Please review the application and scroll to the bottom to print.

**PROGRAM DESCRIPTION**

**Program Name:** '15 ECUADOR ANT - First Summer 2015  
**Departure Date:** 01-JUN-2015  
**Return Date:** 01-JUL-2015  
**Number of Days:** 31  
**Program Cost:** $3,500.00 (Tuition NOT Included)  
**Program Leader:** Timothy Joseph Smith

*Please refer to the "Courses, Payment Schedule, and Cancellation Policy" form for information about additional expenses not included in the Program Cost.*

**Program Name:** '15 ECUADOR ANT - First Summer 2015  
Congratulations on your decision to study abroad on an Faculty-Led Education Abroad Program (FEAP)!

Please make sure you read and understand all the forms before you complete and sign off on them. You must accept/agree to all the terms set forth by all forms of this online application. Declining/agree to any form will cause for your application to be aborted and cancelled. We strongly encourage you to contact the Office of International Education and Development (OIED) immediately should you have any questions/concerns regarding the application process.

To apply and to be officially enrolled in the program, please do the following:

1. **Complete and submit this online application form.** Submitting this online application will trigger a deposit charge on your student account.
2. Print the application, sign and date in all required fields.

3. Walk to the Cashier's Window in the Office of Student Accounts, located on the second floor of the John E. Thomas Hall Building.

4. Pay the deposit (by cash, check, credit card or money order). Make sure to specify to the teller the program term and name (Country and Acad. Department). Ask for a receipt as proof of deposit payment.

5. Walk to the Office of International Education and Development (OIED), located on the 3rd floor of Plemons Student Union, Suite 321 to bring:
- Your signed paper application
- Your deposit payment receipt

NOTE for non-Appalachian students: Please mail your signed OIED Study Abroad paper application and your non-refundable deposit check to:
Appalachian State University
Office of International Education and Development
Attn: FEAP Coordinator
263 Locust Street, PSU, Suite 321
Boone, NC 28608

Please make the check payable to Appalachian State University and write the program’s country(ies) of destination, the academic department offering the program and your student Banner ID number on the memo line of the check (e.g. Spain CIS 900 XXX XXX).

6. OIED will then bill the remainder of the program cost to your student account. Please refer to the payment terms and conditions specified on this application and abide by the remaining payment due dates.

Once you submit your FEAP application, you can no longer electronically revise or edit the information you have provided on your online FEAP application. To update or edit any information AFTER you have submitted your online application, you need to contact FEAP Coordinator directly to inform us of any changes that may occur between the time you submitted your online application and the time your program is departing.

It is your responsibility to convey any information changes in your application to your program leader and any of the OIED personnel listed below.

Office of International Education and Development (OIED)
Faculty-Led Education Abroad Programs (FEAP)

7/20/2015
Program Name: '15 ECUADOR ANT - First Summer 2015

Acknowledgement of Responsibility to Obtain Current Health and Safety Information

Your personal safety while you are abroad is very important to you, to your loved ones, and to us. We strongly advise you to consult with your health care provider about your plans to study abroad, particularly if you have any chronic or recurring medical conditions or concerns.

The best actions to take to protect yourself abroad are to be familiar with your environment and to be well-educated about the health and safety conditions in the locations to be visited during your participation in the Faculty-Led Education Abroad Program (FEAP).

To this effect, it is important that you regularly consult and keep up-to-date with the following websites prior to and during your program participation, and to carefully consider all their information relating to safety, health, legal, environmental, political, and cultural conditions in your program's location(s).

The U.S. Centers for Disease Controls and Prevention (CDC) website at: (http://www.cdc.gov).
The CDC is an agency of the U.S. Department of Health and Human Services that maintains health information for travelers to any region of the world. It is your responsibility to consult the CDC webpages relevant to your program destination site(s) to learn about the possible health risks, to obtain the required immunizations, and to carefully consider the recommended health precautions and preventative measures relevant to your personal health history. Read each section, including Vaccines for Your Protection, Diseases Found, Other Health Risks, What You Need to Bring With You, Staying Healthy During Your Trip, and After You Return Home.

The U.S. Department of State has created a very comprehensive website that compiles country-specific information about health and safety, travel alerts, travel warnings, fact sheets and emergency messages. The website also provides other important resources specifically for students who are preparing...
to go abroad at (http://studentsabroad.state.gov). The Office of International Education and Development strongly recommends that you sign up for the free Smart Traveler Enrollment Program or STEP (formerly known as "Travel Registration" or "Registration with Embassies") to receive the latest travel updates and information about the world region(s) you will be traveling to on the program. The website for STEP is: (http://step.state.gov/step/).

International students cannot register through the U.S. Department of State travel website. If you are an international student participating in an FEAP, you are encouraged to check the website of your home country embassy to find out if you can register your overseas travel.

It is your responsibility to obtain from the above mentioned websites current health and safety information on travel to and within the country or countries to be visited on your FEAP program, to check the above mentioned websites regularly for updated information, and to register with the U.S. Department of State’s STEP program.

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

__________________________
Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read and understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

__________________________
Signature & Date

__________________________
Printed Name

Relationship to Participant (Parent or Guardian)

Program Name: '15 ECUADOR ANT - First Summer 2015

Participant Agreement

In consideration of permission to participate in the program, I hereby agree and represent that:
1. PROGRAM ARRANGEMENTS
I understand that although the University will attempt to implement the program as described in its documentation, it reserves the right to change the program at any time and for any reason it deems sufficient to promote program objectives, safety, or institutional needs.

