

# Global Education

Concordia College Moorhead, Minnesota USA

## SPRING EXPLORATION SEMINARS 2009

### *PREPARATION INFORMATION*

Your application must be **COMPLETE** before it will be accepted by the Office of Global Education.  
**Applications are due no later than November 20, 2008**

#### Important Notes:

1. Faculty leader must sign the Faculty Leader Approval Form
2. Pay your \$600 deposit (by November 20, 2008) at the Business Office, 2<sup>nd</sup> Floor Lorentzsen
3. Complete the entire application packet
  - Sign ALL forms where indicated
  - If you need immunization dates, call or stop by the campus Health Center
  - Write N/A for the items that do not pertain to you
  - A color photograph **MUST** accompany the International Student ID form
  - A photocopy of your passport (or birth certificate until your passport arrives) is required. We need this to make sure that your airline ticket matches the name on your passport. If you do not have a passport you need to apply for one and send a photocopy to the Office of Global Education when it arrives. If your current name does not match your birth certificate, please notify the Office of Global Education.
4. Registration for your class and seminar will be November 10 – 14, 2008
  - Make sure you register for the class associated with the Exploration Seminar **AND** the Exploration Seminar lab. (The lab portion is what registers you for the week-long Exploration Seminar during spring break)

Please contact the Office of Global Education by phone (299-3927) or email ([inted@cord.edu](mailto:inted@cord.edu)) if you have any problems or questions.

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### *BUSINESS OFFICE FORM*

Take this sheet to the Business Office, 2<sup>nd</sup> floor Lorentzsen, with your \$600 deposit by **November 20, 2008**

Remember to bring your receipt of payment with you when turning in your application to Global Education

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Business Office Initials: \_\_\_\_\_

Student's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ PO: \_\_\_\_\_

Local Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please indicate which seminar you are applying for:

- |  |   |
|--|---|
| <input type="checkbox"/> Linda Johnson – Classical Japan   | <input type="checkbox"/> Nick Ellig/Sonja Wentling – Paris and London – The Legacies of Revolution and Empire |
| <input type="checkbox"/> Madelyn Burchill – Dresden: Memories of a Childhood – Memories of a Culture           | <input type="checkbox"/> Michael Wohlfeil – Schooling and Culture: Perspectives from Norway                   |
| <input type="checkbox"/> Ernie Simmons/Hilda Koster – Egypt: Ancient and Contemporary                          | <input type="checkbox"/> Jean Hellner – Music History in Vienna   |
| <input type="checkbox"/> Betty Larson – Northern California: food system and the culinary Institute of America | <input type="checkbox"/> Zacharie Petnkeu – Pleasure and Business in Martinique                               |
| <input type="checkbox"/> Roy Hammerling/David Sprunger – King Arthur's England                                 | <input type="checkbox"/> Jonathan Clark/Vince Arnold – Germany, the Third Reich and the Holocaust             |
| <input type="checkbox"/> Joy Lintelman/Gretchen Harvey – Eco-Sem in Chicago: History for the future            |   |

Program Dates: February 21 – March 1, 2009

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### *FACULTY LEADER APPROVAL FORM*

Faculty leader **MUST** sign-off on this form in order for the seminar application to be accepted.

Student's Name: \_\_\_\_\_

ID: \_\_\_\_\_ Telephone: \_\_\_\_\_ PO: \_\_\_\_\_

Exploration Seminar Title: \_\_\_\_\_

Exploration Seminar Leader(s): \_\_\_\_\_

\*A signature below will notify the Office of Global Education that this student has been approved by the leader for acceptance to the Exploration Seminar class and Exploration Seminar Lab.

Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is part of the Exploration Seminar application packet and will need to be turned in with the entire COMPLETED application no later than **November 20, 2008** to the Office of Global Education.

