



DONALD G.  
**SODERQUIST**  
COLLEGE OF BUSINESS

**2017 Graduate Business South Africa International Practicum Application**

**Personal Information:**

ID#: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (middle)

Copy of your valid passport must be submitted with application.

Passport Country of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Authorization for Administrative Fee:**

Upon return of this application and acceptance to the team, I acknowledge my student account will be charged a **\$130 non-refundable administrative fee**.

**Due Dates for Cost of Practicum:**

**MAY: 50% (of Total Trip Cost)**

**AUGUST: remaining 50%**

Payable by:

- Check: by mail, in person, or by phone
- Credit card: in person (a processing fee of 2.75% is incurred with all credit card transactions)

**Note:** Billed charges will not reflect on the student account until Registration has been processed. Plan to pay on your account as prepaid tuition.

I will pay in full with Financial Aid in the Summer Semester: Yes \_\_\_\_\_ No \_\_\_\_\_

All fees must be **paid before departure** for the studies program.

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



## South Africa Practicum: Graduate Application

### Allocation of Funds and Travel Policy:

I acknowledge that funds I pay for the International Studies Program will be applied toward team fees and expenses. I agree to release any claim to such funds needed and paid as non-refundable deposits for travel and lodging should I withdraw from the International Studies Program or should the trip be canceled due to either a State Department warning or a situation which the university deems to be a safety risk. Any funds recovered by John Brown University and not applied to incurred expenses will be returned to me.

**I understand that travel arrangements for the team, as a whole, will be made by the team director. All students must depart for international travel together and return together. I agree to follow the group travel itinerary and will not make separate or divergent arrangements.**

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

### Waiver and Release of Liability:

**DISCLAIMER:** JOHN BROWN UNIVERSITY IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PARTICIPATING IN THE JOHN BROWN UNIVERSITY INTERNATIONAL PROGRAM, OR IN ANY OTHER WAY INVOLVED WITH THE INTERNATIONAL PROGRAM FOR ANY REASON WHATSOEVER. THIS RELEASE INCLUDES ANY ORDINARY NEGLIGENCE ON THE PART OF JOHN BROWN UNIVERSITY, ITS AGENTS, OR ITS EMPLOYEES.

In consideration of my participation, **I hereby release and covenant not to sue** John Brown University, its Board of Trustees, employees, instructors, officers, or agents, from any and all present and future claims resulting from ordinary negligence on the part of John Brown University or others listed for property damage, personal injury, or wrongful death, arising as a result of my participating in International Program activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that international travel involves certain risks, including, but not limited to, death, personal injury, and property damage resulting from travel accidents, sickness, the uncontrollable nature of the encounters with other persons that may occur, and situations in the country(s) being visited, such as civil unrest, epidemics, and unstable governments. In addition, I understand that participation in international travel may involve sites that may be remote from available medical assistance. I agree that the program sponsors cannot guarantee my total safety since some risks are beyond their control. I agree to follow all instructions and guidelines given by them, and to act in a safe and responsible manner toward all participants and the others with whom I come in contact. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless John Brown University and others listed for any and all claims arising as a result of my participation in International Program activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Arkansas and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the state of Arkansas. I affirm that I am of legal age and am freely signing this agreement. **I have read this form and fully understand that by signing this form, I am giving up legal rights** and/or remedies which may be available to me for the ordinary negligence of John Brown University or any of the parties listed above.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)



## **International Business: Graduate Application Waiver and Release Agreement**

*In consideration of John Brown University (JBU) allowing me to participate, I hereby agree and represent that:*

