



ICISP Study Abroad Application

Applicant Name: _____

Home College: _____

ICISP Representative: _____

The following items constitute a complete application:

- Completed application packet including pages 1 – 7 (pages 9 - 12 of the packet are for reference for the student)
 1. Checklist (pages 1 - 2)
 2. Application page including course selections (Passport numbers may be submitted after the student receives his/her passport). (Pages 3 - 5)
 3. Terms of the Program: (pages 6 - 7)
 - Release Agreement
 - Medical Agreement/Permission for Emergency Treatment
 - Participant Information including cancellation and refund policy
 - Student Conduct Agreement including expectations and dismissal policy
 4. Housing form (page 17)
- Two recommendation forms (pages 13, 15). At least one recommendation form needs to be completed by a faculty member. The student may choose another college staff or faculty member as his/her second reference. Recommendations are to be returned to the ICISP representative.
- Canterbury applicants must complete and include the Canterbury Application and Accommodation Forms (page 18).
- Carlow applicants must complete and include the Carlow Student Residence Application Form (pages 19-20)
- An official college transcript to verify the following: 1) minimum GPA of 2.75 on a 4.0 scale; 2) completion of at least 12 hours of college level course work; and 3) completion of one college writing course (commonly known as English Composition I and/or II; IAI C900 and C1901R or C1900R or C1900), or equivalent, with grade of B or higher. Another transcript may be required at the conclusion of the current semester if eligibility requirements for the program are in progress. ICISP representatives are required to review transcripts to verify student eligibility. Do not send transcripts directly to ICISP. If the transcript is not included in the student's application package, the transcript must first be sent to the student's ICISP representative for review and then forwarded to the ICISP office.
- A typed essay explaining the reasons for participating in the study abroad program, including expectations and how the program relates to personal and/or career goals. (1000 word minimum).
- A copy of the student's passport. If the student will apply for a passport upon acceptance, a copy of a government-issued identification (e.g. driver's license, state id) is acceptable.

- A \$500 deposit/application fee paid to the student's home institution must be submitted with the application. The fee will be applied to the program cost after acceptance. Please attach a photocopy of the student's payment to the application.
- Carlow, Seville, and Salzburg applicants must submit a digital photograph to the ICISP Program Assistant, Karen Huber, by email at karen.huber@heartland.edu.
- Optional: Submit ICISP Founders' scholarship application which requires additional photocopy of student's transcripts. (Deadlines: Fall Programs – May 15th, Spring Programs – October 15th, Summer Programs – February 15th)

The completed application packet must be submitted to the home institution's ICISP representative, allowing sufficient time for the representative to forward the packet that must be received in the ICISP office by the application deadline: Fall Programs – May 15th, Spring Programs – October 15th and Summer Programs - February 15th. Applications submitted to the ICISP office using outdated forms will be returned to the student's representative. Late applications will not be considered.

ICISP Representative:

I verify that all items listed above are included in this application. Furthermore, I have reviewed the study abroad application, verified eligibility, and support the student's application to study abroad.

ICISP Representative's Signature

Date

\$ _____ payment received by home institution on _____ (date) Attach photocopy of all payments.

Comments: _____



ICISP Study Abroad Application

I am applying for:

- Study in Canterbury, United Kingdom
- Study in Carlow, Ireland
- Study in Salzburg, Austria
- Study in Seville, Spain

- Fall semester 20____
- Spring semester 20____
- Summer session 20____

STUDENT APPLICANT INFORMATION – PLEASE PRINT

Name _____

Male: Female:

Address _____

Street

City

State

Zip Code

E-mail address _____ Telephone (____) _____

Age _____ Date of Birth ____/____/____ Note: Students must be aged 18 or older by program start date.
(dd/mm/yyyy)

College presently attending _____ Home institution student ID: _____

Major _____ Cumulative GPA _____ (2.75 or higher required)

College writing sequence (IAI C1900 and C1901R or C1900R or C1900) Grade _____ (B or higher required)

Number of credit hours completed _____ Are you applying for Financial Aid? Yes: No:

If applying for financial aid, what type? _____

Passport #: _____ Citizenship: US Other _____ (specify)

(To be filled in before or at orientation) If other, country of residency _____

EMERGENCY CONTACTS

NAME	RELATIONSHIP	TELEPHONE	ADDRESS
1. _____	_____	(____) _____	_____
		(____) _____	_____
2. _____	_____	(____) _____	_____
		(____) _____	_____



ICISP Study Abroad Application

PRELIMINARY COURSE SELECTIONS

Four Classes plus Alternate for Semester Programs; Two Classes for Summer Programs

Please detail your preliminary course selections below. The list of articulated and available classes for each study abroad program can be accessed through your home institution's ICISP representative. Please note that course availability is subject to change without notice and may vary by semester. You may only select courses that have been articulated through ICISP; failure to select courses that have been articulated through ICISP may result in the class not transferring to your home institution.

Prefix & Course Number	Name of ICISP Course	ICISP Course Number	Home College Equivalent
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Alternate course



ICISP Study Abroad Application General Information

Study Abroad Program

Semester/Year

Last Name

First Name

Middle Name

Female

Male

Date of Birth (dd/mm/yyyy)

Place of Birth (City and State)

Passport Number

College presently attending

Degree/Certificate pursuing

Declared or Intended Major

Write brief comments on the topics below:

Career plans:

Work experience:

Travel experience:

Special interests and/or hobbies:

Language(s) studied and/or spoken:

How did you find out about the program?



ICISP Study Abroad Application Terms of the Program (page 1 of 2)

Release Agreement

I, the undersigned, having applied to the ICISP Study Abroad program in _____

for the _____ semester, 20____, do covenant and agree as follows:

I release ICISP and the host institution from any liability or damage or loss of property, injury, illness, or death during the period of the program.

I understand and agree that neither the Illinois Consortium for International Studies and Programs (ICISP), its agents, officers, or employees, nor any educational institution associated in this endeavor shall assume any liability for damages or loss of property or for any financial or other obligations incurred by participants either in the United States or elsewhere.

I further understand and agree that while participating in the Program, I shall be subject to the supervision and authority of ICISP, its agents, officers and employees, including the sole decision-making responsibility with respect to any participants whose conduct or academic standing may warrant expulsion or withdrawal from the Program. I understand that participants are expected to attend classes regularly unless otherwise indicated by illness or unavoidable circumstances and to conduct themselves in a mature and responsible way as representatives of their colleges and their country.

I further understand and agree that when I travel independently from travel arrangements and fieldtrips organized by the host college and/or by ICISP for participants in the Program I do so at my own risk. I assume responsibility for my own health, safety, and responsibility for all of my luggage and valuables as a result of this decision. I hold the host college and ICISP harmless for this decision and was advised as to my personal responsibility for this decision.

I hereby acknowledge and agree that if I should be required to withdraw from the program for failure to maintain appropriate standards of study or behavior, that my rights to a refund of any program fees may be limited and that I would no longer have access to any of the facilities of the Program.

I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the McLean County Illinois Circuit Court and be determined by the laws of the State of Illinois.

I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own. I further 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 any advisers, counselors, or attorneys of my choice.

I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.



ICISP Study Abroad Application Terms of the Program (page 2 of 2)

Medical Agreement and Release/Permission for Emergency Treatment

On rare occasions, an emergency will develop which requires medical care, hospitalization, or surgery for a participant. So that such treatment can be administered without delay, we ask that each applicant sign the following statement authorizing ICISP representatives abroad to secure any necessary treatment.

In the event of injury or illness, I hereby authorize any representative abroad of ICISP to secure any necessary treatment, including the administration of an anesthetic and surgery.

Agreement to terms of ICISP Study Abroad Programs

I acknowledge that I have read and understood:

- The Release Agreement (pg. 6)
- The Medical Agreement and Release/Permission for Emergency Treatment (pg. 7)
- the Participant Information including Cancellation and Refund Policy (pages 9-10)
- the Student Conduct Agreement including expectations and dismissal policy (pages 11-12)

As an applicant to the program, I agree to such terms.

