



# Black Hills State University Study Abroad Planning Guide

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First and Last Name

Student ID #

Dear Study Abroad Applicant:

Thank you for choosing to participate in a Black Hills State University study abroad program and completing the initial application! The remaining packet is to help prepare you for a successful program abroad. Please take time to review this packet with intention and focus. The International Relations & Global Engagement Office is responsible for keeping accurate records of all participants traveling abroad on sponsored programs for a variety of reasons, primarily for student safety in case of an emergency, but also to ensure that you are fully approved to study abroad prior to departure. Please complete and/or return ALL items listed below to the Office of International Relations:

- This Completed Packet
- Copy of Passport Information Page
- Copy of Flight Itinerary
- Copy of Letter of Acceptance from Study Abroad Program

**IMPORTANT NOTE:** You are not approved to study abroad and BHSU will not award credit transfer or continued student status until all checklist items are received. If your program is in Summer or Fall, this packet must be handed in by March 15, if your program is in Spring, this packet must be returned by October 15 for approval.

We are so proud of your ambition to undertake an adventure of this magnitude and are here to support you along the way. Please reach out as much as you need during this time - we are here to help you now and through your study abroad journey!

Sincerely,

International Relations & Global Engagement Office Staff

1200 University Street, Unit 9519 | Spearfish, SD 57799-9519

Office: Woodburn 115 | Email: [International@bhsu.edu](mailto:International@bhsu.edu)

Phone: +1-605-642-6942 | Web: [www.BHSU.edu/International](http://www.BHSU.edu/International)



**BLACK HILLS**  
STATE UNIVERSITY

# Student Information

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_
2. Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_
3. Complete and current local address: \_\_\_\_\_  
Permanent Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_
4. Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Issued Date: \_\_\_\_\_ Number of Blank Pages: \_\_\_\_\_ Birth City, State: \_\_\_\_\_
5. University Major: \_\_\_\_\_ Minor: \_\_\_\_\_
6. Total credit hours earned to date: (Include hours you are currently registered) \_\_\_\_\_  
Number of credits earned at another university or college: \_\_\_\_\_
7. Current GPA: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_ Are you qualified to receive financial aid? YES \_\_\_ NO \_\_\_

8. Which program are you applying for:

**BHSU Sponsored Programs:**

- |   |  |
|---|--|
| <input type="checkbox"/> AIFS, American Institute for Foreign Studies | <input type="checkbox"/> Global Gateway for Teachers                   |
| <input type="checkbox"/> ISA, International Studies Abroad            | <input type="checkbox"/> Semester at Sea                               |
| <input type="checkbox"/> Edge Hill University, Ormskirk, England      | <input type="checkbox"/> World Endeavors Internship                    |
| <input type="checkbox"/> LCE University of Seville, Seville, Spain    | <input type="checkbox"/> BHSU Faculty-Led Short-Term Program           |
|   | <input type="checkbox"/> International Service-Learning Program (ISLP) |

**Exchange University:**

- |  |   |
|--|---|
| <input type="checkbox"/> IDRAC Business College, Lyon, France          | <input type="checkbox"/> Daegu University, Daegu, South Korea     |
| <input type="checkbox"/> Bielefeld University, Bielefeld, Germany      | <input type="checkbox"/> Hanyang University, Seoul, South Korea   |
| <input type="checkbox"/> Aalen University, Aalen, Germany              | <input type="checkbox"/> Konkuk University, Seoul, South Korea    |
| <input type="checkbox"/> Baoding University, Baoding, China            | <input type="checkbox"/> Kyung Hee University, Seoul, South Korea |
| <input type="checkbox"/> China Three Gorges University, Yichang, China | <input type="checkbox"/> Soongsil University, Seoul, South Korea  |
| <input type="checkbox"/> Daegu Catholic University, Daegu, South Korea | <input type="checkbox"/> Yeungnam University, Daegu, Korea        |
| <input type="checkbox"/> Vytautas Magnus University, Kaunas, Lithuania | <input type="checkbox"/> Dongguk University, Seoul, South Korea   |
| <input type="checkbox"/> University of Ljubljana, Slovenia             |   |

9. List two professional references (employers, teachers, advisors, mentors, etc):

- |  |  |
|--|--|
| Name: _____                                | Name: _____                                |
| Email: _____                               | Email: _____                               |
| Phone: _____                               | Phone: _____                               |
| Relationship: _____                        | Relationship: _____                        |
| Length of Professional Relationship: _____ | Length of Professional Relationship: _____ |

10. Please attach a statement of purpose that addresses the following concerns:

- ✓ How does this study abroad program address your academic and/or personal goals?
- ✓ Comment briefly on your experience acquiring language skills.
- ✓ Briefly describe any International travel or living experiences you have had.