2. TRAVEL AND ACCOMMODATION ARRANGEMENTS
I understand that I am expected to adapt to physical accommodations that may be perceived as inconvenient or uncomfortable by U.S. standards. I further understand that changes in accommodation may be necessary in the best interest of the program or the best interest of the University. I further understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of: any host institution, a host family, other host arrangements, land transportation, air transportation, carrier, hotel or similar accommodation, tour agent, tour organizer or other provider of goods or services related to the Program. I understand that the University is not responsible for matters that are not within its direct control. I understand and agree that the University shall not be liable for any injury, loss, damage, accident, delay, expense or inconvenience arising out of any such matters. I do therefore release the University from any such liability.

3. SITE SPECIFIC ISSUES
I understand that there may be cultural, economic, political and societal factors which may impact this program and my participation. I agree to make reasonable effort to acquaint myself with these factors and to adjust my behavior accordingly.

4. COMMUNICATION REQUIREMENTS
I understand that maintaining contact with program leaders, university officials and other program participants is very important for safety, health and emergency purposes. I agree to select and utilize appropriate and ongoing communication links with these persons. I also agree to maintain contact with my family or other support structure/persons.

5. INDEPENDENT TRAVEL AND ACTIVITIES
a. I understand that neither the University, any faculty member nor any other University representative, employee, or agent is responsible for any injuries, loss or damage I may suffer when I am traveling independently before, during or after the study abroad program or am otherwise separated or absent from any University-supervised activities even if a faculty member or other University representative or agent accompanies.
me in any independent travel or activity not sponsored by or affiliated with the University.

b. I have been advised and I understand the potential risks involved in any independent travel that occurs before, during or after the program which include risks of personal injury and death, incarceration and/or property damage or loss. I hereby assume sole and full responsibility for my liberty, safety and property if I choose to engage in any such independent travel.

6. HEALTH AND MEDICAL ISSUES

a. I understand that travel abroad may expose me to certain conditions, diseases or illnesses, including some for which immunizations may not be available. I have been counseled about all immunizations recommended by the United States Center for Disease Control & Prevention (CDC) and I have acquired all immunizations recommended; or fully accept responsibility if I chose to not comply with recommendations by the CDC, as well as, all other available immunizations necessary for safe travel in the areas I am visiting. I agree to make reasonable efforts to acquaint myself with the health factors and issues endemic to these areas and to prepare myself accordingly for my study abroad travel and activities.

b. I have health insurance through the University to cover my travel and study abroad activities. I understand that the University is not obligated to pay for medical treatment or hospital care in a foreign country or in the U.S. during my participation in the program. I further understand that the University is not responsible for the quality of such treatment or care.

c. I have consulted with a medical doctor or comparable health care provider with regard to my personal medical status and needs. I certify that I am medically (physically and mentally) able and capable to participate in the program, in the activities associated with the program and in the travel incident to the program. I certify that I do not have a medical condition (physical and mental) which could pose a risk to my health and safety or the health or safety of others associated with the program.

d. I am aware of all of my personal medical needs and I certify that I am capable and prepared to deal with those needs. I understand that I have been strongly encouraged to provide to the Office of International Education and Development (OIED) information concerning any physical and/or mental condition (via the "Consent for Release of Physical and Mental Health Information" and the "Consent for Release of FEAP Health Disclosure Form and for Medical Treatment Authorization" Forms). Such information would assist the program leader and health care providers to assist me in the event that I need medical or counseling services while I am abroad, and would be helpful to OIED and the program leader in making appropriate and feasible arrangements related to my physical or
mental condition. I understand that, if I have a disability that requires accommodation in order to participate in the program, I must register with Appalachian’s Office of Disability Services and work with that office, OIED, and the program leader to determine whether a reasonable accommodation in the host country is feasible.

e. I understand that there are health risks associated with the program and travel activities. I further understand that the University will not be responsible for the health risks, injuries, damages or loss that may occur before, during or after the program.

f. I understand that in the event of an epidemic or pandemic (e.g. avian influenza), the ability of health care entities and professionals to provide services may be substantially impaired, and that other entities or institutions may be compromised in their ability to provide services I might need. I understand that the University has no control over such circumstances, and I assume the risks that may be presented in such a situation.

g. I agree that if I am injured or become ill, the University or its agents may secure hospitalization and/or medical treatment for me, and I agree to pay all expenses related thereto. I further agree that the University or its agents may release information to other persons who may need this information to assist me or to assist others in the program.

h. I hereby release the University from all liability for any of its actions or its agents actions related to the activities listed above.

i. I have been advised that Appalachian State University and its Office of International Education and Development ("OIED") are committed to full compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 with respect to those statutes' protections of the rights of students with disabilities. I understand that, in order to receive accommodations and/or disability-related services while I am abroad, I must complete the normal registration process with Appalachian Office of Disability Services ("ODS"). I have been advised that I should discuss with the ODS what accommodations may be appropriate while I am abroad, and that I should request that an official letter listing recommended accommodations and/or services be prepared for me. I understand that, if I have a disability that requires accommodation in order to participate in the program, I must register with Appalachian Office of Disability Services and work with that office to determine whether a reasonable accommodation in the host country is feasible. I also understand that the University is not obligated to attend to my medical or medication needs. I understand that a foreign institution will not be obliged to comply but usually will be responsive to the needs of students in a reasonable manner.

7. SAFETY ISSUES
I understand that there are safety risks associated with the program and travel incident thereto and that the University is not responsible for such risks or injuries, damages or loss caused by them. I agree that the University shall not be liable for such injuries, damages or loss except as may be caused by the gross negligence or willful misconduct of the employees, officials or agents of the University. I further agree that the University cannot prevent other individuals or me from engaging in illegal, dangerous or unsafe activities. I therefore agree that the University shall not be liable for injury, damages or loss caused by such activities.