**Please contact the Office of Global Education by phone (299-3927) or email ([inted@cord.edu](mailto:inted@cord.edu)) if you have any problems or questions.**

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## SPRING EXPLORATION SEMINARS 2009

### *APPLICANT INFORMATION*

**Please clearly print the following information**

(Use given names only, no nicknames please)

Given Name: \_\_\_\_\_  
(First) (Middle) (Last)

Local F-M Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Concordia ID: \_\_\_\_\_ Campus PO Box: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Gender:  F or  M      Citizenship:  USA or  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Academic Level:  Fr  So  Jr  Sr      Academic Advisor: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_      Parent Email: \_\_\_\_\_

Parent Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

May Global Education contact and/or send information regarding your seminar abroad to your parents/guardians?  Yes  No

Will you be using financial aid for this program?  Yes  No

**Please report any changes in address/telephone to the Office of Global Education via e-mail, [inted@cord.edu](mailto:inted@cord.edu).  
If you currently have a valid passport, please photocopy and attach to this application.**



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## SPRING EXPLORATION SEMINARS 2009

### CONFIDENTIAL INFORMATION

This information is confidential & will only be used to help your study abroad leader or host university deal with medical matters should they arise while you are traveling. Please update this form if there are any changes in your health prior to departure. (This form is destroyed upon your return to campus)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
(First) (Last)

Name of Study Abroad Program: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Doctor/Clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy or ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### 1. Do you have any of these chronic or reoccurring conditions? (If "yes" please describe the condition and the treatment you receive)

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insect Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin Reaction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No List _____
Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mold/Mildew Reaction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Food Reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No List _____
Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Strep Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urinary Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sleep Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No List _____
Snoring	<input type="checkbox"/> Yes <input type="checkbox"/> No			Emotional condition requiring counseling/psychiatric care	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 2. Give the last date of the following immunizations

Measles _____	Mumps _____	Rubella _____	Hepatitis A _____
Diphtheria _____	Tetanus _____	Hepatitis B _____	Yellow Fever _____

#### 3. Have you had any operations or serious injuries within the last 5 years? (List dates and injury/operations)

#### 4. Do you have any diseases/disabilities/psychological problems that might affect your participation?

#### 5. Please list all prescriptions/medications you are currently taking. (Keep this current with Global Education)

**6. You are expected to provide and carry your own medications.** Any prescription drugs are to be in clearly labeled original containers. We recommend that you carry prescription information from your physician as well as a description of the medical condition that requires you to take the prescribed medication. NOTE to students who wear contact lenses: be sure to bring an extra pair of contacts or glasses. You should also bring along a credit card to be used for emergency medical purposes.

If I, the participant, should require medical/psychological attention for any reason during my time abroad either for my own health and/or safety or for that of the group, the study abroad leader is granted permission to seek necessary help for me that will be my financial obligation. If there is any exception to the above statement, I have attached an explanation.

I certify that the information provided above is true and current as of \_\_\_\_\_  
(Today's Date)

Signature of Participant \_\_\_\_\_

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## SPRING EXPLORATION SEMINARS 2009

### STUDENT CONDUCT AGREEMENT FORM

The undersigned registrant represents and agrees as follows:

I, \_\_\_\_\_ (“Registrant”) is a participant in a study abroad program sponsored by Concordia College. Name of Study Abroad program: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date of Birth) (Concordia ID Number)

**2. College Policies.** The registrant attests that he or she has read & understands the College Policies section of the College Handbook. In particular, the registrant has read & understands the college’s General Policies. In addition, the registrant has read & understands the policies concerning:

- a. academic policies, including class attendance and academic responsibility
- b. violations of civil law on or off campus
- c. obstruction or disruption of college activities
- d. policies on harassment and violence
- e. alcohol and other drug policy
- f. violation of published college regulations

**3. Disruptive Behavior and Disreputable Conduct.** In addition, the registrant agrees not to engage in disruptive behavior and disreputable conduct at any time during the program. Students will not engage in disruptive behavior or conduct that could bring the program into disrepute. Disruptive behavior and disreputable conduct consist of, but are not limited to, the following:

- a. pattern of tardiness for scheduled academic events or travel movements
- b. failure to attend all scheduled seminar activity, either academic or travel movements
- c. harassment of fellow students
- d. failure to heed to the authority of the leader
- e. words or actions insulting to host individuals and organizations
- f. violation of U.S. laws or the law of countries visited

In addition, the institutional leader has the authority to establish additional rules as deemed necessary.