- ✓ Address your personality attributes that would serve you well in a new and challenging experience.

## Black Hills State University Study Abroad Contract

Study abroad offers students the unique opportunity to earn credits toward a degree while learning about another culture, its history, and its people. **Study abroad is a privilege, not a right**, and as such carries with it a number of responsibilities on the part of the student. A student who participates in a study abroad program will be perceived, by the host culture, not only as an individual, but also as a representative of the university, the state of South Dakota, and the United States. Students become, in essence, ambassadors and should keep that role in mind as they participate in study abroad through BHSU.

Because of the important role you will play as an ambassador, it is necessary that you commit to both the language and the intent of the provisions contained in this study abroad contract. Read each item carefully, initial each statement to indicate that you have read and understand these expectations, and sign at the end of the contract. Failure to agree to the provisions within this contract will result in the termination of your study abroad opportunity.

### Behavior While Abroad

#### Initials **A. Compliance with rules and regulations of the host university**

\_\_\_\_\_ I understand and agree that I am a guest of my host while on my study abroad program and will learn, and abide by, all rules and regulations the host university or program may have in place governing visiting students and the study abroad experience.

\_\_\_\_\_ I understand that the International Office of the host university is the point of contact while I am in residence at the host location.

#### **B. Compliance with BHSU rules and regulations**

\_\_\_\_\_ I understand and agree to follow all the rules, regulations, and policies in place at BHSU that govern the study abroad experience. I agree to supply information to the BHSU Office of International Studies when requested to do so, to comply with all paperwork requirements, and to maintain contact, as needed, with the BHSU Office of International Studies during my study abroad experience. I also understand that I am responsible for the guidelines, expectations and code of conduct as outlined in the [BHSU Student Handbook and Code of Conduct](#) on the BHSU website.

#### **C. Compliance with laws of host country**

\_\_\_\_\_ I understand that I am a guest in the host country during my study abroad experience and that I am subject to the laws of the host country.

\_\_\_\_\_ I understand that the laws in the host country may differ from those, with which I am familiar at home and, moreover, that I agree to acquaint myself with the laws of the host country in order to avoid any legal difficulties while I am abroad.

\_\_\_\_\_ I understand that neither BHSU nor any employee of BHSU will be responsible for me, should I violate any laws in the host country.

\_\_\_\_\_ I understand that should I violate any laws of the host country or engage in any behavior while abroad that involves me in any legal action, that my first point of contact should be the U.S. Consulate General's Office in the host country, my second point of contact will be my own family, and third will be BHSU's public safety on-call number at 605-641-6988 to keep BHSU apprised of my safety and status, however I understand that neither BHSU nor any of its employees will be in a position to assist me with any legal difficulties while I am abroad.



## Academic Responsibilities

Initials **A. Compliance with rules and regulations of the host university**

\_\_\_\_\_ I agree to visit with the staff at the International Office of the host university to become informed about the rules, regulations, and policies regarding academic study at the host university. I also agree to comply with all academic policies at the host institution.

**B. Compliance with BHSU rules and regulations**

\_\_\_\_\_ I understand that I must maintain full-time student status while I am participating in a semester-long study abroad program (full-time status is defined in this regard as a minimum of 12 BHSU semester credit hours).

\_\_\_\_\_ I understand that the number of credits I must take to be considered full-time at the host university may be more than 12 BHSU credits. Failure to maintain full-time status will constitute a breach of this Study Abroad Contract and may jeopardize any financial aid or scholarship monies I may be currently receiving or will receive.

