of my content.

Print: _____

Date: ____/____/____

Sign: _____

No, I do not grant Study USA the right to use any content from my social media. I understand that, per the Study USA Agreement, my name and image may still be used for marketing and other purposes, if others share it with Study USA.

Print: _____

Date: ____/____/____

Sign: _____



OleMissStudyUSA



/StudyUSA



@UMStudyUSA

Course Approval Form

Name _____ UM ID Number _____ Email _____

Location of Program _____ Course Number _____ Term _____

TO THE STUDENT

You are required to complete a Course Approval Form in order to be registered for the course. This process is completed through meeting with your academic advisor, the course instructor, and your academic dean. This form certifies that you, the program instructor, and your academic dean are informed of your Study USA plans.

COURSE APPROVAL CHECKLIST

- Select the course in which you plan to participate and confirm that you have taken the prerequisites and are in academic good standing.
- Meet with your academic advisor to discuss how this course fits into your graduation requirements.
- Take the Course Approval Form to the course instructor for approval.
- Once the program instructor has accepted your enrollment, you must get your academic dean's approval.
- Pick up your completed Course Approval Form from your dean's office and turn it in to the Study USA Office in 103 Yerby.

STUDENT INFORMATION

College or School (ex. *Liberal Arts*) _____

Major _____ Minor _____ Classification _____

STUDENT AGREEMENT

I understand that the Study USA Office cannot guarantee credit without a completed Course Approval Form listing each class taken. I also understand that no department is obligated to accept credit earned through the Study USA Program toward a student's major or minor. I also acknowledge the fact that my grades may not be posted prior to my intended graduation date, and I may not graduate in the term I expected.

X _____ / ____ / ____
Student Signature Date

TO THE ADVISOR

The student submitting this form is applying for a Study USA course that is approved by The University of Mississippi and led by a UM faculty member. The student will receive UM credit for the coursework which will appear on the student's transcript as a UM designator and an ABCDF grade will be assigned by the UM instructor. We ask the applicant to share with his/her academic advisor intentions to participate in this program so you may include the coursework in the student's overall academic plan. If you have any questions about the student's course selection or Study USA in general, please contact the Study USA Office at (662) 915-2746 or studyusa@olemiss.edu.

TO THE PROGRAM INSTRUCTOR

The student submitting this form is requesting your approval to take your domestic travel course. By signing this form you are accepting the student into your course, acknowledging that you have reviewed the student's transcript and verifying that the student has met any prerequisites for your course. Students must be in academic good standing to participate in any Study USA program.

| Course Number & Title | Semester Hours | Instructor Approval |
|-----------------------|----------------|---------------------|
| | | X _____ |

Additional Comments:

X _____ / ____ / ____
Dean's Office Approval (signature) Dean's Office Approval (printed) Date

Assumption of Risk Form

The University of Mississippi offers students the opportunity to enroll in travel study programs. Certain potential risks to personal health and safety are associated with travel. You should not participate in a travel study program unless you are willing to accept the associated risks. The University of Mississippi cannot guarantee the health and safety of participants in a travel study program or eliminate all risks from off-campus environments.

Please read, sign, and return this form to the Study USA Office before your program of study begins. Students who fail to return this form will not be allowed to participate in any programs offered through the Study USA Office.

I. Acknowledgment of Risks

- a. I understand that there are certain risks associated with travel and that the University of Mississippi and its staff cannot control these risks.
- b. I understand that these risks may include exposure to potentially serious health and safety hazards such as (but not limited to): transportation accidents, storms, floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care, remote access to medical treatment; different standards of design, safety, and maintenance of buildings, public places, and conveyances; armed insurrections; and terrorist activities that may result in personal injury, destruction of personal property, or death.
- c. I understand that there can be specific hazards associated with the Study USA program. I have made my own investigation and am willing to accept these risks.

II. Institutional Arrangements

- a. I understand that the University of Mississippi does not represent or act as an agent for, and cannot control the acts or omissions of, any transportation carrier, hotel, tour organizer, or other provider of goods or services, including any independent travel agency, involved in the program specified above (the "Program"). I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

III. Independent Activity

- a. I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.

IV. Health and Safety

- a. I have consulted with a medical doctor with regard to my personal medical needs and there are no health-related reasons or problems that preclude or restrict my participation in this Program.
- b. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, during the Program, I agree that the University is not responsible for the cost or quality of such treatment or care.
- c. The University may (but is not obligated to) take any action it considers to be warranted under the circumstances regarding my health and safety including sending me home from the location of the Program. I agree to pay all expenses relating thereto and release the University from any liability for any actions in this regard.

V. Standards of Conduct

- a. I will also comply with the University's rules, standards, and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
- b. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, or other participants. If I am expelled, I consent to being sent home at my own expense with no refund of fees.
- c. I will attend to any legal problems I encounter while participating in this program. The University is not responsible for providing any assistance under such circumstances.

VI. Program Arrangement, Changes, or Termination

- a. The University has the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program. If I leave or am expelled from the Program for any reason, there will be no refund of fees already charged. I accept all responsibility for my travel arrangements and accommodations and for any loss or additional expenses incurred due to delays or other changes in the Program, means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. I agree to be responsible for any and all costs arising from voluntary or involuntary withdrawal from the Program prior to its completion, including withdrawal caused by illness or disciplinary action.

continued on next page

VII. Assumption of Risk and Release of Claims

- a. I have made my own investigation and am willing to accept the above risks. I understand and hereby acknowledge that I assume all risks incurred by my participation in a program offered through the University of Mississippi.
- b. Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify The University of Mississippi and its officers, employees, and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any destination where the Program is being conducted).

