



**Applicant Information**

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

Gender: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Program (i.e. MSW, BSW, 5yr, dual degree) \_\_\_\_\_ Year in Program: \_\_\_\_\_

Specialization: \_\_\_\_\_ Sub-Specialization: \_\_\_\_\_

Year in Program: \_\_\_\_\_

**Program Information** For which program(s) are you applying?

- Nogales, AZ/ Nogales, Sonora, Mexico (SOWK 502)
- Mexico: Coursework (SOWK 733 & SOWK 509)
- Mexico: Field \*if yes, please complete additional field application

**University Information**

- I understand that I must register for academic credit through Loyola University, Chicago. I understand that it is my responsibility to register through Locus for the course credit and that tuition is not included in the program fee.
- I certify that I am not on academic or disciplinary probation

**Academic Accommodations**

Are you requesting any academic activity accommodations for any disability?

(Please provide documentation that speaks to your current needs for accommodation)

- No
- Yes

**Lodging/Housing Preference**

- Retreat center housing Mexico City Summer Course (only option)
- Shared hotel room Nogales/Tucson Spring Break Course (only option included in program fee)
  - Single room at extra cost (TBA based on hotel rate)
- Housing for field placement (note availability and cost of housing options varies by placement and student group composition) . **Please check all that you would accept**
  - Organization volunteer housing
  - Housing with local family
  - Shared apartment with other students
    - Double room in shared apartment- Roommate Request \_\_\_\_\_
    - Single room in shared apartment

**Dietary Restrictions**

- No dietary restrictions
- Yes, I have dietary restrictions. Please list any dietary restrictions & food allergies.

\_\_\_\_\_

**Passport Information** *Generally, passports must be valid for six months after your departure date*

Name as appears on Passport: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Passport #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**IMPORTANT: Include two clear copies of your passport** I will submit a copy of my flight itinerary once that has been arranged**Health Information**

- I understand that I must purchase mandatory health insurance through Loyola University Office of International Programs
- I understand that I must attend a mandatory CISI insurance meeting through Loyola University, Office of International Programs in the spring
- I understand that I will be responsible for my own health maintenance. In the event of a serious illness, accident or emergency, I will inform the appropriate program official so that assistance may be secured and my designated emergency contact may be notified.

**Photo Release**

- I give permission to Loyola University Chicago to use my image in future publications, videotape productions and other communications – both printed and electronic – which may include but are not limited to newsletters, annual reports, cds/dvds, flyers, brochures, posters, displays, and World Wide Web sites related to the promotion of the institution's educational and institutional objectives.

**Emergency Contact Information** Provide two contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Code of Conduct**

- I recognize that while abroad, I am expected to comply with Loyola University Chicago's policies and procedures including but not limited to its academic integrity policies. I understand that any violation of Loyola's policies shall be subject to discipline through the



appropriate internal University process and or subject to Academic Integrity Board action. I understand that while abroad, I represent Loyola University Chicago and am expected to conduct myself in a professional and responsible manner.

- I have reviewed and understand, and agree to abide by the laws of my host country, community, institution, and program, including its academic integrity policies. I understand I need to be sensitive to the social mores of the host country. I also understand I am subject to the disciplinary laws, codes, and processes of that host country, community, institution and program. I understand that any violation of those laws, codes and /or processes may lead to discipline by the host institution and/or judicial action by the host country. I understand that those violations may lead to discipline by Loyola University Chicago and/or Academic Integrity Board action. I recognize that those laws, codes, and processes may not provide for the same types of due process, protections and rights afforded in the United States. I also recognize that the public safety personnel in foreign countries may not provide the level of personal security comparable to that of the United States. I understand that Loyola University Chicago is not responsible for representing me before any courts in the host country.
- Loyola University may make changes to the program itinerary, including cancellation, at any time and for any reason. I will be responsible for any loss due to such cancellation or change. Loyola University is not responsible for penalties assessed by air carriers or any other associated costs based on operational and/or itinerary changes. If I travel independently and arrive after the start of the program, I am responsible for all academic consequences such as lost class time and assignments. Loyola University may substitute hotel accommodations or housing at any time. Loyola does not assume responsibility for the condition of any housing accommodations, and is not liable for any injuries or damages arising there from. I must confirm departure and arrival times and locations with my program official. Loyola University is not responsible for any travel delays or lost property.
- In case of emergency in which I cannot be reached, I authorize U.S Embassies and Consulate to release information concerning my welfare and whereabouts to Loyola University. In authorizing this, I hereby waive 5 United States Code Section 522 (b) (8).
- The information provided above is accurate and to the best of my knowledge. I understand that it is my responsibility to ensure that the Study Abroad Program has up-to-date contact information. By signing this document I understand that I must abide by all of Loyola University's Policies.