\_\_\_\_\_ I understand that I may take more than 12 semester credit hours, but that the BHSU Office of International Studies does not recommend doing so. I understand that any adverse consequences that may result from my taking more than 12 semester credit hours are entirely my own responsibility.

\_\_\_\_\_ I understand that I must complete all course-related work (examinations, papers, or other such work) in order to receive grades in my courses while abroad. I understand that simple class attendance will not constitute completion of any course.

\_\_\_\_\_ I understand that I must receive an official passing grade (A, B, C, D, or S) in each course or I will receive an "F" for that course. Auditing classes is not permitted in any study abroad program.

**C. Academic Advising**

\_\_\_\_\_ I understand and agree that I will consult with my BHSU academic advisor before, during, and after the study abroad experience, and that I will inform him or her of what courses I will be taking while abroad, and/or if I make any changes to my study abroad plan while at the Host University.

\_\_\_\_\_ I also agree that I will inform the BHSU Office of International Relations of any changes I may make to my schedule of classes while at the Host University.

**D. Class Attendance**

\_\_\_\_\_ I understand that good attendance in my classes while at the Host University is expected and that I will endeavor not to miss class meetings without good reason. I also understand that there are possible grade penalties associated with non-attendance, up to, and including, failure of the courses in question.

**E. Drop Policy**

\_\_\_\_\_ I understand that if I choose to drop some or all of my courses while abroad, that I must comply with the other provisions contained within this study abroad contract, and that I must consult with both the Office of International Relations at the Host University as well as the BHSU Office of International Relations before I initiate any such action. I understand that dropping a course at the Host University, even if my action complies fully with the Host University's policies in this regard, does not constitute dropping the credits at BHSU. I understand and agree that I must also follow BHSU policies with regard to dropping courses.

**F. Early return**

\_\_\_\_\_ I understand that I am obligated to fulfill any contractual agreements during the course of my study abroad and that if I choose to return early for any reason, that the policies of both the Host University and BHSU must be followed.

## Financial Responsibilities

Initials **A. Payment for study abroad experience**

\_\_\_\_\_ I understand and agree that all payments for the study abroad experience are my responsibility and that I will pay all bills in a timely manner.



\_\_\_\_\_ I understand that some programs require tuition payment at BHSU separate from the program fees and I agree to register for such credits as required by the BHSU Office of International Studies.

***B. Compliance with rules and regulations of Host University***

\_\_\_\_\_ I understand and agree that the rules and regulations of the Host University may be different from those of BHSU, but that as a guest student of the Host University, I am bound by the financial rules and regulations of the host university and will comply with them fully.

***C. Compliance with BHSU rules and regulations***

\_\_\_\_\_ I understand and agree that I will comply with all BHSU financial rules and regulations governing study abroad.

***D. Tuition/fees and program costs***

\_\_\_\_\_ I have been told what the approximate costs are associated with this study abroad experience but understand and agree that not all costs can be fully anticipated by the BHSU Office of International Studies, and that some costs may vary from student to student.

***E. Housing (includes on-campus, off-campus, host family)***

\_\_\_\_\_ I understand that housing during the study abroad experience will obligate me financially and I agree that no matter what housing options I choose, I will fulfill my financial obligations.

\_\_\_\_\_ I understand that once I sign a housing contract or agreement with the Host University or other such organization, that I am legally obligating myself and that I will abide by the terms of the contract. I also agree that no one at BHSU will be in a position to assist me, should I be in breach of said contract.

## Safety While Abroad

Initials ***A. Travel Warnings and Alerts***

\_\_\_\_\_ I understand and agree that I have been advised to review U.S. State Department's website for country-specific travel warnings of my study destination. In the event of a Travel Alert of 3 or 4 to my study abroad destination, I will communicate with the Office of International Studies to determine the best course of action for safety and travel on U.S. State Department guidance. I understand that no flight reimbursement is warranted should my program be cancelled due to a Travel Warning issued by the U.S. State Department.

***B. Money, passports, tickets***

\_\_\_\_\_ I understand and agree that I have been advised on the safest ways to secure money, passports and tickets, but that the ultimate safety of these items is solely my responsibility.

