



AMERICAN UNIVERSITY

WASHINGTON, DC

Washington College of Law Application for Semester Study Abroad

Instructions: Please submit the application form and your current resume to the Office of Grants and Programs at the address below, or by fax at (202) 274-4226.

General Application Deadlines: Fall - March 1; Spring - October 1

Program:

Semester and Year:

Secondary Choice of Semester/Year:

Part I: Personal Information

Name:

(last)

(first)

(middle initial)

Present Address:

Present address is valid until:

Current Telephone: (home)

(work)

Cell Phone:

Best way to reach you?

E-mail Address:

Permanent Address:

Permanent Telephone Number:

Office use only	APPLICATION COMPLETE: _____	APPLICATION DATE: _____
Received By: _____		
Reviewed By: _____		
	Office of Grants and Programs	Date
Approved By: _____		
	Program Advisor	Date

WASHINGTON COLLEGE OF LAW

4801 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20016-8192 202-274-4004 FAX: 202-274-4005

<http://www.wcl.american.edu>

Country of Citizenship:

If non-US Citizen, visa type:

Sex:

Social Security Number:

Student ID:

Academic Information:

Academic status at time of intended study abroad:

2L

3L

Academic status at time of alternate intended study abroad:

2L

3L

Date of Graduation:

Areas of Special Academic Interests:

Other Relevant and Study Abroad Experience:

Interest in Non-credit Externships (include practice areas of special interest):

Language Proficiency (if applicable):

Brief Statement of Interest:

Part II: Insurance Coverage

Coverage: I understand that some accident and health insurance is provided by the University's provider AceUSA. However, I also understand that it may be necessary for me to cover medical expenses abroad and then apply for reimbursement from the insurance plan afterwards. In such case, I will be solely responsible for preparing and submitting the claim for reimbursement. *Note:* The University requires students planning to operate a motor vehicle overseas to obtain liability and collision insurance that will cover them in the applicable foreign countries. The University recommends that students insure their personal property from loss or theft.

Responsibility for Medical Care: At American University medical insurance is mandatory for all full-time degree students, resident students, and international students on F-1 or J-1 visas. Enrollment in the University - sponsored Student Health Insurance Plan is automatic, and is billed to a student account unless the student submits a waiver that identifies alternate and comparable coverage, prior to the posted deadline date.

Enrolled in University Sponsored Health Insurance Plan: yes no

If no, please list insurance provider:

Health Statement:

I understand that urgent care for minor injuries and illnesses may be available through the health services of the host institution. However, I also understand and agree that securing appropriate medical care during my participation in the Program will be my sole responsibility. I further agree that I (including my parents, guardians, or legal representatives) shall not attempt to hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s), liable for any injury or death sustained by me in connection with any medical care, hospitalization, or surgery I undergo while participating in the Program.

Signature

Date

Emergency Contact Information:

Name:

Relation:

Telephone: (Work)

(Home)

E-Mail:

Updated 9/25/03

Part III: Consent and Release Agreement for Study Abroad Program

The following agreement is designed to protect all participants in American University's semester exchange activities including students, faculty members, American University ("the University"), and the agencies and individuals cooperating with the University. You, as the student, must sign this form to indicate agreement with provisions and permission to participate.

NAME OF PROGRAM:

SEMESTER/YEAR:

General: I have read the published description of the Program and I understand that my participation in the program is entirely voluntary. I also understand that participation in the Program, as in any other foreign study program, involves some element of risk including travel to, from, and within host country.

I understand that although the host institution has been carefully chosen as a partner institution for the Program, my academic activities there will not be under the direct supervision of the Washington College of Law. I also understand that although I will receive academic counseling at host institution, I am fully responsible for making my own choices about my course of study and about daily living in host city. I understand that housing will be available, at my own expense, and that I will be required to comply with all of host institution's housing rules and regulations.

I agree that, in partial consideration of American University sponsoring the Cooperative Exchange Program and permitting me to participate, I (including my parents, guardians, and legal representatives) shall not attempt to hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) liable for any injury, death, or loss to person or property sustained by me while participating in or arising out of any travel or activity conducted by or under the auspices of the Program.

I am fully aware that this release includes also all of my travel arrangements. I understand that informed that these arrangements are my sole responsibility. The University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) are not liable in any way for any type of injury, death, or loss that I might suffer as a result of those arrangements.

Program Changes or Termination: I understand that the University reserves the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions. Should the University cancel the Program, full refunds of tuition and program fees will be made unless the cancellation is due to circumstances beyond the control of the University in which case the University will be able to refund only uncommitted and/or recoverable funds.

I understand that any refunds made for the Program where payment is made to the University will be in accordance with published University policies for the academic year in which the Program occurs, unless otherwise stated.

Voluntary or Involuntary Withdrawal or Dismissal: I understand that all students are subject to University regulations, Program guidelines, and laws of the host country. In the event of violation of these, academic failure, or behavior which is detrimental to other students or the Program, the Director of the Program shall have the right to dismiss me from the Program. The Director's decision will be final and may result in the loss of academic credit and Program fees.

I agree to pay for all costs arising out of my voluntary or involuntary withdrawal from the Program prior to its completion for whatever reason, including withdrawal caused by illness or disciplinary action, as set forth above. I agree that I (including my parents, guardians, and legal representatives) shall not assert claims for or hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) responsible for any costs or losses resulting from said events.