### **Spanish Language Fluency**

- None
- Beginning
- Conversational
- Proficient or Fluent

### **Essay Questions**

Please type a two page (maximum) response to the following questions:

1. What are you hoping to get out of this study abroad program on a professional and academic level?
2. What are you hoping to get out of this study abroad program on a personal level?
3. What is your plan to enhance your cultural competency *before* you leave?

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Signature

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Print Name

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Date

**Check list**

- Completed Application
- Submitted typed essay questions
- Included two copies of valid passport
- Signed Affidavit of Agreement Re: Illegal Drug Use
- Signed Assumption of Risk and Release
- Signed Health Evaluation Form
- Attached confirmation of receipt for the \$350 non-refundable deposit for the Nogales/Tucson Spring break course and/or Mexico City summer course, and/or \$350 program fee for field
- If applying for field work in Mexico you must submit the Mexico Field application as well and schedule an appointment with Dr. Vidal at: [mvidal@luc.edu](mailto:mvidal@luc.edu)

## Loyola Study Abroad: Health Self Evaluation

Name: \_\_\_\_\_ Study Abroad Program: \_\_\_\_\_  
 Term: \_\_\_\_\_

**TO BE COMPLETED BY THE STUDENT: Please complete and sign this form.**

Gender: M \_\_\_\_ F \_\_\_\_

Do you hold religious beliefs that might impact the provision of emergency medical treatment while you are abroad?  
 YES \_\_\_\_ NO \_\_\_\_ If yes, give details \_\_\_\_\_

Are you required to wear a health emergency bracelet? YES \_\_\_\_ NO \_\_\_\_

If yes, for what condition? \_\_\_\_\_

Have you had or do you currently have any of the following conditions? Please mark all that apply, specifying the date, whether past or current. If yes, please detail information. Attach additional sheets if necessary.

Medical Condition	Past Date	Current	If yes, please detail information and any treatment which may be needed while you are abroad.
Alcohol/Drug addiction			
Allergies			
Asthma			
Cancer			
Chronic Condition (Specify)			
Diabetes			
Eating Disorder			
Epilepsy/Seizure Disorder			
Frequent Trouble Sleeping			
Heart Disease			
Hypoglycemia			
Painful shoulder, knee, back, etc.			
Thyroid condition			
Other (Specify)			

Have you had any injuries, which have required hospital/ER attention? (i.e.: major accident, etc.) YES \_\_\_\_ NO \_\_\_\_

If yes, **when** and for **what**? \_\_\_\_\_

Have you ever been hospitalized? YES \_\_\_\_ NO \_\_\_\_ If yes, **when** and for **what**? \_\_\_\_\_

Have you had any surgical procedures? YES \_\_\_\_ NO \_\_\_\_ If yes, **when** and for **what**? \_\_\_\_\_

What is your condition as a result of the surgery? \_\_\_\_\_

Are you currently taking any medications? YES \_\_\_\_ NO \_\_\_\_ If yes, **which medications** and for **what**? \_\_\_\_\_

Have you ever been treated for any psychological/emotional problems? YES \_\_\_\_ NO \_\_\_\_ If yes, **list dates**: \_\_\_\_\_

If yes, please describe the nature of the problem: \_\_\_\_\_

Did your treatment require medication? YES \_\_\_\_ NO \_\_\_\_ If yes, please **list medications**: \_\_\_\_\_

Current Status: \_\_\_\_\_

If you require accommodations -academic or otherwise- for your study abroad program, please contact Services for Student's with Disabilities (SSWD) at Loyola University Chicago. Contact information: (Ph) 773-508-7714; (Fax) 773-508-3810.