I agree that this document is to be construed under the laws of the United States and that if any portion is held invalid, the balance continues in full force and effect. I acknowledge that I have read and understood the entire document, and I have signed it knowingly and voluntarily.

X _____
Signature of Participant

_____/_____/_____
Date

Name (Printed)

Health and Emergency Treatment Authorization Form

Name: First _____ Middle _____ Last _____ Name Called _____

Gender _____ UM ID Number _____

Address _____

City _____ State _____ ZIP Code _____ Country _____

(_____) _____ (_____) _____
Home Phone _____ Cell Phone _____

_____ @go.olemiss.edu
Email Address _____

The medical review of this form and admission into a program are independent of each other. The purpose of this form is to help the Study USA Office provide appropriate assistance to you should the need arise during your travel experience. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in a University of Mississippi Study USA program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to the most appropriate individuals and with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, faculty, or appropriate professionals as it relates to your health and safety.

Note: Students with serious health problems, either physical or mental, or physical impairment should discuss the advisability of this trip with their doctor.

This information is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable. Attach additional sheets if necessary.

DIETARY RESTRICTIONS

ALLERGIES

| Medication Allergy | Reaction | Treatment, if exposed |
|--------------------|----------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Food or Environmental allergy (foods, dust, chemicals, household items, pollen, bee stings, etc.) | Reaction | Treatment, if exposed |
|--|----------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

MEDICATIONS

Please list any medicines you are taking on a daily, regular, or as needed basis and indicate how often and why each medicine is taken.

| Name of Medication | How Often Taken | For What Condition | Length of Time Treated |
|--------------------|-----------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Note: Participants must bring an adequate supply of medications that are required on a daily or routine basis when traveling.

continued on next page

DISABILITIES

Are you registered with the Office of Student Disability Services (SDS) at the University of Mississippi? (If you think you may be eligible, contact SDS at 662-915-7128.) Yes No

Do you have a disability that will require accommodations while away? Yes No

Depending on the accommodation requested, a student may be required to register with Student Disability Services. The Study USA Office will also require an accommodation request form and may require a doctor's letter. This **must** be completed in a reasonable time-frame so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation. If you do not disclose your disability and/or request accommodations in a timely manner, UM may not be able to assess and accommodate your needs.

ADDITIONAL HEALTH CONDITIONS

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your travel or may affect your ability to participate in this program? Yes No

If yes, you are advised to consult with your health care provider. Please supply an explanation below.

| Condition | How Often Do You Have Symptoms? | Plan for Managing the Condition While Traveling |
|-----------|---------------------------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

HEALTH INSURANCE INFORMATION

***Attach a copy of your insurance card to this form.**

Name of Insurance Company

Name of Insured

Name of Primary Insured

Policy Number

_____/_____/_____
Expiration Date

Group Number

I have no health insurance coverage.

EMERGENCY CONTACT INFORMATION

Please list two (2) people who should be notified in case of an emergency.

| | | | |
|-----------------------------|-----------------------------|------------------------|------------------|
| _____ Name | | _____ Relationship | |
| _____ Address | | | |
| _____ City | _____ State | _____ ZIP Code | _____ Country |
| (_____) _____ Home Phone | (_____) _____ Cell Phone | _____ Email Address | |

| | | | |
|-----------------------------|-----------------------------|------------------------|------------------|
| _____ Name | | _____ Relationship | |
| _____ Address | | | |
| _____ City | _____ State | _____ ZIP Code | _____ Country |
| (_____) _____ Home Phone | (_____) _____ Cell Phone | _____ Email Address | |

Emergency Treatment Authorization

I authorize the release of information contained in this Student Health and Emergency Treatment Authorization form for access and review by the director and advisors of the Study USA Office at The University of Mississippi and the appropriate health professionals. I understand that if I have not turned in this form in a timely manner, there may be insufficient time for the Study USA Office to review this information. If further medical information is required, I understand that I will be contacted by a health care professional at the Student Health Center who will ask for a specific release to my treating health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety while traveling, it may be discussed in a confidential manner with the UM Study USA program coordinator, the UM program facilitator, and the UM faculty member.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize the University of Mississippi, through its representatives, to secure any necessary treatment. I understand that such treatment shall be solely at my expense, and I shall reimburse the University of Mississippi or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency, the University of Mississippi may notify my emergency contacts listed on the Health and Emergency Treatment Authorization Form.

I certify that all responses made on this form are complete, true, and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated Health and Emergency Treatment Authorization. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that participation in this Study USA program is contingent on receipt by the University of Mississippi Study USA Office of this completed and signed form.

X _____
Signature of Participant

_____/_____/_____
Date

Name (Printed)

If you have any questions regarding medical problems, immunization requirements, or other health issues, contact Student Health Services at (662) 915-7274 at least 45 days prior to departure.

The University of Mississippi does not unlawfully discriminate on the basis of race, color, gender, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information.