NICOLET COLLEGE INTERNATIONAL STUDY ABROAD
Registration Packet

Please submit the following items with your registration form:

☐ $300.00 deposit due upon registration. Checks made payable to Nicolet College

☐ Signed Study Abroad Program Participation, Release from Liability, and Hold Harmless Agreement form

☐ Signed Responsibilities of Students and Participants form

☐ Completed participant profile

☐ A copy of your passport. Apply for passport immediately if you do not already have one. Go to: http://travel.state.gov/content/passports/english.html for more information.

☐ Name of two (2) faculty who have agreed to complete a Faculty Recommendation form. Faculty will submit the completed form.

Return all materials to:

Nicolet College
Teresa Rose, RC 300-17
5364 College Drive
Rhineland, WI 54501

715-365-4625
trose@nicoletcollege.edu
International Study Abroad Registration Form

Please print. All requested information is required for enrollment.

First Name ___________________________ MI ___________ Last Name ___________________________

Home Mailing Address ___________________________ City ___________________________

Phone: Home _______ Phone: Cell [ ] Work [ ] County of Residence _____ Municipality of Residence (Township/Village/City) ______

State ___________ Zip ___________

Date of Birth ___/___/____

Name of high school district in which you currently reside: __________________________________________

Gender: Male _____ Female _____ Email Address __________________________________________

The following information is for state reporting purposes. Information provided will not influence course admission.

Ethnicity: Are you Hispanic or Latino (regardless of race)? Yes _____ No _____

Race: (Check all that apply) ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ Native Hawaiian or other Pacific Islander ___ White

Name of Last High School Attended ___________________________ City/State ___________________________

Highest Grade Completed: ___________________________ Year of High School Graduation / GED / HSED: __________________

Highest Credential Earned: ___ No credential ___ GED ___ HSED ___ HS diploma ___ Some college (postsecondary credit) ___ Short-term diploma ___ 1-year diploma ___ 2-year diploma ___ Associate degree ___ Associate degree + additional credential ___ Baccalaureate ___ Higher than baccalaureate

$300 non-refundable deposit required at time of registration (applied to trip fee).

<table>
<thead>
<tr>
<th>Class Title</th>
<th>Class Number</th>
<th>Dates</th>
<th>Tuition*</th>
<th>Trip Fee</th>
<th>Total</th>
</tr>
</thead>
</table>

*Summer 2019 Financial Aid may be used. See your Financial Aid advisor.

Payment Method: ___ Check/Money Order (Payable to Nicolet College) ___ Master Card ___ Visa ___ Discover

Card Account Number: ______ _____ _____ _____ _____ _____ _____ _____ _____

Expiration Date: ___ / ___ / ______

Verification Code: ______ _____ _____ _____ (from signature line on back of credit card)

Amount Charged: ____________

Cardholder Signature: __________________________________________

Return registration and deposit to:
Nicolet College
Attn: Teresa Rose
PO Box 518
Rhinelander, WI 54501

Questions?
715/365-4625 or 800/544-3039, ext 4625
NICOLET COLLEGE INTERNATIONAL STUDY

PARTICIPANT PROFILE

First Name __________________________ Middle Name __________________________ Last Name __________________________

Study Abroad Program Title __________________________

Gender □ Male □ Female Age ________ Nicolet Program __________________________

Spanish Fluency (for Guatemala Study Abroad students only):

Written
□ Superior
□ Advanced
□ Intermediate
□ Novice

Verbal
□ Superior
□ Advanced
□ Intermediate
□ Novice

Comprehension
□ Superior
□ Advanced
□ Intermediate
□ Novice

Other languages spoken __________________________

Accommodation preference: □ Dormitory □ Homestay

Please answer the following questions:

Why do you want to participate in the Study Abroad Program?

What is your previous travel experience?
What are your expectations and goals?

How did you find out about the Study Abroad Program?
NICOLET AREA TECHNICAL COLLEGE STUDY ABROAD PROGRAM
PARTICIPATION, RELEASE FROM LIABILITY, AND HOLD HARMLESS AGREEMENT

This Participation, Release of Liability, and Hold Harmless Agreement is executed by ______________________ (name/please print), and is issued to Nicolet Area Technical College (hereinafter “Nicolet”). I certify that I have read and agree to the below terms, conditions, and costs as follows:

1. **Deposit.** I understand that the $300 deposit required at the time of my enrollment is non-refundable.