8. STANDARDS OF CONDUCT

a. I understand that each foreign country has its own laws and regulations and standards of acceptable conduct in the areas of dress, manners, morals, politics, alcohol use, drug use and behavior. I recognize that behavior or conduct which violates those laws or standards could harm the program’s effectiveness and the University’s relations with those countries in which the program is located. I also understand explicitly that behavior or conduct which violates those laws or standards could harm my own health and safety as well as the health and safety of other participants in the program. I take full responsibility for my behavior and conduct and agree that the University and its agents will be released and indemnified for any claim, loss, injury or liability that may be caused by my behavior or conduct. This acceptance of responsibility and indemnification applies to my conduct and behavior whether I am or I am not under the direct supervision of the University, University employees, agents or program officials.

b. I agree to make reasonable and good faith efforts to become informed of all laws, regulations and standards for each country to or through which I travel during my participation in the program. I further agree that I will abide by and comply with those laws, regulations and standards.

c. I also agree to comply with all University rules, standards and instructions for student behavior, including but not limited to, those set forth in Appalachian State University’s Code of Student Conduct. I further agree to comply with any supplemental rules or standards adopted by the University for the programs in which I am participating. (Please see http://studentconduct.appstate.edu/, click on Code of Student Conduct for full text version of Appalachian State University Code of Student Conduct)

d. I agree that the University has the right to enforce all of the standards of conduct, rules and regulations described above. I further agree that if I violate those standards, rules or regulations, I may be sanctioned including immediate exclusion from the program. I recognize that due to the circumstances of foreign travel and foreign study programs, normally applicable procedures for notice, hearing and appeal in student disciplinary proceedings may not be practicable and therefore may not apply. I explicitly waive all claims based on alleged inadequate disciplinary
procedures.

e. If I am excluded from the program, I consent to being sent home at my own expense with no refund of tuition, fees or expenses. I further understand that I may be subject to further disciplinary, civil and/or criminal action upon my return to the University. If I am excluded from the program, I understand that I may receive failing grades for the study abroad credit.

f. I also recognize that if my behavior is determined to be detrimental to or incompatible with the interest, harmony and welfare of the University, or program or program participants. I may be sanctioned including immediate exclusion from the program. I recognize that due to the circumstances of foreign travel and foreign study programs, normally applicable procedures for notice, hearing and appeal in student disciplinary proceedings may not be practicable and therefore may not apply. I explicitly waive all claims based on alleged inadequate disciplinary procedures.

g. I agree that I am fully responsible for any legal problems that I may have as a result of my behavior or conduct while participating in this program. I also agree that I am responsible for any encounters that I have with any foreign government or any individual. I understand and agree that the University is not responsible for providing any assistance under such circumstances.

9. PROGRAM CHANGES

I understand that the program is subject to modification or cancellation because of natural disasters, political instability, insufficient participation or other causes. I further understand that if one of these occurs, I may not have any fees or expenses refunded. I further understand that program fees and charges are based on current airfares, lodging rates and travel costs, which are subject to change and for which I am responsible. I further understand that if I leave or am excluded from the program for any reason there will be no refund of fees paid or expenses incurred. I further agree that if I become detached from the program group or if I become sick or injured, I will at my own expense contact and reach the program group.

10. OTHER EXPENSES OR INSURANCE

I understand that I am responsible for my own accident, travel, baggage, missed flight and life insurance coverage. I also understand that I am responsible for all debts and expenses I incur abroad other than those covered by the required program fees. I understand that if I withdraw from the program for any reason, I may be at risk of financial loss. I understand that I have the option to consider purchasing trip cancellation insurance. I am aware that the UNC system-wide insurance provider, HTH, offers trip cancellation insurance (Trip Protector Plan) and that more information
about HTH benefits and enrollment conditions is available at the HTH website: http://www.hthtravelinsurance.com.

11. PROGRAM RETURNING WITH ACCOUNT BALANCE
If the remaining balance in a program account exceeds $100 per student participant, that amount will be returned to the students. The refund will be credited to the participants' University student account after it is determined that all program expenses have been covered. If the remaining balance in a program account is $99.99 or less per participant, no funds will be refunded to students.

12. ACKNOWLEDGEMENT OF MY RESPONSIBILITY AND ASSUMPTION OF RISK
I fully understand that this program will expose me to risks associated with foreign travel and participation in a program abroad. I fully accept this possibility of risk and assume all risks associated with this program. I further understand that if I choose to travel independent from the program either before, during or after the program I may be exposed to additional risks associated with such travel and fully accept sole and full responsibility for my liberty, safety, and property if I choose to engage in such independent travel. I therefore agree to release, hold harmless, discharge and indemnify Appalachian State University, the UNC Board of Governors, the University of North Carolina, the State of North Carolina, University trustees, officials, employees, agents and volunteers from any present of future liability, claim or demand that may be asserted in connection with (a) emergencies, accidents, illnesses, injuries or other consequences or events arising from my participation in the program, (b) any cause, event or occurrence beyond the direct control of the University or its agents including, but not limited to natural disasters, wars, civil disturbances, terrorist acts or the negligence of other persons, and (c) events or occurrences caused by my behavior or conduct while traveling or participating in the program. Further, I understand and agree that this acknowledgement, discharge, release, indemnification and assumption of risk shall be binding on me, my heirs, my assigns, members of my family, my executors and administrators and my personal representatives.

13. VOLUNTARY ACKNOWLEDGEMENT
I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement; I have the right to consult with the advisor, counselor or attorney of my choice.