#### 4. Discipline Rights of Program Leaders.

- (1) **a. Warning.** If a student engages in such behavior or conduct that is a violation of college policies cited in paragraphs 2 and 3 above, he or she will be warned once by the program leader. A notification of this warning in the form of an Incident Report will be immediately forwarded to the Student Affairs Office at Concordia College in the quickest available manner, preferably by fax. Formal disciplinary action may later be initiated against the warned student by the office of the Vice President of Student Affairs. If the warned student engages in further disruptive behavior or disreputable conduct of any kind, he or she will be informed that he or she will be separated from the seminar and returned home on the next available flight at his or her own expense.
- b. Serious or Recurring Offense.** If, in the opinion of the seminar leader, the conduct of the student is of such a serious nature, or is a recurrence of the behavior that resulted in a previous warning, the student will be immediately separated from the seminar and returned home on the next available flight at his or her own expense.
- (2) If the student requests a review of the leader’s decision to separate him or her from the program, a telecommunications hearing (preferably by telephone) will be arranged with the warned student, the leader, witnesses (if any) and the Vice President of Student Affairs and/or a designated Student Affairs official who will review the student’s appeal.
- (3) The decision of the Student Affairs Office is final, and will be rendered within 24 hours of the hearing. Should the decision of the Student Affairs official be in favor of the leader, the student will be separated from the seminar and returned home on the next available flight. The separated student will be billed for any excess costs incurred in returning him or her home.

That by executing and signing this agreement, I attest to the fact that I have read the Student Conduct Agreement Form carefully and understand the contents of this document, and have had the opportunity to ask questions as to the nature of the document I have signed. I sign this document of my own free will, and agree to abide by college policies and the proscription against Disruptive Behavior and Disreputable Conduct.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

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## SPRING EXPLORATION SEMINARS 2009

### *ASSUMPTION OF RISK*

This is a release of legal rights. Read carefully and understand before signing.  
This form is to be signed in conjunction with the Agreement and Release of Liability form.

Name of Applicant: \_\_\_\_\_

Name of Study Abroad Program: \_\_\_\_\_

#### **PROGRAM: CONCORDIA COLLEGE OFF-CAMPUS PROGRAMS**

**RISKS OF STUDY ABROAD:** I understand that participation in a Concordia College (the "college") off-campus program specified above (the "program") involves risks not found in study at the college. The risks include but are not limited to risks involved in traveling to, within, and returning from one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyance; local medical delivery; weather conditions.

**INSTITUTIONAL ARRANGEMENTS:** I understand that the college does not represent or act as an agent for, and cannot control the acts or omissions of: any host country, host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the program. I understand that the college is not responsible for matters that are beyond its control. I hereby release the college from any injury, loss, damage, accident, delay or expense arising out of any such matters.

**INDEPENDENT ACTIVITY:** I understand that during free time (both within and following the period of the program) I may elect to travel independently at my own expense. At such times, I recognize that I am acting as an independent agent and accept sole responsibility for my own well-being. I agree to inform an official representative of the program of my travel plans. I understand that the college is not responsible for any injury or loss I may suffer when I am traveling independently or when I am otherwise separated or absent from any college-sponsored activities.

**HEALTH AND SAFETY:** I have consulted with a medical doctor with regard to my personal medical needs. I have no health-related reasons or problems which preclude or restrict my participation in the program. I recognize that the college is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the program. The college may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto and release the college from any liability for such actions.

**STANDARDS OF CONDUCT:** I understand that as a visitor in a foreign country I will be subject to the laws, rules, and standards of acceptable conduct of that country, including drug and alcohol use, dress, manners, morals, and other behavior. I agree to become informed of, and will conduct myself in a manner which will comply with those laws, rules, and standards.

**MOTOR VEHICLES:** The college strongly discourages students from operating motor vehicles while participating in study abroad programs. Traffic congestion, different traffic rules and regulations, insurance requirements and financial responsibility laws can make driving a motor vehicle in foreign countries extremely hazardous. I understand that if I do operate a motor vehicle that the college assumes no financial responsibility for legal aid or medical assistance should I be involved in an accident while operating a motor vehicle.

**RISKY BEHAVIOR:** The college strongly discourages students from engaging in risky behavior while participating in off-campus programs. Risky behavior is defined as, but is not limited to, any behavior which is not specifically authorized by the program for its educational purposes. Examples of such behavior include, but are not limited to, use of prohibited substances, whether such are illegal either at home or on the program, sky diving, entering areas which present a danger to either students or nationals, etc. I understand that if I do engage in such behavior that the college assumes no financial responsibility for legal aid or medical assistance, or liability for my injury or death arising out of such behavior.

**POLITICAL UNREST:** I agree to remain cognizant of current political conditions in my country of residence, through the news media, local contacts, etc. I recognize that the college will take all practical measures for the protection of program participants. I understand that the college assumes no responsibility for damage or loss, injury or death arising out of political unrest.