2. **Payment Schedule.** I will adhere to the payment schedule arranged at the time of my enrollment. I agree to pay all fees by the agreed upon date. If I fail to make a scheduled payment, or fail to pay all balances by the agreed upon date, I understand that I will be withdrawn from the Study Abroad Program (hereinafter “Program”) and the trip. **I understand I will not receive a refund of the trip fee.**

3. **Alterations or Cancellations of Academic Program.** Nicolet reserves the right to make such alterations, deletions, additions, or modifications in the itinerary and academic program as may be found necessary or desirable by the course instructors. Nicolet reserves the right to withdraw its sponsorship of and offer of academic credit for the tour due to a lack of paying participants (8 for Guatemala or 10 for London) or due to the unavailability of a qualified member of the faculty to act as the course instructor.

4. **Itinerary.** I agree not to deviate from the established itinerary except in case of emergency, and only with the consent of the course instructor. If, for any reason, I should leave the Program before its completion, **I will not be entitled to any refund of payment.**

5. **Orientation.** I understand that attendance and participation in the two orientation sessions is a required component of the course. If I do not attend both orientation sessions (or make other arrangements with the instructor in advance) I will not be permitted to participate in the international study course and my name will be removed from the list of enrolled participants. **I will not be entitled to any refund of payment.**

6. **Risks of Study Abroad.** I understand that participation in the Program is wholly voluntary and involves risks not found in study on the Nicolet campus. These risks include traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public spaces and conveyances; local medical and weather conditions; and other matters described herein. I have made my own investigation and accept these risks.

7. **Academic Code of Conduct.** I agree to adhere to the Nicolet Academic Code of Conduct and Academic Standards of Conduct during all instructional time during the Program. The policies and procedures of NATC, including but not limited to the NATC Student Standard of Conduct, shall govern my participation in the Program. I agree to obey such policies and procedures at all times. Should the Faculty or any other official representative of NATC decide that I must be separated from the Program because of a violation of stated rules, for disruptive behavior, or for any conduct that might bring the Program into disrepute or its participants into legal or physical jeopardy, I recognize that this decision will be final. I accept that separation from the Program will result in the loss of all academic credits. If I am separated from the Program, I remain responsible for all Program costs incurred on my behalf.

I acknowledge that it is NATC’s expectation that my conduct will be appropriate to the culture and country I am visiting. I will strive to understand and respect the cultures that I encounter. I will
observe the laws of the country or countries in which the Program is located and all academic and disciplinary regulations in effect at the host institution.

8. **Independent Activity.** I understand that Nicolet is not responsible for any injury or loss I may suffer during non-instructional times during the Program, including when I am traveling independently or am otherwise separated or absent from any instructional activity. I further understand that I am expected to behave in a responsible, legal manner during the non-instructional times during the Program. I understand that my failure to do so, or behavior that may endanger myself or others, may result in immediate termination of participation and withdrawal from the trip. In the event of my termination, I accept responsibility for making and paying for my prompt transportation home, and understand that I will not receive any refund of fees.

9. **Institutional Arrangements.** I understand that Nicolet does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that Nicolet is not responsible for matters that are beyond its control. I hereby release Nicolet from any injury, loss, damage, accident, delay or expense arising out of any such matters.

10. **Health and Safety.**
    a. I have consulted with a medical doctor with regard to my personal medical needs. Subject to any disclosed medical condition or disability for which Nicolet has granted a reasonable accommodation, I am aware of no health-related reasons or problems which preclude or restrict my participation in this Program or ability to travel internationally.
    b. I am aware of all applicable personal medical needs. I am responsible for the transport, safekeeping, and administration of any prescription medication or other treatment device that I am required to carry as a result of a diagnosed medical condition. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that Nicolet is not obligated to attend to any of my medical or medication needs, and I assume all responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States, during the Program, Nicolet shall bear no responsibility for medical expenses resulting from illness, injury, or accident which occurs during the study tour.
    c. Nicolet may, but is not obligated to, take any actions it considers to be warranted under the circumstances to safeguard and preserve my health and safety during the Program, including authorizing medical treatment on my behalf. I agree to pay all expenses relating thereto and hereby release Nicolet, its employees, agents, and representatives from any liability for any actions.