Award of Credit: I understand that only Pass/Fail credit will be reflected on my transcript in connection with courses taken in the Program.

Pledge: I agree to comply fully with the rules of the University and its agents, host institution, and/or any travel facilities. I agree that the University has the right to enforce its standards of conduct and that should I fail to comply with them, the University has the right to terminate my participation in the trip with no refund of monies paid. I further agree that the policies of the University and host institution may be applied to me as a participant and that the University shall have the right to exercise the policies of the University or host institution at any time.

I have been informed that it is in my best interests to register with the US Consulate in host country. Additional information is available from the US Department of State, Bureau of Consular Affairs <http://www.travel.state.gov/studentinfo.html>.

I have been informed that further information about host institution in general is available at that school's website.

I understand that submission of a completed application does not guarantee a placement in the desired program or during the desired semester.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

Signed

Date

Print Name

Please keep a copy for your records. Return the original, signed document to:
Office of Grants and Programs
American University
Washington College of Law
4801 Massachusetts Avenue, NW
Washington DC, 20016

Faxing is acceptable, however, please also send the original for our files.

AMERICAN UNIVERSITY

GLOBAL ACCIDENT & HEALTH PROTECTION FOR FACULTY, STAFF AND STUDENTS TRAVELING OR STATIONED ABROAD Not in Their Country of Permanent Residence

I. Coverage

A. Faculty, staff and students

- All participants are required to carry coverage when on university sanctioned travel
- All participants must travel details prior to departure. (This is done by the Office of Grants and Programs)

II. Benefits – See attached for detail

- A. Accident and sickness medical coverage
- B. Accidental death and dismemberment benefits
- C. Executive Assistance® Services
- D. Medical evacuation
- E. Medical repatriation

III. Insurance Provider

A. AceUSA provides this primary coverage for international travel

- **Policy #GLM NO 0173587**
- In the event of a medical claim:
 - Present the AceUSA ID card or the passport sticker at the hospital or clinic. Admission is guaranteed.
 - Doctor or facility payment options:
 - Payment can be arranged directly by wire transfer from AceUSA to doctor or facility
 - Participant can make payment directly and file a claim for reimbursement (see attached claim form)
- Health benefit coordination:
 - Participant should first submit claims that occurred during international travel to AceUSA. After receiving the determination of benefits, any expenses that are not covered can be submitted to participant's domestic health care insurance provider.
- Executive Assistance®
 - 24-hour telephone access to specially trained representatives who will respond to traveling faculty, staff and students needs in the following ways: medical, travel, personal, legal or security assistance.

**AMERICAN UNIVERSITY
GLOBAL ACCIDENT & HEALTH PROTECTION**

The following benefits are provided **only** while on university sponsored international travel.

<u>Benefits</u>	<u>Description and Limits</u>
Medical expenses	<ul style="list-style-type: none"> • Up to \$50,000 • Medical care and treatment provided by a physician as a result of a sickness or accident • Semi-private hospital room and board • All necessary medical and surgical services and supplies while confined in a hospital • Outpatient medical care and treatment provided by a hospital or clinic • Professional local ambulance service • Dental expenses resulting from an accident up to \$1,000 • A surgical procedure and anesthesia when performed or administered by a physician • Laboratory and x-ray tests and treatments • Supplies and prescriptions while confined in a hospital or upon release • \$2,000 per pregnancy benefit for emergency medical services
Deductible (per occurrence)	<ul style="list-style-type: none"> • \$50.00
Pre-existing Conditions	<ul style="list-style-type: none"> • Up to \$2,500 • Defined as any condition that a covered person has incurred charges, received medical treatment or taken prescribed drugs or medicine for an injury or sickness during the 90 day period immediately preceding the date of travel.
Exclusions included, but not limited to	<ul style="list-style-type: none"> • Routine physical examinations • Eyeglasses • Hearing aids • Routine dental care • Cosmetic treatment or surgery • Confinement or institutional care • Maternity and routine nursery care • Expenses incurred during holiday travel • Injury or sickness caused by war, riot, civil commotion or police action • Participation in a criminal act • Intentionally self-inflicted injuries
Medical evacuation	<ul style="list-style-type: none"> • Up to \$50,000 • Emergency evacuation to an adequate medical facility

Benefits	Description and Limits
Medical repatriation	<ul style="list-style-type: none"> • Up to \$50,000 • Medically necessary repatriation and return of mortal remains
Accidental death and dismemberment	<ul style="list-style-type: none"> • Up to \$10,000
Executive Assistance services	<ul style="list-style-type: none"> • 24hours a day/365 days a year • Inside the USA or Canada 1-800-766-8206 • Outside USA or Canada collect 1-202-659-7777 • Medical-referral to medical specialist or medical monitoring while hospitalized • Travel-emergency travel arrangements, return of traveling companion/dependant and return of vehicle. • Personal-pre-trip medical referral, emergency medication, embassy and consular information, lost document service, emergency message transmission, emergency cash advance, translator/interpreter access. • Legal-referral to lawyer. • Security-Pinkerton Travel Security Services includes Eye on Travel security information and security briefings by phone.
Cost of coverage	<ul style="list-style-type: none"> • \$9.25 per week • \$34.00 per month • \$136.00 per semester

Updated 9/25/03