14. INTERPRETATION OF AGREEMENT
I agree and acknowledge that the laws of North Carolina govern this
Agreement and that North Carolina shall be the forum for any lawsuit, hearings or adjudications filed under or incident to this Agreement or to the program. I further agree that should any provision or aspect of this Agreement be found to be unenforceable, that all remaining provisions of this Agreement shall remain in full force and effect.

15. I AM OBLIGATED TO ENSURE THAT MY PARENTS/GUARDIAN READ THIS DOCUMENT

I will share this document with my parents/guardians. Furthermore, I authorize the University to share any other documents and/or information related to my participation in the program with my parents/guardians for the purpose of informing them about the nature of the program, the obligations I have undertaken pursuant to this Agreement, and my experience in the program. I understand that a copy of each record disclosed pursuant to this authorization must, upon request, be provided to me.

I have carefully read, understand and fully agree with this Agreement. This Agreement represents my complete understanding with the University concerning the University's or its agents' responsibility and liability for my participation in the program. This Agreement supersedes any previous or contemporaneous understandings I may have had with the University or its agents, whether oral or written.

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

__________________________
Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read an understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

__________________________
Signature & Date

__________________________
Printed Name
Relationship to Participant (Parent or Guardian)

Program Name: '15 ECUADOR ANT - First Summer 2015

STUDENT CONDUCT CODE FOR PARTICIPANTS

IN FACULTY-LED EDUCATION ABROAD PROGRAMS

To participate in a study abroad program under the auspices of Appalachian State University, you must agree to abide by the following common-sense standards of behavior:

1. Students must recognize their ambassadorial responsibilities as Americans and members of the Appalachian State University community. Appalachian's reputation is at stake. Therefore, any behavior creating a negative impression or that is detrimental to the image of Appalachian must be avoided.

2. The provisions of this Student Conduct Code for Participants in Faculty-Led Education Abroad Programs (FEAP) at Appalachian State University are supplemental to other policies governing conduct of Appalachian State University students, including, but not limited to, the Appalachian State University Code of Student Conduct and Academic Integrity Code.

3. Treat all property, including temporary and long-term lodging facilities and personal property, with care and respect in order to avoid damage or other abuse. Just as a student is responsible for damages to the condition of his or her dormitory room on campus, a student is responsible for damages to facilities abroad.

4. Act with patience, politeness and civility (in accord with local cultural standards) towards all service persons, hosts, and others. Promptly pay charges for food, beverages, etc. Avoid boisterous, loud, and otherwise disruptive behavior in all public places. Observe quiet hours during night when other residents and guests are attempting to sleep where you are lodging.

5. Respect the right to privacy of other program participants. A successful study abroad program is dependent upon considerate and unselfish behavior by all.

6. A student may not use or possess illegal drugs. Should authorities be involved, students will be subject to the laws of the country they are visiting, and will be responsible for retaining and paying for legal representation. A student in possession of illegal drugs will be subject to immediate termination in the program; student will be sent back to the U.S. at his or her own expense.

7. Occasional drinking of alcoholic beverages in moderation is permitted.
provided that students are of legal drinking age in the country in which they are visiting. Excessive drinking is determined by behavior detrimental or incompatible with the interest, harmony and welfare of the University, or program or program participants. Program participants engaging in such behavior accept responsibility and waive their right of process and consent to being sent home at their own expense.

8. Students should recognize that driving or renting a motor vehicle, motor bike, etc. exposes them to higher risk and therefore the University discourages it. However, if a student chooses to do so, then he or she is advised to carry sufficient insurance for adequate coverage in the host country. In addition, students will be responsible for costs of litigation and other expenses that may be incurred as a result of accidents or infractions of local laws.

9. Students are expected to be on time for scheduled program events or activities. If you miss a travel departure time, you will be on your own and it will be at your expense to catch up with the group. The program leader will not stay behind, but will continue on the schedule with the group. Unless otherwise stated, a student’s participation in all scheduled activities in the Appalachian Overseas Education Program is required.

10. Additional responsibilities may be required for participation in some programs.

11. A student must always notify the program leader of his/her whereabouts if he or she deviates from the group activities, even on personal time.

12. Students should always show respect for the program participants and program leader. When necessary, the program leader will determine the appropriate disciplinary action required for violations of this student code of conduct. A program leader’s decision is final.

I have read all 12 points and agree to abide by the policy of the conduct code.

I certify that I am medically and mentally sound, physically fit to participate in the program for which I am applying, and competent to enter into this agreement. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability has been made to me.

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by

both the student above and on behalf of the participant by his or her parent or legal
guardian. I have read an understand this document, I understand and agree that it will
legally bind me and my estate, and I sign it voluntarily.

Signature & Date

Printed Name

Relationship to Participant (Parent or Guardian)

Program Name: '15 ECUADOR ANT - First Summer 2015

CONSENT for RELEASE of PHYSICAL and

MENTAL HEALTH INFORMATION

I give the personnel in the Office of International Education and Development at
Appalachian State University and/or of my host institution permission to consult
staff members of the Student Health Services, Counseling and Psychological
Services, and the Office of Disability Services, the Early Intervention Team, and
the Office of the Dean of Students at Appalachian State regarding any physical
or mental health issue pertinent to my own or others' health and safety. I
further give the Student Health Services, Counseling and Psychological
Services, and Office of Disability Services, the Early Intervention Team, and the
Office of the Dean of Students staff permission to contact and provide
information to any pertinent person as may be deemed necessary to protect my
own or others' health and safety, or to be sure arrangements can be made to
meet my needs. I understand that such communication may occur before,
during, or after the program's official dates.

Do you understand and consent to the above release?