In signing this document, I verify that all of the medical and psychological information I have provided is accurate and complete, and I will notify Loyola hereafter of any relevant changes in my health that occur prior to the start of the program.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**List two emergency contacts for while you are abroad:**

1) Contact's Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

2) Contact's Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

LOYOLA UNIVERSITY OF CHICAGO  
**Assumption of Risk and Release Form for Study Abroad Programs**  
**Loyola University of Chicago**  
**Office for International Programs**  
**1032 W. Sheridan Road**  
**Chicago, IL 60660**  
**Phone: 773-508-3899**

Loyola University of Chicago (“LUC”) offers students the opportunity to enroll in overseas Study Abroad Programs. Certain potential risks to personal health and safety are associated with international travel and living in a foreign country. A student should not participate in a Study Abroad Program unless the student understands and is willing to accept the associated risks. LUC cannot guarantee the health and safety of participants in a Study Abroad Program or eliminate all risks from Study Abroad Program environments.

Please read, sign and return this form before the pre-departure orientation for the Study Abroad Program described below. A student who fails to return this form will not be allowed to participate in the Study Abroad Program described below.

In connection with the <Insert program name here> Study Abroad Program, lasting from \_\_\_\_\_ until \_\_\_\_\_, at \_\_\_\_\_, located in <City, Country> (the “Program”), I, \_\_\_\_\_, having an LUC identification number of \_\_\_\_\_, have reviewed this Assumption of Risk and Release Form for Study Abroad Programs (this “Release”) and understand and agree to the following terms and conditions:

- ❖ **Risks of Study Abroad:** I understand and agree that there are certain risks associated with international travel to and living in a foreign country and that LUC cannot control these risks. These risks may include, without limitation, personal and/or bodily injury; property loss or damage; death; potentially serious health and safety hazards (such as transportation incidents, accidents, storms, floods, earthquakes and other natural disasters); infectious diseases; inadequate medical care and remote access to medical treatment; food or beverage contamination; armed insurrections; terrorist activities; kidnapping; and criminal activity. International air travel may also involve travel rerouting, interruption and delays, increased security checks and additional air passenger restrictions. I have considered all of these risks, made my own inquiry and investigation, and voluntarily agree to assume them.
- ❖ **Rules, Policies, Regulations and Guidelines:** I understand and agree to abide by any applicable rules, policies, regulations and guidelines of LUC and the Program, including without limitation LUC’s Community Standards, which can be found on LUC’s web site. LUC, through LUC’s authorized representatives, has the authority to establish any rules, policies, regulations and guidelines necessary for participation in the Program. If I violate any rules, policies, regulations and guidelines, I will be subject to disciplinary action, which may include, without limitation, dismissal from the Program. I acknowledge and understand that I will be subject to any sanctions enforced by LUC or a Program director, if I am not in compliance with any rules, policies, regulations or guidelines.
- ❖ **Local Laws and Customs:** As a visitor to a foreign country, I will be subject to the local laws and customs of that country. I understand that local laws and customs may vary from the laws and customs in the United States and that local laws and customs may vary between foreign countries that I may visit as part of the Program. I agree to respect and adhere to the laws and customs of all countries I may visit as part of the Program, and I understand that the intentional violation of or disrespect for those laws and customs may result in my dismissal from the Program. I agree to learn about and research the countries I am visiting in order to become familiar with their respective laws and customs. I understand that it is essential that, as a participant in this Program, I respect the norms of conduct and patterns of behavior that may be different from standards at home. I will take the responsibility to become aware of health and safety concerns, including without limitation working with any local Program director to become aware of such concerns. I acknowledge that violations of local laws and customs are referred to and handled by the appropriate local law enforcement authorities and may have legal ramifications with consequences beyond the control of LUC representatives and the U.S. government.
- ❖ **Insurance Coverage:** I understand that I am required to have medical insurance that covers me internationally for the duration of the Program and that includes coverage for expenses related to sickness, injury, medical evacuation, accidental death and repatriation. I agree to enroll in any international insurance plan that LUC may require for students participating in any Study Abroad Programs. I assume responsibility for any limitations in my health insurance plan. I understand that certain Programs require that I provide actual proof of international health insurance, and I agree to provide such actual proof in the event the Program has such a requirement.
- ❖ **Medical Treatment:** I am aware of all my physical and mental health conditions and needs. I have consulted with a health care professional with regard to my physical and mental health conditions and needs. There are no physical or mental health-

related conditions, needs or other issues or problems that preclude or restrict my participation in the Program. I recognize that LUC is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, LUC is not responsible for the cost or quality of such treatment or care. I understand that medical treatment may be unavailable or may be different from that in the United States, and I further acknowledge that my medical care in the United States and abroad is not under the control or direction of LUC. I understand that on rare occasions an emergency may develop that necessitates the administration of medical care, hospitalization or surgery. LUC may (but is not obligated to) take any actions LUC considers to be warranted under the circumstance regarding my health and safety, including sending me home from the location of the Program. I agree to pay all fees, costs and expenses relating thereto and release LUC from any liability for any actions or inactions.