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. I am or will become familiar with my insurer's conditions and procedures for making a claim. By my signature below I certify that my health care coverage will adequately cover me while outside of the United States, or if the program is in the United States, will adequately cover me in that location. I hereby release JBU and its employees and agents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death).
2. I understand that although JBU will attempt to maintain the Program as described in its publications and brochures, it reserves the right, for programmatic, political, or other reasons, to change the Program, including itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice.
3. I understand that this is a supervised program and I agree to uphold individual and group standards set out by JBU. I understand that JBU has the right to dismiss me from the Program at any time should my actions, overt or covert, in the sole discretion of JBU, be determined to impede or obstruct the progress of the Program, or violate the individual and group standards set forth by JBU. The costs associated with my dismissal will be my responsibility.
4. I understand that although JBU will make reasonable efforts to assure my safety while participating in the Program, there are unavoidable risks in travel abroad or in other parts of the United States. I, on behalf of myself and my estate, hereby release and promise not to sue JBU or its employees and agents, for any damage or injury (including death) caused by, derived from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of JBU. I further agree that in the event anyone else files a claim against JBU, its employees or agents arising from damages or injuries (including death) to me, I and/or my estate agree to indemnify and hold harmless JBU, its employees and/or agents.
5. I agree that, should any provision or aspect of this agreement be found to unenforceable, all remaining provisions of the agreement will remain in full force and effect.
6. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement I have the right to consult with an advisor, counselor, or attorney of my choice.
7. 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 courts of, and be determined by the laws of, the State of Arkansas. Any such claims will be filed in the Benton County Circuit Court. Students who make claims against the university in a court of law will have to indemnify JBU for costs to JBU arising out of such claim.
9. This agreement represents my complete understanding with JBU concerning JBU's responsibility and liability for my participation in the Program. It supersedes any previous or contemporaneous understandings I may have had with JBU on this subject, whether written or oral, and cannot be changed or amended in any way without written concurrence by me and by an authorized agent of JBU.
10. I represent that I am at least eighteen years of age. (If not, see the International Programs Office.)

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(Signature of Participant)

(Date)



**International Graduate Application: Application Health and Personal Authorization:**

*For use by the International Office as deemed applicable for your safety and well-being. The contents are confidential.*

**Name:** \_\_\_\_\_ **International Team:** \_\_\_\_\_

**Medical History:** Have you ever had any of the following? (Please circle any which apply)

- |                         |                      |                 |                   |
|-------------------------|----------------------|-----------------|-------------------|
| Anemia                  | Convulsions/Seizures | Heart Condition | Malaria           |
| Alcohol/Substance Abuse | Depression/Anxiety   | Hepatitis       | Rheumatic Fever   |
| Anorexia/Bulimia        | Diabetes             | HIV Positive    | Suicidal Ideation |
| Asthma                  | Epilepsy             | Hypoglycemia    | Thyroid Disease   |
| Bleeding Disorder       | Headaches/Migraines  | Kidney Stones   | Tuberculosis      |

If you circled anything above, please comment: \_\_\_\_\_

Do you have a medical disability? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Are you currently under a physician's care? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you been under medical, psychiatric, or a counselor's care in the past year? If yes, please explain \_\_\_\_\_

May we contact the person(s) who provided you care? If yes, please list their contact information:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Have you ever had major surgery? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Please list any allergies to medication, food, plants, insect bites, or other items \_\_\_\_\_

Please list any prescription medications that you take on a frequent or regular basis: \_\_\_\_\_

Do you use syringes for self-medication or blood glucose testing? \_\_\_\_\_

Do you have any currently existing health conditions that might need medical attention or monitoring such as special diets, medication levels, etc.? \_\_\_\_\_

**Authorization and Permission for Treatment:**

Consent is hereby given for treatment by licensed medical personnel, including necessary emergency procedures such as non-elective surgery and hospitalization. If I am incapacitated or otherwise unable to give release for medical treatment, consent is hereby given to a university representative to authorize needed care on my behalf. No guarantee has been made to me as to the results to be obtained by treatment given. It is understood that the university representative will contact the designated, authorized person(s) in the case of an emergency or serious illness. I understand that I am responsible for charges incurred due to illness, injury, or accident (whether authorized by me or by the university's representative on my behalf).

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

**Mandatory Health Insurance Information:** *Applicants are strongly advised to review their personal insurance coverage for any exclusions related to international travel.*

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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

**Emergency Contacts:**

1. Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Evening Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Evening Phone \_\_\_\_\_

Team Name: \_\_\_\_\_



## International Programs ISIC Application

### What is the International Student Identity Card (ISIC)?

ISIC is the only internationally accepted student ID card and proof of current student status in existence. This card provides a world of benefits and services to the nearly 5 million people worldwide every year. More than an ID card, they also offer:

- Discounts to more than 33,000 locations in 103 countries
- Mobile phone and a calling card communications package
- Insurance plan
- Emergency help line.

The International Programs Office will use your JBU face book photo unless one is attached. Payment for the ISIC is covered by the JBU administrative fee.

### Personal Information

\_\_\_\_\_  
Name (first, last)

\_\_\_\_\_  
Institution/School Name

\_\_\_\_\_  
Expected Grad. Date (MM/YY)

\_\_\_\_\_  
Date of Birth (i.e. **09/Jun/82**)

\_\_\_\_\_  
School ID

### Permanent Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### Terms & Conditions

I hereby certify that this information is true and understand that any false statement on my part may result in forfeiture of all card benefits.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### John Brown University International Programs ISIC Application:

Please complete these areas only: Signature, Personal Information, and Permanent Address (non JBU address). We will use your JBU face book photo unless one is attached. Payment for the ISIC is covered by the JBU administrative fee.