(CONTINUED)

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### *ASSUMPTION OF RISK*

**CANCELLATION:** I understand that if I leave the program for any reason, voluntarily or involuntarily, only costs of unused services from vendors abroad that are recovered will be refunded to me. Tuition and program fees refunds are made according to the Withdrawals and Refunds policy found in the Concordia College Catalog. I understand that any unrecoverable charges made on my behalf (such as theatre tickets, rail tickets, airline tickets, hotel rentals or property leases, etc.) will be deducted from my payments before any refund is made.

**VALUABLES:** I understand that I am solely responsible for keeping safe my passport, money, traveler's checks, transportation tickets, jewelry and other property. I waive all claims against the college and its staff for any losses due to my failure to obtain these items and properly safeguard them.

**PROGRAM:** I understand that the college reserves the right to charge a reasonable program fee increase due to currency exchange rate fluctuations or other changes in the conditions under which the program was planned. I also understand that changes of program or itinerary may have to be made, and that no refunds will be made for such changes.

I have had the opportunity to review this document, and have had any questions about it answered to my satisfaction.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

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### AGREEMENT AND RELEASE OF LIABILITY

This is a release of legal rights. Read carefully and understand before signing.  
This form is to be signed in conjunction with the Assumption of Risk form.

The undersigned registrant (and his or her legal guardian if the registrant is less than 18 years of age), represents and agrees as follows:

- I, \_\_\_\_\_ (“Registrant”) is a participant in  
(Name)  
a travel-study abroad program coordinated by Concordia College. Name of program \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date of Birth) (Concordia ID Number)
- The registrant has voluntarily enrolled in a travel-study program outside the city of Moorhead and has made a deposit that has been paid to cooperating agencies or organizations to apply against the costs of transportation, housing, and other goods and services to be arranged for the registrant by the cooperating agencies and/or organizations.
- THE REGISTRANT IS AWARE THAT THE USE OF TRANSPORTATION, HOUSING, DINING SERVICES, AND OTHER GOODS AND SERVICES IN CONNECTION WITH PARTICIPATION IN THE PROGRAM CARRIES A RISK OF PERSONAL INJURY AND PROPERTY DAMAGE OR LOSS. THE REGISTRANT EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF INJURY AND PROPERTY DAMAGE OR LOSS THAT MAY RESULT FROM THE PARTICIPATION IN THE PROGRAM AND USE OF THE GOODS AND SERVICES DESCRIBED ABOVE.
- The college agrees to carry out the program as specified in the program announcement. As consideration for being permitted for participation in the program, the registrant hereby RELEASES AND DISCHARGES the college, and their officers, directors, faculty, agents, employees and legal representatives (“the Released Parties”) from any liability, injury, damage, or loss ARISING OUT OF THE ARRANGEMENT OR PROVISION OF TRANSPORTATION, HOUSING, DINING OR OTHER GOODS AND SERVICES or arising out of any other activity incident to the registrant’s participation in the program, including any losses CAUSED BY NEGLIGENCE of the released parties. I do not release the college from liability for willful or intentional acts of punitive damages.
- The registrant also agrees NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASE PARTIES for injury, damage, or loss sustained as a result of participation in the program and use of the goods or services described above. The registrant will indemnify and hold harmless the released parties from all claims, judgments, and costs, including attorney’s fees, incurred in connection with any action. The registrant also agrees to reimburse the college for any sums the college may advance for purchase of goods or services on behalf of the registrant in connection with the registrant’s participation in the program.
- The registrant further agrees to abide by all applicable rules and regulations of the college, and the laws of the governmental jurisdictions at the place or places of program offering. The registrant agrees to indemnify and hold harmless the released parties from all claims or losses resulting from the registrant’s failure to abide by such rules and laws.

That by executing and signing this agreement, I attest to the fact that I have read this agreement and release of liability form carefully and understand the contents of this document, and have had the opportunity to ask questions as to the nature of the document I have signed. I sign this document of my own free will.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**Important!** If the registrant is a minor (if the registrant is less than 18 years of age), a parent or guardian must sign or the registrant will not be permitted to participate in the program.

I am the registrant’s legal guardian. I am signing this release on my own behalf and on behalf of the registrant and his/her heirs and assigns.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please contact the Office of Global Education at 299-3927.