Signature of Student Applicant

Date

Printed Name

Program (Destination)

Semester/year

WITNESS SIGNATURE

Signature of Parent or Legal Guardian
if Participant is under 18 years of age

Date

Printed Name

Pages 9 through 12 are designed to be kept by the student for reference.



ICISP Study Abroad Application Participant Information

Program Price

Your campus ICISP representative has provided you with an itemized list of activities and services covered by the program price. It also stipulates anticipated expenses that are not covered by your program fees. The costs are estimated based on the rates of exchange between U.S. dollars and foreign currencies at the time the price was established. As a result, the **program cost is subject to change**. Every effort is made to establish a realistic price for the program. However, in the unlikely event that it becomes necessary to increase the program cost after it has been advertised, participants may withdraw from the program within seven days of the date of the revised invoice with no penalty whatsoever. Withdrawal for reasons other than price increase falls under the normal cancellation policy described in a separate section.

Use of Photos and Testimonials

Students participating in ICISP study abroad programs permit ICISP to use their names and photographs taken during the education abroad experience and statements made in written program evaluations in study abroad publications, reports, press releases, promotional literature, websites, and posters. ICISP reserves the right to copyright all photos and promotional literature used by the consortium.

Passports

Students who do not have a passport at the time of application are strongly encouraged to apply for a passport immediately. Failure to secure a passport may mean that the student will not be able to participate in the program.

Air Transportation

Participants will make their own flight arrangements to their destination. Each ICISP program will provide information on meeting the group at a pre-arranged time and place (usually an airport or the point of entry for the group). Failure to meet the group on time and any extra costs incurred as a result is solely the responsibility of the participant.

Deposits and Payments

A \$500 deposit is due with the completed application form and subject to the cancellation and refund policy on page 9. Applications received after the final deadline will not be considered. Please submit all payments payable to applicant's home institution to the ICISP representative. Final payments must be made to the home institution prior to the orientation date. Payments must be made on schedule or the student risks being dropped from the program.

Orientation

The student will be informed by the ICISP office of acceptance to the program and the date, time and location for the orientation session. Orientation sessions for Canterbury, Carlow, Salzburg and Seville are generally held from 9:30 a.m. to 1:00 p.m. at Heartland Community College in Normal, Illinois approximately 6-8 weeks prior

to departure. Orientation is mandatory. Final processing, meeting other participants and obtaining detailed program information during orientation will maximize the student's experience.

Financial Aid

Students apply for financial aid on their home campus. Students who will receive financial aid, but not in time to make scheduled payments, must arrange for a short-term loan. Deposits must be made on time to overseas institutions and vendors so the Consortium cannot wait for payments beyond the established deadlines.

Cancellation and Refunds

If, for any reason, the Consortium cancels a scheduled study abroad program prior to departure, ICISP's only liability will be to refund the monies paid into the program by the student.

Please understand that, if you change your plans for any reason, **your right to a refund is limited**. The following cancellation schedule applies to all ICISP consortial programs.

Written Notice received by ICISP Cancellation Penalty

Up until two weeks before orientation	No penalty
From two weeks before orientation until two working days after orientation	A cancellation penalty of the application fee/deposit will be imposed.
Three or more working days after orientation	The cancellation penalty will be determined by ICISP based upon advance deposits and payments made on behalf of the student.
Day of departure or later	NO REFUND

ALL CANCELLATIONS MUST BE MADE IN WRITING AND SENT TO:

Heartland Community College/ICISP
ICISP Program Assistant
1500 West Raab Road
Normal, IL 61761-9446
CAMPUS: 309-268-8664
FAX: 309-268-7986
EMAIL: karen.huber@heartland.edu

No refunds will be made for any services provided in the itinerary that you do not use.

If you have any questions regarding the above information, please contact your ICISP representative or the ICISP Program Assistant at the above address.