Yes, I understand and consent to the above release.

I have read and understand this document and agree that it will legally bind me and my
estate, and I sign it voluntarily.

Student Signature & Date


7/20/2015
If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read an understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

__________________________
Signature & Date

__________________________
Printed Name

Relationship to Participant (Parent or Guardian)

Program Name: '15 ECUADOR ANT - First Summer 2015

FACULTY-LED EDUCATION ABROAD PROGRAMS

Student Handbook Acknowledgement Form

I have retrieved and read the Faculty-Led Education Abroad Programs Student Handbook posted online at http://international.appstate.edu/studyabroad/apply, and I understand and agree to follow the information it provides to program participants.

I also agree to share this document with my parents/guardians/spouse.

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

__________________________
Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read an understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

__________________________
Signature & Date
Printed Name

Relationship to Participant (Parent or Guardian)

Program Name: '15 ECUADOR ANT - First Summer 2015

RELEASE FOR USE OF PHOTO/VIDEO

I hereby grant to Appalachian State University, its legal representatives and assigns, and those acting with its permission, or its employees, the right and permission to use and/or copyright, reuse and/or publish, display (including in PowerPoint and other presentations), and republish photographic or digital pictures or images or video of me, or in which I may be distorted in character, or form, in conjunction with my own or a fictitious name, on reproductions thereof, in color or black and white, made through any media by Appalachian State University, for display and other purposes, including the use of any printed matter in conjunction therewith.

I hereby waive any right to inspect or approve the finished photograph and/or video or copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless the State of North Carolina, the University of North Carolina, Appalachian State University, its representatives, assigns, employees or any person or persons, corporation or corporations, acting under its permission or authority, or any person, persons, corporation or corporations, for whom it might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication or distribution of the same, even should the same subject me to ridicule, scandal, reproach, scorn or indignity.

I HAVE READ THE FOREGOING RELEASE, AUTHORIZATION AND AGREEMENT, AND WARRANT THAT I FULLY UNDERSTAND THE CONTENTS THEREOF.

Yes, I understand and consent to the above release.

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.


7/20/2015
Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read and understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

Signature & Date

Printed Name

Relationship to Participant (Parent or Guardian)

Program Name: '15 ECUADOR ANT - First Summer 2015

Consent for Release of Student Conduct Information

Your acceptance below provides authorization to the Office of Student Conduct to release your conduct records information to the Office of International Education and Development and to the FEAP program leader(s).

Ongoing Student Conduct Disclosure Obligation

Because of the long lead time sometimes associated with application to education abroad programs, and because of the University's obligations to institutions with whom we partner to offer such programs, students wishing to participate in education abroad programs have an ongoing, continuous obligation to notify the Office of International Education and Development (OIED) of any pending or resolved student conduct or criminal proceedings.

As an Appalachian State University student seeking to utilize the services of the Office of International Education and Development, I hereby acknowledge and agree that I have an ongoing, continuous obligation to disclose to OIED the following:

1. any criminal charge that may be pending or brought against me, regardless of the severity of the charge
2. any resolution of a criminal charge that results in a conviction, acceptance of
responsibility, plea of nolo contendere or mediated agreement
3. any referral to Appalachian's Office of Student Conduct for a violation of
Appalachian's Code of Student Conduct, or any student conduct referral at
another institution, regardless of the severity of the allegation, whether pending
or resolved
4. the outcome of any such student conduct referral

I understand and agree that this ongoing, continuous obligation applies to any
and all matters that may exist at any time, beginning at the time of application
and through and including conclusion of the program.

I have read and understand this document and agree that it will legally bind me and my
estate, and I sign it voluntarily.

________________________
Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by
both the student above and on behalf of the participant by his or her parent or legal
guardian. I have read an understand this document, I understand and agree that it will
legally bind me and my estate, and I sign it voluntarily.

________________________
Signature & Date

________________________
Printed Name

________________________
Relationship to Participant (Parent or Guardian)
Program Name: '15 ECUADOR ANT - First Summer 2015

EMERGENCY CONTACT INFORMATION

FOR PARENT/GUARDIAN/SPouse

I give the personnel in Appalachian State University's Office of International
Education and Development permission to communicate with my
parent/guardian regarding all matters related to my participation in a Faculty-
Led Education Abroad Program in the event of an emergency or when deemed
necessary to protect my own or other's health and safety.


7/20/2015
If your parents do not live together, please provide the contact information for both parents. The parent listed first will be considered the primary contact.

Please provide emergency contact information below:

* = Required Fields

**First Contact**
*Name:
*Address:

*Phone (1st):
Phone (2nd):
Phone (3rd):
*City:
*State:
*Zip
Code:

Email:
Fax:
*Relationship to Participant:

**Second Contact**
Name:
Address:

Phone (1st):
Phone (2nd):
Phone (3rd):
City:
State:
Zip
Code:

Email:
Fax:
Relationship to Participant:

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

__Student Signature & Date__

If the participant is under eighteen (18) years of age, this document must be signed by
both the student above and on behalf of the participant by his or her parent or legal
guardian. I have read an understand this document, I understand and agree that it will
legally bind me and my estate, and I sign it voluntarily.

__________________________  ____________________________
Signature & Date

__________________________  ____________________________
Printed Name

Relationship to Participant (Parent or Guardian)

Application Form

Program: '15
Name: ECUADOR
ANT - First
Summer
2015
Banner ID: 900609371
Name: Tiffany
Tenisia
Rikard

Leader: Timothy Joseph Smith

If the name on your PASSPORT is different than the name
above,
Please enter your name below as it appears/will appear
on PASSPORT.