- ❖ **Academic Agreement:** I have thoroughly read the terms included in any LUC academic agreement for Study Abroad students applicable to the Program and understand its contents.
- ❖ **Use of Illegal Drugs, Violent Behavior or Sexual Harassment and Misconduct:** I understand that use of illegal drugs, violent behavior and/or sexual harassment and misconduct during the entire period of the Program is strictly prohibited. I understand that conduct of this nature or any other offensive conduct or conduct disruptive to the Program may result in removal from the Program, as well as any ramifications for violating the laws of the foreign country I'm visiting.
- ❖ **Orientation:** I understand that I am required to attend all orientations and pre-departure meetings. I understand that it is my responsibility to make arrangements to attend these orientations and meetings. I am responsible for understanding and complying with the content of any pre-departure and orientation materials.
- ❖ **Post-Program Evaluation:** I understand that I am required to complete and submit a Study Abroad questionnaire for purposes of evaluating the Program.
- ❖ **Fees, Costs and Expenses:** I understand, recognize and agree that there are, and that I am fully responsible for, all fees, costs, expenses and other payment obligations of or relating to my travel to or participation in the Program, including without limitation any LUC administrative fees for the Program. Neither LUC, LUC's affiliates nor any of their respective trustees, officers, agents or employees shall be responsible for any fees, costs, expenses or other payment obligations of or relating to my travel to or participation in the Program. I agree and understand that if for any reason I am unable to participate in the Program, neither LUC, LUC's affiliates nor any of their respective trustees, officers, agents or employees is responsible to me for any amounts I have expended in connection with the Program.
- ❖ **Credit for the Program:** To the extent applicable to the Program, I understand that credit for this Program may not be guaranteed and that I may be required to meet with LUC representatives of the Program to determine whether earning credit during this Program is an option. I understand that whether or not I earn credit, this Program is considered an academic experience, and I am responsible for Program attendance at classes and scheduled trips and for the completion of assigned work. Failure to participate fully in the Program may constitute academic misconduct and result in removal from the Program. I understand that if this Program is for academic credit, I have been offered alternative means of attaining the desired academic credits.
- ❖ **Program Changes:** I understand that LUC reserves the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program.
- ❖ **Institutional Arrangements:** I understand that LUC does not represent or act as an agent for, and cannot control the acts or omissions of, any Program host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods and services involved in the Program.
- ❖ **Liability Insurance:** To the extent applicable to the Program, I understand and recognize that any professional liability insurance that LUC has procured on my behalf in connection with my participation in the Program does not cover claims that are litigated in a jurisdiction that is outside of the United States or its territories, possessions, or commonwealths, Puerto Rico or Canada (an "Uncovered Jurisdiction"). Therefore, any such professional liability insurance that LUC has procured will not cover a claim that is filed and/or litigated in an Uncovered Jurisdiction.
- ❖ **Travel Advisories and Warnings:** I am aware of, have reviewed and agree to comply with all current and applicable guidelines, notices, advisories, warnings, precautions and other materials that are relevant to the location of the Program and that are: (A) issued by the Centers for Disease Control and Prevention ("CDC") (including without limitation all current and applicable CDC Outbreak Notices/ Travel Health Precautions and all other current and applicable materials listed on the CDC's official website); and (B) issued by the U.S. State Department (the "USSD") (including without limitation all current and applicable materials



listed on the USSD's official website). In the event the CDC and/or the USSD issues a Travel Advisory or Warning, or any comparable advisory or warning is issued, I understand that I may be required to leave the foreign country in which I am traveling or living in connection with my travel to and/or from the Program and/or participation in the Program. Without limiting anything in this Release, I am aware of the Zika Virus as reported by the CDC (including without limitation all current and applicable CDC Outbreak Notices/ Travel Health Precautions and all other current and applicable materials listed on the CDC's official website with respect to the Zika Virus).