ICISP Study Abroad Application Student Code of Conduct and Agreement

Participation in the Illinois Consortium International Studies and Programs (ICISP) study abroad program is conditional upon the understanding and following of specific behaviors, rules of the host country and your home institution, and accountability for one's actions while participating in the program. Therefore, ICISP representatives, as well as those in charge of ICISP programs on site, have full authority to enforce agreed-upon standards. Further, they have full authority to take necessary steps to provide for the safety and full participation of all students, while participating in on-campus activities, off-campus field trips, and other travel as decided upon by the student. This may include, but not be limited to: advising the student's ICISP representative, advising the student's family, giving a warning of possible future dismissal from the program, and finally, sending the student home at the student's expense, with no reimbursement of payments. The student agrees to the following:

PERSONAL CONDUCT

As a guest in another country students are responsible and must conform to all laws of that country and rules, customs, and standards of the host institution. Be aware that you are also under any code of conduct determined by your home institution. Students must conduct themselves in an appropriate manner at all times. Inappropriate behavior is cause for dismissal from the program.

PROGRAM PARTICIPATION and CLASS ATTENDANCE

Students are expected to attend classes, maintain a full time course load as defined by the program, and attend all field trips. Attendance is mandatory unless specific arrangements have been made with the on-site program directors. Unauthorized absences are grounds for disciplinary action and possible dismissal from the program.

INDEPENDENT TRAVEL

While it is assumed that students may wish to participate in additional travel unrelated to the program, students must understand that commitment to their educational program at the overseas institution is primary and takes precedence over all other recreational travel. Students must understand and acknowledge that they accept full responsibility for personal travel. Students must inform their host family, as well as the ICISP or other representatives of the program, of overnight absences, and provide their itinerary so that in case of emergency they may be contacted.

LEGAL PROBLEMS

The student is responsible for all legal problems with any foreign nationals or government jurisdictions of the host country. ICISP cannot be held responsible for the well-being, health or safety of the student when he/she is absent from the program. The student accepts liability and is financially responsible for any damage or injury he/she may cause. The host institution, ICISP, or the student's Host College does not guarantee what, if any, assistance can be provided.

DISMISSAL POLICY

The In-Country Program Directors reserve the right to dismiss any student at any time for any of the following infractions:

- violation of any rules mentioned above,
- disruptive behavior,
- excessive absences from the academic program including field trips,
- use of illegal drugs,
- excessive use of alcohol,
- any conduct that appears in the In-Country Program Director's judgment to be disruptive to the student or incompatible with the interest or welfare of others or the reputation of the program.

Students dismissed from the program will remain responsible for all program costs incurred on their behalf, and will be sent home at their own expense. Full loss of academic credit may also result.

DISMISSAL PROCEDURE

1. The In-Country Program Directors, the host institution, or the host family identifies violation of any program rules.
2. In-Country Program Directors discuss the violation with the student and a course of action is agreed upon and documented. This is faxed to the ICISP Study Abroad Coordinator who will contact the ICISP representative.
3. If remediation does not occur within the agreed-upon time frame, and if the student continues to break the rules of the agreement, he or she will be contacted by the In-Country Program Directors for immediate dismissal.

All students participating in an ICISP program must sign this agreement. Any student who refuses to sign will not be allowed to participate in an ICISP program.



ICISP Study Abroad Application

College Faculty or Staff Recommendation

(Form 1)

_____ has applied for admission to the Study Abroad Program
 in _____ for the _____ semester, 20_____.

Please indicate below your evaluation of this student:

	Excellent	Good	Poor	Unable to Judge
Probable academic success	5	3	1	0
Dependability	5	3	1	0
Maturity	5	3	1	0
Ability to get along with others	5	3	1	0
Adaptability to a new environment	5	3	1	0
Independence	5	3	1	0
Trustworthiness	5	3	1	0
Open-mindedness	5	3	1	0
Social contact	5	3	1	0
Sense of humor	5	3	1	0
Good ambassador from your college/United States	5	3	1	0

Please comment in a separate letter on the student's ability to do academic work abroad and to adjust to living in a foreign environment.