***C. Travel***

\_\_\_\_\_ I agree to be circumspect in my travel plans and to exercise all due caution when traveling internationally and during the study abroad experience.

\_\_\_\_\_ I understand that any travel before, during, and/or after the study abroad experience may put me at some personal risk. I accept that risk as my responsibility.

***D. Operation of motor vehicles***

\_\_\_\_\_ I understand that the operation of a motor vehicle of any kind (car, truck, motorcycle, scooter, etc.) while I am abroad is not recommended by the BHSU Office of International Relations, but that if I choose to operate a motor vehicle while abroad, I do so at my own risk.

***E. Sexual behavior, alcohol, drugs, tattoos, body piercing***

\_\_\_\_\_ I understand that HIV and other STDs are a major health concern. I am also aware that condoms or other contraceptives may not be readily available or safe in my host country and may choose to consider traveling with personal products to ensure safety. I understand that engaging in sexual activity while abroad may put me at risk.

\_\_\_\_\_ I understand that the laws surrounding alcohol use in my chosen study abroad country may differ from those of South Dakota. I understand that any alcohol use may put me at risk.



\_\_\_\_\_ I understand that laws and regulations surrounding tattoos and body piercings in my chosen study abroad country may differ from those in South Dakota and the U.S. I understand that obtaining tattoos and/or body piercings while abroad may put me at risk and is not recommended.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**BLACK HILLS STATE UNIVERSITY**  
**ACCEPTANCE, RELEASE AND WAIVER STATEMENT**  
(Read carefully, sign and date last page)

In consideration of (name) \_\_\_\_\_ being permitted to participate in the Study Abroad Program administered or sponsored by BLACK HILLS STATE UNIVERSITY, I **DO HEREBY RELEASE THE STATE OF SOUTH DAKOTA, THE SOUTH DAKOTA BOARD OF REGENTS, BLACK HILLS STATE UNIVERSITY, THEIR OFFICERS, STAFF AND THE PROGRAM DIRECTOR, FROM LIABILITY AND ASSUME THE RISK AS FOLLOWS:**

1. **DEFINITIONS.** As used herein (a) "Participant" means the student or non-student participant and the parent or guardian signing on behalf of the participant (if necessary); (b) "BLACK HILLS STATE UNIVERSITY" means the State of South Dakota, the South Dakota Board of Regents, BLACK HILLS STATE UNIVERSITY; and expressly includes their officers and staff, other representatives, and the Program Director individually and in their representative capacities.
2. **PERSONAL CONDUCT.** BLACK HILLS STATE UNIVERSITY and the Director of the Office of International Studies have the authority and the discretion to establish reasonable rules of conduct for the operation of the program during the entire period of the program, including free time. The use of illegal drugs during the entire period of the program, including free time, is strictly prohibited. The Program Director or other representative of BLACK HILLS STATE UNIVERSITY has the right and authority, but not the obligation, to decide that a participant must be sent home because of violation of stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, and that decision will be final. BEING SENT HOME MAY RESULT IN THE INSTITUTION OF STUDENT DISCIPLINARY PROCEEDINGS IN ACCORDANCE WITH REGENTIAL AND UNIVERSITY POLICIES. PERSONS SENT HOME WILL REMAIN RESPONSIBLE FOR ALL PROGRAM COSTS INCURRED ON THEIR BEHALF INCLUDING ANY ADDITIONAL TRAVEL COSTS OF BEING SENT HOME.
3. **INSURANCE COVERAGE.** The student is obligated to purchase South Dakota Board of Regents Health Insurance which is administered by Cultural Insurance Services International.
4. **MEDICAL TREATMENT.** (a) In the event of any illness or injury to the participant, the participant AUTHORIZES THE PROGRAM DIRECTOR OR ANY REPRESENTATIVE OF BLACK HILLS STATE UNIVERSITY TO SECURE MEDICAL TREATMENT, including surgery and the administration of an anesthetic, and the undersigned accepts all financial responsibility for such treatment; (b) The participant is aware that if hospitalization is necessary for any reason while in a foreign country or in the United States during this program, BLACK HILLS STATE UNIVERSITY CANNOT AND DOES NOT ASSUME ANY LEGAL RESPONSIBILITY FOR PAYMENT OF SUCH COSTS; RATHER, THE PARTICIPANT HEREBY ASSURES BLACK HILLS STATE UNIVERSITY THAT HE/SHE ASSUMES ALL RISK AND RESPONSIBILITY THEREFORE and that the participant has adequate hospitalization insurance to meet any and all needs for payment of hospital costs during this program.
5. **LEGAL PROBLEMS.** The participant acknowledges and understands that should he/she fall into legal problems with any foreign nationals or government jurisdictions of a foreign country that the participant will attend to the matter personally with his/her own personal funds. BLACK HILLS STATE UNIVERSITY DOES NOT GUARANTEE ANY ASSISTANCE UNDER ANY SUCH CIRCUMSTANCES. Moreover, the participant understands that as an American citizen in a foreign country, he/she will be subject to the laws of that foreign country and agrees to conduct himself/herself in a manner that will comply with the regulations of the host university (if any) and of the program as administered by the Program Director or other representatives of BLACK HILLS STATE UNIVERSITY.
6. **TRAVEL PROBLEMS.**  
(a) The participant acknowledges and understands that in the event he/she become detached from the group, fails to meet a departure bus or train, or becomes sick or injured, that the participant will bear all responsibility to seek out, contact, and reach the group at its next available destination. THE PARTICIPANT ALSO UNDERSTANDS THAT HE/SHE SHALL BEAR ALL COSTS