- ❖ **Governing Law and Severability:** I understand and acknowledge that this Release will be governed by and construed in accordance with the laws of the State of Illinois, without regard to any choice of law rules thereunder. If any part of this Release is held to be invalid or unenforceable, the remainder of this Release shall remain in full force and effect.
- ❖ **Assumption of Risk and Release of Claims:** In consideration of being approved to enroll and participate in the Program, on behalf of myself, my heirs, successors and assigns:

(A) I voluntarily and willingly choose to participate in the Program, I have objectives that I believe justify the risks associated with the Program, and I further agree to voluntarily assume all risks of all injuries, losses, damages, death, accidents, delays or expenses ("Losses"), including without limitation those set forth in this Release;

(B) I hereby waive, release, hold harmless and indemnify LUC, LUC's affiliates and their respective trustees, officers, agents and employees from and against all claims, liabilities, rights, causes of action, costs, attorney's fees and expenses of any nature whatsoever, whether known or unknown, for any Losses caused by, arising out of or in any way connected with the Program and my participation in the Program, including without limitation: (1) Losses resulting from the use of any vehicle, disease, weather or sickness; (2) Losses arising from any act or omission of any Program host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program; (3) Losses to me or my property; and (4) Losses from any of the risks outlined in herein;

(C) I hereby certify that I am at least 18 years old, I state that I have read, acknowledge and understand and agree to and intend to be bound by this Release, and I further state that I am participating in this Program voluntarily of my own free will; and

(D) I understand that my consent is required by the Family Education Rights and Privacy Act of 1974, as amended ("FERPA"), for LUC to release to third parties any personally identifiable information from my education records not defined as "Directory Information" under LUC's FERPA policy. I, therefore, give my permission to LUC to release any of my education records necessary to the administration of the Program or for any health or safety emergency in connection with the Program to any program abroad/host institution, to my parent(s)/guardian(s) and to any law enforcement officials, public health officials and trained medical personnel.

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Student Signature

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Date

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Student Printed Name

**TO BE COMPLETED BY UNDERGRADUATE STUDENTS ONLY:**

\_\_\_\_\_ LUC often receives inquiries from parents and guardians of Study Abroad students for financial information. Please checkmark this item and sign below if you agree to allow LUC's Office for International Programs staff to release information via phone, mail or e-mail to your parent(s) or guardian(s), upon their request, regarding your Study Abroad finances—including your program costs, administrative fees, deposit requirements, amounts to be billed and billing/payment procedures. If you agree, please specify names of your parent(s)/guardian(s) to whom such information may be provided:

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Student Signature

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Date

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Student Printed Name



**Affidavit of Agreement and Acceptance regarding Illegal Drug Use and Possession**

**Loyola University of Chicago**  
**Office for International Programs**  
1032 W. Sheridan Road  
Chicago, Illinois 60660

**Phone:** 773-508-3899  
**E-mail:** studyabroad@luc.edu

Name \_\_\_\_\_ Student ID:0000  
: \_\_\_\_\_

Program Location: \_\_\_\_\_ Program Dates: \_\_\_\_\_

Many US students and travelers have suffered greatly as a result of drug-related incidents while traveling outside the US. Remember that, as a US citizen in a foreign country, you are subject to the laws of that country. ***The US Embassy or Consulate cannot be expected to obtain release from jail for a US citizen;*** the officials there can only aid in obtaining legal assistance.

Illegal activities involving the possession and/or use of illicit drugs place not only the individual but also the entire group and the program in jeopardy. Therefore, every study abroad participant must agree to and accept the conditions of participation as stated below by signing this Affidavit of Agreement and Acceptance. The Office for International Programs of Loyola University of Chicago has adopted the policy stated below in regard to illegal drug use and/or drug possession:

The consequences related to illegal drug use and/or drug possession include but are not limited to:

- Immediate expulsion from the program
- Total forfeiture of all fees and monies paid to the program
- Loss of all course/academic credit
- Prohibition from participating in future Loyola University of Chicago programs abroad

Program participants must take responsibility, both individually and as a group, for assuring that this policy regarding illegal drug use and drug possession is strictly observed.

- I have read all of the above and understand that the use or possession of any quantity of marijuana, cocaine, heroin, or any drug or intoxicant deemed illegal according to the laws of the foreign country in which I am present, or deemed illegal in any of the countries through which I travel to reach my study abroad destination or return from there, is strictly prohibited through the duration of the program in which I am participating.
- I understand that it is my responsibility to know and abide by the laws of the country in which I am present as well as of those countries through which I travel while participating in the program. I have read the consequences for violation stated above and agree to and accept all of the conditions stated above.

*Signature of Participant:* \_\_\_\_\_