 Printed Name of Reference

 Signature of Reference

 Title - Division/Department

 Date

Please return this form to _____ on or before _____
ICISP Representative (date)

This page is intentionally left blank so recommendation form may be distributed as needed.



ICISP Study Abroad Application

College Faculty or Staff Recommendation

(Form 2)

_____ has applied for admission to the Study Abroad Program
 in _____ for the _____ semester, 20_____.

Please indicate below your evaluation of this student:

	Excellent	Good	Poor	Unable to Judge
Probable academic success	5	3	1	0
Dependability	5	3	1	0
Maturity	5	3	1	0
Ability to get along with others	5	3	1	0
Adaptability to a new environment	5	3	1	0
Independence	5	3	1	0
Trustworthiness	5	3	1	0
Open-mindedness	5	3	1	0
Social contact	5	3	1	0
Sense of humor	5	3	1	0
Good ambassador from your college/United States	5	3	1	0

Please comment in a separate letter on the student's ability to do academic work abroad and to adjust to living in a foreign environment.

 Printed Name of Reference

 Signature of Reference

 Title - Division/Department

 Date

Please return this form to _____ on or before _____
ICISP Representative (date)

This page is intentionally left blank so recommendation form may be distributed as needed.



ICISP Study Abroad Application

Housing Form: Canterbury, Salzburg, Seville

This form is to be completed by applicants to Canterbury, United Kingdom; Salzburg, Austria; and Seville, Spain. One of the most important experiences of the ICISP Programs is the living situation with families. Living with a family gives you greater insight into the society and culture as well as a "home away from home". Although living with a family requires some adjustments, at times even the sacrifice of a small amount of your independence, almost all students in the past have agreed that living with a family is definitely preferable to dormitory living. However, you can be assured that the families perfectly understand that you are adults, who wish to travel on weekends, that there are no curfews, etc. Ultimately, it will depend upon you, whether you wish a very personal close relationship with your family or whether you prefer a more independent situation. Most homestays in Canterbury and Seville are located no further than a 40 minute walk to campus. For homestays in Salzburg, students may need to take a bus to campus.

In order to give the college administration input on the housing arrangements preferred please fill in the information below.

Name: _____

I would prefer a family: with children without children no preference

I would prefer: close contact more independence

If possible, I prefer a single room: yes no

I smoke: yes no

I am a vegetarian: yes no

This is my first time living away from home: yes no

On a scale of 1-9, with 9 very comfortable and 1 not at all comfortable.

How comfortable are you with dogs? _____

How comfortable are you with cats? _____

How comfortable do you feel about living abroad? _____

List any allergies you have: _____

I would like to have _____ as a housemate (please note that this request may not be honored by the host institution).

Other comments:



Additional Application Form for Students Applying to Canterbury, United Kingdom

Status (Please Specify): Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Given Names:	Family Name:
Date Of Birth (dd/mm/yyyy)	Citizenship: U.S. _____ Other: _____ If other, please specify: _____
Country Of Current Residence:	Passport Number:
Telephone Number:	Mobile Number:
Fax Number:	Email Address:

Accommodation Application Information for Canterbury

Special requirements/allergies:
Preferences for accommodation placement:
Other things your home stay family should know about you:
Message for the home stay family:



Application Form for Students Applying to Carlow, Ireland
Carlow College Student Residence Application Form

Last Name: _____

First Name: _____

Nationality: _____

Date of Birth: _____

Gender: Male Female

Address : _____

Telephone Number: _____ Mobile / Cell Number: _____

Email Address: _____

Emergency Contact Name: _____

Telephone Number: _____ Mobile / Cell Number: _____

Date of Arrival: _____

Date of Departure: _____

If there are other details relevant to your application, such as a medical condition or special needs, which you would like us to be aware of, please give details.

I, the above named student, accept terms and conditions of this contract and agree to abide by the rules of Lennon House.

Signed: _____ Date: _____

=====

Office Use Only

Approval of Application Yes No

Room Number: _____

Signed: _____ Date: _____
On behalf of Carlow College Management Board

Signed: _____ Date: _____
On behalf of Lennon House Management