ATTENDANT TO CONTACTING AND REJOINING THE GROUP.

(b) BLACK HILLS STATE UNIVERSITY cannot assure that travel arrangements will be without certain disruption. ACCORDINGLY, THE PARTICIPANT ACKNOWLEDGES AND AGREES TO ACCEPT ALL RESPONSIBILITIES FOR LOSS OR ADDITIONAL EXPENSES DUE TO DELAYS OR OTHER CHANGES in the means of transportation or other services caused by sickness, weather, strikes, or other unanticipated causes.

(c) The participant acknowledges and understands that BLACK HILLS STATE UNIVERSITY assumes no liability whatsoever for any loss, damage, destruction, theft or the like to his/her luggage, personal belongings or self (including death).

(d) THE PARTICIPANT ACKNOWLEDGES THAT HE/SHE HAS RETAINED ADEQUATE INSURANCE OR HAS SUFFICIENT FUNDS TO REPLACE SUCH BELONGING AND/OR COVER SUCH LOSSES AND WILL HOLD BLACK HILLS STATE UNIVERSITY HARMLESS THEREFROM. Private travel insurance may be available from insurance agents and BLACK HILLS STATE UNIVERSITY suggests that the participant consider such insurance.

7. **THEFT, OTHER CRIMES, POLITICAL UNREST AND OTHER MISCELLANEOUS TRAVEL RISKS.** THE PARTICIPANT RELEASES BLACK HILLS STATE UNIVERSITY FROM ANY LIABILITY FOR DAMAGE TO OR LOSS OF PERSONAL POSSESSIONS, INJURY, ILLNESS, OR DEATH ARISING OUT OF CRIMES OR POLITICAL UNREST DURING THE PERIOD OF THE PROGRAM. The participant also understands and accepts the risks associated with sickness and/or death from ingestion of impure or unfamiliar foodstuffs, the misunderstanding of notices and signs concerning public health or safety, unfamiliar customs or traditions and all other risks associated with transportation or travel in unfamiliar settings.
8. **RESPONSIBILITY DURING FREE TIME.** The participant understands that during free time within the period of the program and after the period of the program he/she may elect to travel independently at his/her own expense. THE PARTICIPANT AGREES TO INFORM THE PROGRAM DIRECTOR OF THOSE TRAVEL PLANS AND UNDERSTANDS THAT BLACK HILLS STATE UNIVERSITY IS NOT RESPONSIBLE FOR OCCURRENCES DURING SUCH FREE TIME.
9. **USE OF VEHICLE.** BLACK HILLS STATE UNIVERSITY strongly discourages participants from owning or operating vehicles of any type (including non-motorized vehicles) while participating in study abroad programs. Traffic congestion and different traffic laws and regulations (civil and criminal) can make driving vehicles in foreign countries extremely hazardous. Insurance requirements, or other financial responsibility laws, vary from country to country. If, however, a participant is determined to operate a vehicle while abroad, he/she recognizes that BLACK HILLS STATE UNIVERSITY ASSUMES NO FINANCIAL RESPONSIBILITY FOR LEGAL AID, OR FOR THE CARE OF THE PARTICIPANT SHOULD HE/SHE BE INVOLVED IN AN ACCIDENT WHILE OPERATING A VEHICLE OF ANY TYPE.
10. **CHANGE OR CANCELLATION OF THE PROGRAM.** The participant acknowledges and understands that no refunds for program fees will be made after departure. There is a non-refundable deposit and certain other unrecoverable costs which may also be assessed to the participant if cancellation is necessary before departure. THE PARTICIPANT ACKNOWLEDGES THE RIGHT OF BLACK HILLS STATE UNIVERSITY OR THE PROGRAM DIRECTOR TO WITHDRAW, CHANGE, ALTER, DELETE OR MODIFY THE ITINERARY AND/OR ACADEMIC PROGRAM. Any tuition and fees assessed by the South Dakota Board of Regents are governed by the same University policies applicable to domestic and on-campus programs.
