**

**RIT Croatia Study Abroad Application**

*Please review application instructions and print in capital letters or type all responses.  
Return application and supporting documents to:*

*RIT Croatia*

*International Office* [*iocro@rit.edu*](mailto:iocro@rit.edu)

*Don Frana Bulića 6, 20000 Dubrovnik, Croatia*

### APPLYING FOR CAMPUS ZAGREB OR DUBROVNIK

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

### NAME

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Last/Family First/Given Middle

**APPLYING FOR FALL, SPRING OR FULL YEAR**

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Semester studying abroad or program name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_::::::::::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMANENT ADDRESS**

Address Postal Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: male female

City and Country

### TELEPHONE AND EMAIL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Phone number

### ACADEMIC ADVISOR CONTACT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic advisor name Academic advisor e-mail

Month Day Year

## BIRTHDATE

|  |  |
| --- | --- |
| **Academic Information** | |
| Current University: | Major: |
| Cumulative GPA: | Expected graduation date: |
| Academic Status:  ⁯ ⁯ sophomore ⁯ junior ⁯ senior ⁯ graduate | |

|  |  |
| --- | --- |
| **Citizenship and Passport Information\*** | |
| Country of Citizenship: | Native Language: |
| City and Country of Birth: | Country Issuing Passport: |
| Passport Number: | Passport Expiration Date: |

**\*Please submit a copy of the bio page of your passport containing your photo**

|  |
| --- |
| **Emergency Contact** |
| Name: |
| Relationship To You: |
| Address: |
| Phone Number(s): |

**Additional forms and documents to be submitted with this application:**

* Nomination form from student home institution
* Scanned copy of thebio page of your passport containing your photo (as stated above in the application)
* Official bank account statement to be used as a proof that student has funds to support themselves in Croatia (minimum of 800 USD for one semester)
* Proof of health insurance letter for duration of your stay in Croatia
* Individual study plan obtained from your home campus academic advisor
* Signed Health statement- Appendix 1
* Signed Credit statement- Appendix 2
* Signed Liability waiver- Appendix 3
* Signed FERPA waiver- Appendix 4

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant

My signature above indicates that all information provided in this application is complete, factually correct, and honestly prepared.

**Appendix 1**

Study Abroad & Health and Wellness

Study Abroad, as with any major life change, (regardless of length of time, location, etc.) has the potential to exacerbate pre-existing medical, mental health and wellness concerns or contribute to new ones. Local culture, custom and practices may not have/provide the support systems you might be accustomed to here. Also, the resources you typically rely on in the US may not be available to you while you are abroad. It is your responsibility to conduct research and develop a plan for managing your physical and mental health.

When you are selecting an overseas program or preparing for your departure, here are some things you should consider regarding your health and wellness:

* 1. Medications (Over-the-counter vs. Prescription, Refills, etc.): Are my current medications legal in the countries I’m traveling to? Will I be able to bring enough to cover my full stay or get something similar/equivalent in country?
  2. Allergies (Peanuts, shellfish, bee stings, etc.): Will I be exposed to potential serious allergens? How will I work to reduce my chances of or treat an exposure?
  3. Meal Restrictions (Vegetarian, Vegan, Gluten Free, etc.): Will I be able to identify and obtain alternative meal substitutions? How will I communicate my meal needs in the host culture?
  4. Mental health (ex. Stress, Depression, Anxiety, etc.): How is my mental health condition viewed in the host culture? What kinds of resources and support will I have available to help me manage?
  5. Physical health and mobility (Asthma, Diabetes, Walking aids, etc.): What kind of environment will I be living and studying in and what kind of activities will I be participating in that might be affected by my physical health and mobility? What sort of accommodations or support would I need to participate successfully?
  6. Sexual health (Public Displays of Affection, Sexually Transmitted Diseases, etc.): What are the values and customs regarding romantic relationships in my host culture? What sexual health risks should I be aware of and how do I protect myself?
  7. Drugs/Alcohol: (Tainted drinks, synthetic drugs, drinking age, etc.) What are the values and customs regarding drugs and alcohol in my host culture? What health and legal risks should I be aware of?
  8. Learning disabilities (Dyslexia, ADHD, tutoring, etc.): How are my learning disabilities perceived in the host culture? What sort of accommodations or support would I need to participate successfully?
  9. Environment of Program (Climate, Altitude, etc.): How will the weather and terrain of my host country affect my health and wellness?
  10. Interpersonal relationships (Roommate issues, significant other back home, homesickness, etc.): Will you be studying, living and traveling with the same small group or will you be completely alone on your program? How might you cope with these situations and what communication resources will you need to be successful?