11. **Transportation and Travel Liability.** Nicolet and the course instructor give notice that all arrangements are made by them as agents upon the express condition that they shall not be responsible for any injury, damage, loss, accident, delay or irregularity which may be occasioned either by reason of any defect in any vehicle, or through the acts or default of any company or person engaged in conveying the passenger, or in carrying out the arrangements of the study tour, or otherwise in connection therewith, nor do they accept responsibility for losses or additional expenses due to delays or other changes in means of transportation, or other services.
12. **Release from Liability.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I, individually, and on behalf of my heirs, successors, assigns and personal representative(s), do hereby release, acquit and forever discharge Nicolet, the Nicolet District Board, and their respective trustees, officers, employees, agents, and representatives, in their official and individual capacities, from any and all liability whatsoever, and for any and all damages, losses, or injuries (including death) I sustain to my person or property, or both, including, but not limited to, any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program and/or any travel incidental thereto, and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of Nicolet and Nicolet District Board while acting within the scope of their employment or agency.

13. **Hold Harmless.** I, individually, and on behalf of my heirs, successors, assigns and personal representatives, do hereby agree to indemnify, defend and hold harmless Nicolet, the Nicolet District Board, and their respective employees, agents, officers, trustees and representatives, in their official and individual capacities, from any and all liability, losses, damages, judgments or expenses, including attorneys' fees, that they or any one of them incur or sustain as a result of any claims, demands, actions or causes of action that arise out of, occur during, or are in any way connected with my participation in the Program and/or any travel incidental thereto.

14. **Acknowledgment.** I have carefully read this Agreement and Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application to participate in the Study Abroad Program by Nicolet at its offices in Wisconsin and shall be governed by the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Agreement or to the Program. I understand that if any portion of this Agreement is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

In signing this document, I hereby acknowledge that I have read the entire document; understand its terms; and that I will abide by each of the terms and conditions. Further, I understand that by signing this document, I am giving up substantial legal rights that I otherwise might have, and that I have signed the document knowingly and voluntarily.

__________________________________________
Name/Printed

__________________________________________
Signature of Applicant

__________________________________________
Date
Responsibilities of Students and Participants

1. Read and carefully consider all materials issued by the College or education abroad leader that relate to safety, health, legal, environmental, political, cultural, and religious conditions in host countries.

2. Consider personal health or other circumstances when applying for a place in a study abroad program. Students with pre-existing medical conditions may or may not qualify or consider themselves as having a disability. However, some education abroad programs may entail conditions (high altitudes, for example) or physical stamina (extensive fast-paced walking) that may not be appropriate for all individuals. Participants should carefully consider their own physical health and the demands of a given program.

3. Make available to the College accurate and complete physical and mental health information and any other personal data that is necessary in planning for a safe and healthy study abroad experience.

4. Assume responsibility for all the elements necessary for the personal preparation for the program and participate fully in required orientations and pre-departure learning activities.

5. Inform parents/guardians/spouses/partners and any others who may need to know, about participation in the study abroad program, provide them with emergency contact information and keep them informed on an ongoing basis.

6. Understand and comply with the terms of participation, codes of conduct, drug and alcohol use policy, and emergency procedures of the program.

7. Obey host-country laws.

8. Be aware of local conditions and customs that may present health or safety risks when making daily choices and decisions.

9. Promptly express any health or safety concerns to the program staff or appropriate individuals.

10. Behave in a manner that is respectful of the rights and well-being of others and encourage others to behave in a similar manner.

11. Accept responsibility for personal decisions and actions.

12. Become familiar with the procedures for obtaining emergency health and law enforcement services in the host country.

13. Follow the program policies for keeping the program staff informed of whereabouts and well-being.

In signing this document, I hereby acknowledge that I have read the entire document, understand its terms, and that I will abide by each of the terms and conditions.

______________________________    ________________________
Signature of Participant                Date
NICOLET COLLEGE INTERNATIONAL STUDY

FACULTY RECOMMENDATION FOR A STUDENT

(Student Name) is applying for a Study Abroad course in (Circle One) London / Guatemala.

Please indicate below your evaluation of this student:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Poor</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Competence in program and/or classes</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B. Academic interest and motivation</td>
<td>5</td>
<td>3</td>
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<td>3</td>
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<tr>
<td>G. Level of maturity</td>
<td>5</td>
<td>3</td>
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<td>3</td>
<td>1</td>
<td>0</td>
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<tr>
<td>K. Good ambassador from Nicolet College/U.S.</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>0</td>
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Please add any comments you feel would aid in understanding the student’s ability to participate in a study abroad course:

________________________________________  ________________
Signature of Faculty Member                                      Date

Please return this form as soon as possible to:
Teresa Rose, RC 300-17
715-365-4625
trose@nicoletcollege.edu
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Date

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