11. **GENERAL RELEASE AND WAIVER.** ON BEHALF OF HIMSELF/HERSELF, HIS/HER HEIRS, ASSIGNS, OR OTHERS HAVING CLAIMS THROUGH OR ON THEIR BEHALF, THE PARTICIPANT **RELEASES AND WAIVES** ANY CLAIMS ARISING AGAINST BLACK HILLS STATE UNIVERSITY (AS DEFINED IN PARAGRAPH 1) FROM ANY AND ALL LIABILITY FOR DAMAGE TO OR LOSS OF PROPERTY, INJURY, ILLNESS, OR DEATH DURING THE PERIOD OF THE PROGRAM, arising in any manner from his or her participation in the program including by way of illustration and not limitation: him/herself, fellow participants, host family members (if any), agencies and educational organizations, persons or groups with which BLACK HILLS STATE UNIVERSITY contracts for the provision of services for the program, or which have been suggested by the Program Director as resources for regional or independent student projects.
12. **CHOICE OF LAW AND RULES OF INTERPRETATION.** (a) The participant agrees that this agreement is GOVERNED BY THE LAW OF THE STATE OF SOUTH DAKOTA. The participant further agrees that the proper place for litigating any claims or controversies hereunder are South Dakota Courts; (b) the invalidity of any part or parts of this Acceptance, Release and Waiver does not affect the validity of the remainder of it. MOREOVER, THE PROVISIONS OF THIS AGREEMENT MAY NOT BE AMENDED OR DELETED ORALLY AND THE PARTICIPANT MAY NOT RELY ON ANY ORAL REPRESENTATIONS CONTRARY, OR IN ADDITION, TO THESE EXPRESS TERMS.

**THE PARTICIPANT HAS READ AND UNDERSTANDS THE ABOVE PROVISIONS CONSISTING OF TWELVE NUMBERED PARTS AND AGREES TO BE BOUND THEREBY.**



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

**Parent/Guardian (if the above person is under 18 years of age)** I certify that I am the parent or legal guardian of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## BLACK HILLS STATE UNIVERSITY EMERGENCY MEDICAL TREATMENT

**In the event of an emergency, please notify:**

**Name(s)** \_\_\_\_\_

**Address (es)** \_\_\_\_\_

**Relationship(s) to student**

**Telephone Number(s)**

**Home** \_\_\_\_\_

**Work** \_\_\_\_\_

**Email Address (es)** \_\_\_\_\_

In the event that (I)/(we) cannot give (my)/(our) consent, (I)/(we) the undersigned participant/parent(s)/guardian(s) \_\_\_\_\_ hereby authorize BLACK HILLS STATE UNIVERSITY's representative to consent for (me)/(us) to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care deemed necessary or advisable by a qualified physician during the period the student is enrolled in a BLACK HILLS STATE UNIVERSITY study abroad program.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of BLACK HILLS STATE UNIVERSITY to give specific consent to the diagnosis, treatment, or hospital care that is in the best judgment of a qualified physician is deemed advisable.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent/Guardian (if the above person is under 18 years of age)**