Passport
Name:

Passport
Number:

Required!!
Current
Phone Nbr:
Date of Birth:
GENDER

Country of
Citizenship:       Major:
Class: Graduate  
Student Type: Continuing  
Level: Graduate

Note: Please note that the Local Address below will be used to mail important information to you, if needed. It is your responsibility to update the address if it is not valid or correct. To update your Local Address, click on the "Personal Information" tab above. Then click on "Update Addresses and Telephone Numbers". Then follow the instructions to update your Local Address. You will then click on the "Student" tab and have to start this process over again.

Local Address:  
Phone:  
E-Mail:  

Permanent Address:  
Phone:  

If any of the above information is incorrect please contact OIED to correct the information.

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

________________________________________
Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read and understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

________________________________________
Signature & Date

________________________________________
Printed Name

________________________________________
Relationship to Participant (Parent or Guardian)

7/20/2015
Program Name: '15 ECUADOR ANT - First Summer 2015

Consent for Release of Physical and Mental Health Information

Traveling and living abroad presents physical and psychological challenges. Even mild problems may be exacerbated by the stress associated with adjusting to a new cultural environment. If you are not in good physical and emotional health, you should consider carefully your plan to go abroad at this time. If you have any questions about your situation, contact OIED at (828) 262-6692 or (828)262-2125, or the faculty member sponsoring or leading your program.

By accepting below, I hereby give my permission for the directors of the Student Health Services, the Counseling and Psychological Services, and the Office of Disability Services at Appalachian State University and my personal physical and mental health care provider(s) to release my health records to the OIED personnel and to my faculty program leader when such information is necessary for my own or other's health and safety. I understand that such communication may occur before, during, or after the program's official dates.

Do you understand and consent to the above release?

Yes, I understand and consent to the above release.

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

______________________________
Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read and understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

______________________________
Signature & Date

______________________________
Printed Name

Relationship to Participant (Parent or Guardian)

Program Name: '15 ECUADOR ANT - First Summer 2015
Consent for Release of FEAP Health Disclosure Form and for Medical Treatment Authorization

Please answer the questions contained in this form as honestly and completely as possible. It is very important that all sections are completed fully and accurately, as this will assist health care providers should you require medical or counseling services during your study abroad program. The information provided will be treated confidentially. However, you agree that this information will be used by OIED personnel and provided to your faculty program leader to make them aware of any special medical needs that you may have or medical issues that may affect your participation in the program. In addition, OIED offers a system-wide HTH Medical Plan that enables you to: (1) check what medical facilities are available on the program's site(s); (2) make medical appointments on-site prior to departure if medical care will be needed during the program; and (3) send medical records to a medical care provider overseas prior to departure.

By accepting below I hereby give my permission for the OIED personnel to release my FEAP health disclosure form to the directors of the Student Health Services and the Counseling Psychological Services at Appalachian State University and to my faculty program leader. I understand that this information will be shared only when necessary for my own or others' health and safety or to be sure arrangements can be made to meet my needs.

In the event of illness, injury, or other medical emergency, I hereby grant Appalachian State University or any of its representatives, full authority to take any action deemed necessary to protect my mental or physical health and safety, at my expense, and to secure necessary treatment, including placing me under the care of a doctor or in a hospital or any place for medical examination or treatment, the administration of an anesthetic and surgery, and the administration of medication as may be prescribed by a doctor or if necessary for my safety or health. I agree that I may be returned to the United States at my expense. I agree that if Appalachian State University makes any payments on my behalf, I will reimburse the University regardless of whether I deem the payments to be medically necessary. I hereby assume all responsibility for all medical expenses that I may incur while abroad including the costs of my evacuation or return for medical or other reasons. I authorize Appalachian State University to contact my parents/guardians/spouse about my physical or mental health while I am abroad if the University deems it advisable to do so.

I understand and agree that Appalachian State University is not obligated to secure or pay for medical treatment on my behalf and cannot guarantee the quality of any such treatment. I hereby release the University or North Carolina, Appalachian State University, and their respective directors, officers, employees and agents from any and all liability, claims and causes of actions that might

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arise as a result of the exercise of their authority under this Agreement.

I certify that all responses made on this FEAP Health Disclosure Form are true and accurate, and that I will notify the University of any relevant changes in my health that occur prior to or during the term of the Program. I understand that this form is for information purposes only and in no way obligates the University or Program leader to take any responsibility for my health.

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read and understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

Signature & Date

Printed Name

Relationship to Participant (Parent or Guardian)

Program Name: '15 ECUADOR ANT - First Summer 2015

FEAP
Health
Disclosure
Form

1. Do you have physical limitations? No
2. Have you ever been treated for an emotional


7/20/2015
disorder?
3. Are you currently being treated for any psychological or emotional condition? No
4. Are you currently taking any prescription medications? No
5. Do you anticipate needing any health care or counseling while abroad? No
6. Are you a diabetic? No
7. Do you have any dietary restrictions? No
8. Do you have epilepsy or other seizure disorders? No
9. Do you have asthma? No
10. Do you have any allergies to foods, medicines, plants or animals? No
11. Do you have any cardiac or circulatory problems? No
12. Do you have any respiratory
13. Do you have No arthritis or any other muscular or skeletal problems?