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By signing this form you are granting JBU permission to take your picture and use it for any communication, marketing or public relations purpose. (For example: the JBU web site, social media, photos that accompany press releases about events, and other such materials.) Below is the legal description of the consent, release and waiver to use images. Please read it carefully before signing.

*If you have any questions, please contact the University Communications Office at 524-7269.*

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***Consent, Release to Use Images and Recordings  
For University Purposes, and Waiver***

By signature below, I grant to John Brown University (the "University"), its successors and assigns, the right to use my image for marketing, program and other educational and commercial purposes.

I waive any right that I may have to inspect or to approve the final image that the University may choose to use for any project or in connection with other materials related to the University, its business, its educational programs, or its products.

I understand and agree to the terms above. I understand that I am giving up rights by signing this Consent, Release, and Waiver. I am signing it voluntarily.

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Printed Name

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Signature

---

Date

I, \_\_\_\_\_ acknowledge that my FERPA status is secure, but give John Brown University permission to capture my image for the \_\_\_\_\_ project.

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Signature

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Date



# International Business: Graduate Application

## REFERENCE FORM: Professional Reference

Please send for a professional reference. By signing below, you, the applicant waive your right to review this reference form.

Student Name (printed): \_\_\_\_\_ International Team: \_\_\_\_\_

Signature: \_\_\_\_\_

**Referral Instructions:** The above student has applied to participate in a JBU International Program. Your name has been submitted as a reference. Your comments will be considered and appreciated during the selection process. If you feel you are not qualified to answer any particular question, please leave it blank. Please feel free to include additional comments or information on an attached sheet.

- How long and in what capacity have you known the applicant?
- Please rate this person in each of these areas by circling one number on a scale of one to five, five indicating the highest level of trait exhibition.

	Low			High	
Discipline/ Reliability	1	2	3	4	5
Self -motivation	1	2	3	4	5
Sense of responsibility	1	2	3	4	5
Interpersonal relationships	1	2	3	4	5
Personal Integrity	1	2	3	4	5

- Please indicate any other factors that should be taken account of in considering this student's application (spiritual, social, emotional, physical). Please include any suggestions that would be helpful in working with this student.

- How do you recommend the applicant for an international trip?

Strongly Recommend    Recommend    Recommend with reservations    Do Not Recommend

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

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

Please return to: **Wendy Bailey**  
**Graduate Business Programs**  
**2000 W. University**  
**Siloam Springs, AR 72761**  
**Phone: 479.524.7370; Fax: 479.238.8790**  
[wbailey@jbu.edu](mailto:wbailey@jbu.edu)



# JOHN BROWN UNIVERSITY

## International Business: Graduate Application

### REFERENCE FORM: Faculty Member or Advisor

Please send to a faculty member or advisor. By signing below, you, the applicant waive your right to review this reference form.

Student Name (printed): \_\_\_\_\_ International Team: \_\_\_\_\_

Signature: \_\_\_\_\_

**Referral Instructions:** The above student has applied to participate in a JBU International Program. Your name has been submitted as a reference. Your comments will be considered and appreciated during the selection process. If you feel you are not qualified to answer any particular question, please leave it blank. Please feel free to include additional comments or information on an attached sheet.

- How long and in what capacity have you known the applicant?
- Please rate this person in each of these areas by circling one number on a scale of one to five, five indicating the highest level of trait exhibition.

	Low		High		
Intellectual Curiosity	1	2	3	4	5
Academic motivation	1	2	3	4	5
Responsibility for learning	1	2	3	4	5
Interpersonal relationships	1	2	3	4	5

- Please indicate any other factors that should be taken account of in considering this student's application (spiritual, social, emotional, physical). Please include any suggestions that would be helpful in working with this student.

- How do you recommend the applicant for an international trip?

Strongly Recommend    Recommend    Recommend with reservations    Do Not Recommend

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

Printed Name: \_\_\_\_\_ Department: \_\_\_\_\_

Please return to: **Wendy Bailey**  
Graduate Business Programs  
2000 W. University  
Siloam Springs, AR 72761  
Phone: 479.524.7370; Fax: 479.238.8790  
[wbailey@jbu.edu](mailto:wbailey@jbu.edu)