I certify that I am the parent or legal guardian of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





# BLACK HILLS STATE UNIVERSITY MEDICAL HISTORY – SELF DISCLOSURE

Study abroad programs place students in new situations that can be stressful and where physical and emotional demands are different than on campus. To protect yourself and to assist the program coordinator, we request that you provide the following evaluation about your health. In accordance with the equal rights legislation, this information **will not** be used as part of the selection process. In accordance with your right to privacy, strict confidentiality will be maintained. It is recommended that you consult a physician to determine your fitness for a study abroad program.

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

University Address \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

Email Address \_\_\_\_\_

Age \_\_\_\_\_ Rate your health:  Excellent  Good  Fair  Poor

1. Do you have any dietary restrictions?  Yes  No Please specify \_\_\_\_\_

2. Do you have any known allergies?  Yes  No Please specify \_\_\_\_\_

3. Do you have any other physical or mental conditions that group coordinator should know about?  Yes  No  
IF YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered yes to any of the questions above, please explain. Are you prepared to deal with a physical or mental accident? How do you handle the situation? Write on the back or attach another sheet if necessary.

4. Have you ever had:            A major surgical operation or been advised to have one?  Yes  No  
   Treatment in a hospital or mental institution?  Yes  No  
   A major illness (rheumatic fever, etc.)?  Yes  No

IF YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you currently undergoing medical treatment or taking a prescription medication?  Yes  No  
IF YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please include your immunization history for the following vaccinations: (you may attach)

COVID-19 Vaccination: \_\_\_\_\_  
Diphtheria/Pertussis (Whooping Cough)/Tetanus \_\_\_\_\_  
Most recent Tetanus Booster (needed every 10 years) \_\_\_\_\_  
Measles/Mumps/Rubella (MMR) \_\_\_\_\_ Smallpox \_\_\_\_\_  
Poliomyelitis \_\_\_\_\_ Hepatitis A \_\_\_\_\_  
Hepatitis B \_\_\_\_\_ Meningitis \_\_\_\_\_  
Other: (may be specified for specific programs) \_\_\_\_\_  
Approximate date of last TB test? \_\_\_\_\_

9. Are you aware of CDC (Center for Disease Control) requirements and advice for your host country?  Yes  No

10. Do you agree to comply with CDC requirements and guidelines?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_



# RELEASE AND WAIVER OF LIABILITY and ASSUMPTION OF THE RISK INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, on behalf of myself, my heir, next of kin, successors in interest, assigns, personal representatives, and agents, I do hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents from any liability for injuries to my person or property resulting from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK OF INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name \_\_\_\_\_ I HAVE READ THIS RELEASE  YES  NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian (if the above person is under 18 years of age)** I certify that I am the parent or legal guardian of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## HEALTH, ACCIDENT, EVACUATION AND REPATRIATION INSURANCE

BLACK HILLS STATE UNIVERSITY requires students who study abroad in any university sponsored program to purchase South Dakota Board of Regents Study Abroad and Exchange insurance in preparation of illness or accident that may require a doctor's care, hospitalization, evacuation, or repatriation. The type of medical care and the methods of delivery and payment differ from country to country. Without insurance, it may be difficult to obtain any kind of treatment. Remember, even WITH insurance, travelers are expected to pay for the treatment at the time of delivery and to file for reimbursement later.