14. Do you have No any neurological problems or disorders?

15. Do you have No any bleeding disorders?

Allergies:

Medications:

Explanation(s):

If you may require additional accommodations or considerations due to medical conditions/disability, please specify:

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read and understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

Signature & Date
Printed Name

Relationship to Participant (Parent or Guardian)

Course Registration, Payment Terms and Conditions, Financial Aid Process, and Cancellation Policy

<table>
<thead>
<tr>
<th>Course(s)</th>
<th>Course #</th>
<th>Section #</th>
<th>Hours of Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnographic Field School</td>
<td>ANT 3530</td>
<td>145</td>
<td>3 Credit Hours</td>
</tr>
<tr>
<td>Field Methods in Linguistics</td>
<td>ANT 3950</td>
<td>145</td>
<td>3 Credit Hours</td>
</tr>
</tbody>
</table>

Program Name: '15 ECUADOR ANT - First Summer 2015

IMPORTANT INFORMATION PERTAINING TO THE COURSE REGISTRATION PROCESS LINKED TO YOUR PROGRAM PARTICIPATION:

1. If you anticipate that enrollment in the course(s) linked to the program may create an overload, we highly recommend that you obtain an overload permission from your Dean or Director of Academic Advising PRIOR to submitting your FEAP application.

2. If you and the program leader have decided for you to enroll in an independent study in addition to or in lieu of the courses linked to the program as specified above while on the program, you will need to submit a Special Course form. This form is available in each department. Please have the form filled out and signed by the Department Chair, the College Dean (and the Dean of the Graduate School, if applicable) and submit it to OIED the Office of Conferences and Camp Services as soon as possible.

3. If you are a senior graduating in May AND applying for a subsequent summer program, you have the following 2 options to allow for your course registration.

**1st option:** Postpone your graduation date to the 2nd summer session with the Registrar’s office. Please note that this option still allows you to “walk” at the spring commencement ceremony in May.

**2nd option:** Fill out a data sheet to be a “non-degree” student this summer.


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and submit the form to FEAP Coordinator in OIED ASAP. You can retrieve the form at: www.registrar.appstate.edu/eforms/datasheet1.pdf. If you plan to be a Graduate Non-Degree Student enrolled in a graduate course, you will also need to complete a “Special Permission to Enroll in a Graduate Course at Appalachian” form with all required signatures and submit it to the Graduate School. This form is available at: www.graduate.appstate.edu/forms_graduate/enrollment-forms/permission2enroll.pdf

**Payment Schedule:**

<table>
<thead>
<tr>
<th></th>
<th>Amount Due</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposit (submit to Student Accounts - JET Bldg)</td>
<td>$300.00</td>
<td>Submit with Application</td>
</tr>
<tr>
<td>1st Payment</td>
<td>$1,067.00</td>
<td>30-JAN-2015</td>
</tr>
<tr>
<td>2nd Payment</td>
<td>$1,067.00</td>
<td>27-FEB-2015</td>
</tr>
<tr>
<td>Final Payment</td>
<td>$1,066.00</td>
<td>27-MAR-2015</td>
</tr>
<tr>
<td>Summer tuition pre-payment (rates on OIED website)</td>
<td></td>
<td>27-MAR-2015</td>
</tr>
</tbody>
</table>

**Additional Expenses:**

<table>
<thead>
<tr>
<th>Approximately Description</th>
<th>$100.00 To For Food</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Note:** Tuition may be charged to your student account, if applicable, once you are registered for the program course(s).

**Payment Terms and Conditions:**

**If you are applying for a summer term program,** the summer tuition will be charged to your student account separately from the program cost at a later date, after OIED registers you for the cours(es) linked to the program. As the deadline for the final payment installment may precede the posting of the tuition charge on your student account, you may have to “pre-pay” the summer tuition before that charge is posted on your account. To calculate the cost of your summer tuition linked to your program, please consult: http://international.appstate.edu/education/aoep/summer_tuition_studyabroad.

**If you are applying for a fall or spring term program,** AND you are a full-time student during that term, the program course(s) may be considered an
“overload” to be part of your regular tuition for that term, and therefore additional tuition may not apply. If you are a part-time student, additional tuition will apply and will be charged to your student account separately from the program cost at a later date, after OIED registers you for the course(s) linked to the program. As the deadline for the final payment installment may precede the posting of the tuition charge on your student account, you may have to “pre-pay” the tuition linked to your program before that charge is posted on your account.

Students who have not paid in full the program cost, tuition, and any other pending charges on their Appalachian State University student account by the final payment deadline may be withdrawn from the program while (1) still owing the full program cost, (2) not being entitled to any refunds, and (3) losing any applicable financial aid eligibility.

Important note about payment deadlines: As you will not receive any bills from OIED or the Office of Student Accounts to remind you when payments are due, please print/keep this payment schedule for your records.

Cancellation Policy:

If you cancel your participation in the program due to your withdrawal from the University or any other reason(s), you still remain obligated to pay any payment(s) scheduled to be paid prior to and/or on the official date of your official cancellation notice. The initial deposit is non-refundable regardless of the official date of your cancellation. You will not be responsible for scheduled payments that follow the official date of your cancellation.

To officially and effectively cancel your program participation due to your withdrawal from the University or any other reason(s), you must inform the faculty program leader(s) in writing, with copy to the Director and Program Coordinator of Faculty-led Education Abroad. Failure to abide by the schedule of payments (making late payments or no payments) does not constitute an official cancellation on your part, and you will be responsible for making all payments scheduled prior to the date of your written cancellation notice, including payments owed ON the date of your written cancellation. If you withdraw from the program, the cancellation policy above will apply and you will be responsible for the amount owed regardless of your financial aid eligibility. Because a withdrawal for any reason may put you at risk of financial loss, you may wish to consider purchasing trip cancellation insurance. The UNC system-wide insurance provider, HTH, offers trip cancellation insurance (Trip Protector Plan). For more
information about HTH benefits and enrollment conditions, please consult their website: www.hthtravelinsurance.com.

Financial Aid Process:

If you are planning to use any form of financial aid (loans, grants, scholarships) to participate in a program, we strongly recommend that you inquire about your financial aid eligibility and take the following steps BEFORE applying to the program and entering this contractually binding financial agreement:
1. Complete your FAFSA form for the academic year during which you plan to be abroad. Please be mindful of Financial Aid deadlines!
2. Visit the Office of Financial Aid’s website at http://financialaid.appstate.edu/study-abroad. Read all the information carefully and print off the Study Abroad Agreement Form for the appropriate term that you are requesting an increase in financial aid due to studying abroad.
3. Go to the Office of Financial Aid on the second floor of the JET Building to discuss your financial aid eligibility with Kim Overcash or another financial aid counselor.

If you are planning to use financial aid to fund all or part of the program cost and related tuition charge, please keep in mind the following:
- Failure to receive sufficient financial aid (or proof of financial aid approval) to cover the program cost, tuition, and other charges on your student account by the final payment deadline may result in the cancellation of your participation in the program, yet you will still owe the full program cost. The cancellation of your participation in the program will cause you to lose any financial aid eligibility.
- Financial aid awards are typically disbursed about ten (10) days prior to the program’s departure date.

To avoid the cancellation of your participation in the program, you will need to submit to OIED proof of approval of your student loan amount covering the full outstanding balance of your student account by the final payment deadline. If your documented loan approval amount covers only a portion of your outstanding student account balance, you will need to pay off the portion not covered by your financial award by the final payment deadline. To avoid the cancellation of your participation in the program and the resulting financial consequences as described in the cancellation policy below, we suggest that you secure an alternative funding source in case you are not awarded the financial aid amount you were expecting.

Parent Access to Student Information:

Appalachian State University has developed an option to allow authorized access to student information for parents, guardians, or third parties. The Parent Access option is available to the student in AppalNET to grant access to
the following types of information: Academic Records, Student Accounts, Financial Aid, Housing and/or Conduct Records. Instructions to set up this access are available on the Office of the Registrar's website: http://www.registrar.appstate.edu/ferpa.html. In order for OIED to discuss your personal situation regarding your study abroad program, your parent, guardian, or other third-party representative must provide both your Banner ID and the 6-digit Parent PIN information. We will compare it to the information in Banner and once we have confirmed they have permission we can discuss details with them.

**Family Educational Rights and Privacy Act (FERPA):**

Under the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), Appalachian State University is restricted in releasing student information without the consent of the student. It provides the student a right to inspect his/her records and restrict the disclosure of those records. Further information about FERPA is available on the U.S. Department of Education FERPA website.

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

**Student Signature & Date**

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read and understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

**Signature & Date**

**Printed Name**

**Relationship to Participant (Parent or Guardian)**

**ALL FORMS ARE COMPLETED!!**

**CLICK THE "SAVE AND SUBMIT" BUTTON TO SAVE AND SUBMIT YOUR ONLINE APPLICATION.**


7/20/2015
To apply and to be officially enrolled in the program, please do the following:

1. **Complete and submit this online application form.** Submitting this online application will trigger a deposit charge on your student account.

2. **Print the application, sign and date** in all required fields.

3. **Walk to the Cashier’s Window in the Office of Student Accounts,** located on the second floor of the John E. Thomas Hall Building.

4. **Pay the deposit** (by cash, check, credit card or money order). Make sure to specify to the teller the program term and name (Country and Acad. Department). Ask for a receipt as proof of deposit payment.

5. **Walk to the Office of International Education and Development (OIED),** located on the 3rd floor of Plemmons Student Union, Suite 321 to bring:
   - Your signed paper application
   - Your deposit payment receipt

NOTE for non-Appalachian students: Please mail your signed OIED Study Abroad paper application and your non-refundable deposit check to:
Appalachian State University
Office of International Education and Development
Attn: FEAP Coordinator
263 Locust Street, PSU, Suite 321
Boone, NC 28608

Please make the check payable to Appalachian State University and write the program’s country(ies) of destination, the academic department offering the program and your student Banner ID number on the memo line of the check (e.g. Spain CIS 900 XXX XXX).

6. **OIED will then bill the remainder of the program cost to your student account. Please refer to the payment terms and conditions** specified on this application and abide by the remaining payment due dates.

As most programs have limited enrollment numbers and a program may fill up quickly, we encourage you to complete the application process at your earliest convenience. Your program leader will be informed of your enrollment in the program and will contact you in the next few weeks via your Appalachian email account.

**We strongly recommend that you print your FEAP application form for further reference and to share with your loved ones. Please note that**
30 days after the return of your program, you will no longer have access to your saved online FEAP application.

See you soon in OIED!

I have read and understand this document and agree that it will legally bind me and my estate, and I sign it voluntarily.

__________________________
Student Signature & Date

If the participant is under eighteen (18) years of age, this document must be signed by both the student above and on behalf of the participant by his or her parent or legal guardian. I have read and understand this document, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

__________________________
Signature & Date

__________________________
Printed Name

Relationship to Participant (Parent or Guardian)

**Last Form: Thank you and What's Next!**

Thank you for submitting your FEAP online application. Your application will be put on hold and you will not be enrolled in the program until you have submitted the deposit payment to the Office of Student Accounts and the signed paper copy of this online application to OIED.

We strongly encourage you to access, print, and share your FEAP application materials with your parents/guardian/spouse for the purpose of informing them about the nature of the program and the obligations you have undertaken as a result of your application for the program.

If any information you have provided on this application changes after you have submitted your application, it is your responsibility to convey your information update to the OIED staff AND the program leader.

We wish you a successful, enriching, and rewarding experience abroad!


7/20/2015