I have read and understand the above statement.

Name:

Date:

**Appendix 2.**

While you are overseas on an RIT study abroad program, you will be enrolled in your program class(es) by the RIT. (You will not be able to enroll yourself in the course.) You will be issued an RIT transcript for the grades you earn. It is your responsibility to work with your home university before, during and after your program to make sure the credits you will be earning will be accepted and count towards your degree program.

I have read and understand the above statement.

Name:

Date:

**Appendix 3.**

Liability Agreement

I understand that Rochester Institute of Technology ("RIT") is offering to me an opportunity to participate in the Program subject to certain conditions that make this opportunity possible. One of those conditions is that I read, understand, and sign this document. I do so voluntarily to further my education at RIT, which I have freely chosen to undertake.

Third Party Providers: I acknowledge that some of what I experience on the Program will be provided to me by independent third parties, such as transportation companies, hotels, restaurants, tour operators, and other providers of goods and services ("Providers"). These Providers are not agents of, or represented by RIT, and RIT is not liable for the negligent or otherwise wrongful acts or omissions of these third party Providers.

Assumption of Risk: I understand that participation in the Program entails significant risks. Travel can result in injury or death. I may become ill while I am in the Program and require medical attention in a country where health care does not meet the same standards as in the United States. My personal effects or other property may become lost, stolen, or damaged by casualty. I may become exposed to unhealthy conditions, standards of sanitation, to unfamiliar laws, to natural disasters, or to negligence or intentionally harmful acts of others. I may be the object of anti-American sentiment or the victim of criminal acts, acts of war, or terrorism. These and other significant risks, including (but not limited to) the risks, if any, specially disclosed to me by RIT’s sponsoring department or by any Provider, are part of what I am willing to assume voluntarily in order to participate in the Program.

Release: In consideration for RIT allowing me this opportunity to participate in the Program, I agree that I will not take legal action against RIT or any of its trustees, officers, employees, agents, contractors or volunteers ("Releasees") for any property loss or damage, personal injury, or bodily injury, including death, that I might sustain as a result of my participation in the Program. I hereby release the Releasees from any and all liabilities, claims, demands, causes of action, costs and expenses of any nature whatsoever arising out of or relating to such participation. I except from the foregoing only those losses, injuries or claims that I can show were the result of the gross negligence or willful misconduct of the Releasees themselves.

Indemnification: If any third party should bring legal action against any of the Releasees as a result of my participation in the Program, I agree to indemnify and defend those Releasees and hold them harmless from any loss, liability, damage and cost (including attorney’s fees), that they may incur. Again, I except only those claims that I can show were the result of the gross negligence or willful misconduct of the Releasees themselves.

Representations: I represent that I am in a physical condition that will allow me to participate in the Program without undue risk to myself or others and that I have medical insurance that will cover me for accidents and illnesses while I am participating in the Program. I am able to and do assume full responsibility for my own health, well-being and payments for medical care, legal services, emergency transportation and other needs that might arise while I am on the Program and am not looking to RIT to assume any such responsibility. I am responsible for learning about any particular biomedical hazards that might be encountered in the country or countries I will visit and for consulting with my own health care providers regarding appropriate means of avoiding or minimizing the risk of resulting illness or injury. I understand that RIT is acting in reliance on these representations and those set forth below regarding the required maintenance of insurance.

Financial: Any payments made to RIT in connection with the Program are for the purpose of maintaining my enrollment as an RIT student and for the opportunity of obtaining academic credit at RIT should I earn it under the Program. RIT is not in any way responsible for the failure of the Sponsor or any Operator or Provider to meet its promises or other obligations to me under the Program. RIT shall have no obligation to refund money to me in the event of such a failure. With respect to any funds that I might pay to RIT for payment over the Sponsor or any Operator or Provider, RIT's obligations to me are fully and forever discharged when RIT pays over the funds.