I authorize the Office of International Studies at Black Hills State University to purchase the Study Abroad and Exchange Insurance required by the South Dakota Board of Regents. **Furthermore, I acknowledge that the insurance invoice will be billed to my student account.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Guardian (if the above person is under 18 years of age)** I certify that I am the parent or legal guardian of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Host University/Provider Contact Information

Name of Study Abroad Provider or Type of Program \_\_\_\_\_

Name of Host University or Program \_\_\_\_\_

Where you will be located (housing assignment if available or local university address)

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Length of Study Abroad \_\_\_\_\_

Beginning Date \_\_\_\_\_

Return to US Date \_\_\_\_\_

### Air Transportation Information

Carrier \_\_\_\_\_

Flight Number – Outbound \_\_\_\_\_

Date of Departure \_\_\_\_\_

Date of Arrival \_\_\_\_\_

Time of Arrival \_\_\_\_\_

Arrangement of pick up from the airport \_\_\_\_\_

### Visa information

Visa Requirement Yes \_\_\_\_\_ No \_\_\_\_\_

Visa Type \_\_\_\_\_

Visa Number \_\_\_\_\_

If you do not know if you need a visa or not, please check with your program provider immediately.



# Black Hills State University - Learning Agreement Planning Guide

All study abroad programs *must* be taken for credit and count toward a student's academic program. Depending on the type of study abroad, it may either be for BHSU credit, or transfer credit from an approved program. If the student is using Federal Financial Aid, the courses *must* count toward credit required to graduate. Although this form is the student's responsibility to complete, consulting with an academic advisor will be extremely helpful. The advisor and your Dean of your respective college must agree on the proposed course equivalencies on the last page. It is highly recommended that students have at least 3-4 back-up/alternate courses pre-approved in case the desired pre-approved schedule is not available upon scheduled registration time or upon arrival to destination country.

Name of student: _____ ID# _____			
Academic Term Abroad: _____		Field of Study: _____	
Sending Institution: <u>Black Hills State University</u>		Country: <u>U.S.A.</u>	
Receiving Institution: _____		Country: _____	

<u>Host Institution Courses</u>	<u>Credit hours</u>	<u>BHSU Intended Course Title/Prefix</u>	<u>Credit hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____



# Study Abroad Cost Estimate Form

This form is to help you understand/anticipate what expenses you may incur from your Study Abroad program. Please note, BHSU will not be financially responsible for any of your program costs. Please review this page with either the Director or Assistant Director of Financial Aid.

Application Fee	\$ _____
Program Fees	\$ _____
Insurance (billed to your BHSU student bill)	\$ _____
Tuition	\$ _____
Housing	\$ _____
Food	\$ _____
Books	\$ _____
Official Transcript Fee	\$ _____
Miscellaneous Living Expenses (Including Local Transportation)	\$ _____
Transportation to Destination/Host country	\$ _____
Passport	\$ _____
Visa costs	\$ _____
Other Expenses _____	\$ _____
Other Expenses _____	\$ _____
<b>Total Estimated Expenses</b>	<b>\$ _____</b>

\_\_\_\_\_  
Student's Signature                      Date

\_\_\_\_\_  
Student Printed Name                      Student ID#



# Signatures & Comments

## Student Signature:

I recognize how my study abroad/exchange courses **may** be applied to my degree. I am responsible to arrange for an official transcript to be sent from the study abroad/exchange institution to the BHSU Office of International Studies. I understand that financial aid is only available upon the coursework being applicable to my degree and I need to meet with the following offices/individuals to discuss the approval of my study abroad plans. I will seek to obtain approvals/signatures for my study abroad program in the order as follows and I can find the contact details and office locations of the individuals below at: <https://www.bhsu.edu/directory/>.

Signature \_\_\_\_\_ ID# \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## BHSU Approval Signatures:

I have met with this student and have determined that courses listed will be accepted towards fulfillment of their degree at BHSU.

### 1. Academic Advisor (may be professional advisor and or faculty advisors)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Comments \_\_\_\_\_

### 2. Study Abroad Advisor (International Relations Office)

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone Number: \_\_\_\_\_ 605-642-6942

Comments \_\_\_\_\_

### 3. Dean of Appropriate College

(College of Education and Behavioral Sciences, College of Liberal Arts, or College of Business and Natural Sciences)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Comments \_\_\_\_\_

### 4. Registrar

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Initial one:** Exchange 489 (MOU – 12 credits) \_\_\_\_\_ Exchange 487 (Study Abroad – 0 credits) \_\_\_\_\_

Comments \_\_\_\_\_

### 5. Financial Aid Director or Assistant Director

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Comments \_\_\_\_\_