Emergency Medical Treatment: If I am unable to do so myself, I authorize administrators of the Program to seek and obtain emergency medical treatment on my behalf, and agree that their actions in this regard are subject to the releases and other limitations of liability set forth in this document. The Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical care.

Program Changes / Cancellation: I understand the RIT reserves the right to make cancellations, changes or substitutions in the Program in cases of emergency or changed conditions, or in the best interest of the whole group of participants. Should RIT cancel the Program, full refunds will be made unless the cancellation is due to political conditions, natural disasters or other events substantially beyond the control of RIT, in which case RIT will be able to refund only uncommitted and recoverable funds.

Withdrawal: I understand that if I withdraw from the Program at any point for any reason, RIT’s policy on tuition refunds will apply unless prior to my payment of Program tuition and other expenses an alternate refund schedule is given to me by the RIT sponsoring department.

Insurance: In understand that RIT requires that I maintain medical insurance while I am participating in the Program. RIT also requires that if I plan to operate a motor vehicle that I obtain automobile insurance that will cover me in the applicable foreign country or countries. I acknowledge that RIT recommends that I obtain personal property insurance to cover any losses to my personal property while I am on the Program because RIT is not an insurer against loss, theft or damage to such property.

Conduct: I understand that all RIT students who are studying abroad remain subject to its academic and disciplinary rules and regulations. This includes academic failure or conduct in violation of the standards established for RIT students in its handbook on Student Rights and Responsibilities and elsewhere. I understand that I am subject RIT’s regulations and Program guidelines and the laws of the host country or countries. If I violate any of these, or I sustain academic failure, or I exhibit behavior which is considered by RIT to be detrimental to myself, other students, the Program or RIT, then RIT shall have the right to dismiss me from the Program while retaining my payment of tuition and other fees. I understand that I will be responsible for any extra expense I may incur as a result of this dismissal. I understand further that as a participant in the Program, I will be viewed as an ambassador of RIT and my country, and I pledge to deport myself in a manner that reflects favorably on both.

I expressly intend that this Agreement shall bind the members of my family, my estate, heirs, administrators, assigns and personal representatives. This Agreement will be governed by the laws of New York without regard to choice of law principles. Any legal actions arising from or incident to this Agreement shall be brought and tried in the courts in Monroe County, New York. If any part of this Agreement is held to be unenforceable, the remainder shall not be affected.

I am at least eighteen years of age, have read this document and understand it, and sign it voluntarily, knowing that in doing so I am granting a release of liability and affecting other legal rights I may otherwise have or acquire.

I have read and understand the above statement.

Name:

Date:

**Appendix 4.**

FERPA Agreement

I understand that under the provision of the Family Educational Rights and Privacy Act (FERPA), 20 USC Section 1232g, my records while participating in the study abroad program cannot be released to a third party without my approval. The study abroad office must have a signed consent from me before educational information can be released to a third party. This waiver will be used in conjunction with study abroad programs only.

I hereby grant permission to authorized personnel related to the study abroad program to release my academic and other records described below and/or the information contained therein to my Home institution, parents or legal guardians, and all appropriate U.S. and foreign governmental agencies. The purposes of this release are to keep both the host and my home institution advised of my progress in the study abroad program in which I am participating and to permit my host and home institutions to provide information as requested or required by U.S. and foreign governmental agencies.

The records and information I authorize to be disclosed by either my host or home institutions are:

• Academic transcript or other records relating to my academic performance;

• Records reflecting disciplinary issues, sanctions or proceedings;

• Information regarding health, medical or emergency situations during my study abroad program;

• Records reflecting financial aid and student accounts affecting my status while abroad;

• Other personally identifiable information as deemed necessary by the host institution.

I understand that by signing this release form I am voluntarily waiving certain rights granted to me by FERPA. Furthermore, I understand that I have the right to revoke my consent at any time by notification in writing to RIT.

I authorize the release of my records to the individuals/parties identified above. I acknowledge by my signature that I understand, although I am not required to release my records to these individuals, that I am giving my consent to release the information. I understand that this release remains in effect until I revoke this permission in writing.

I have read and understand the above statement.

Name:

Date: