

Study Abroad Admission
For non-Washburn University student participants

International Programs
Washburn University

Summer Law Program in Barbados



Office of International Programs
Washburn University
1700 SW College Avenue
Topeka, Kansas 66621, USA

Tel. 785-670-1051

Fax 785-670-1067

<http://www.washburn.edu/iip>
E-mail: studyabroad@washburn.edu

Study Abroad Application Instructions

Washburn University • Office of International Programs

1700 SW College Ave. • Topeka, KS 66621

Phone (785) 670-1051 • Fax (785) 670-1067

studyabroad@washburn.edu

www.washburn.edu/iip

Priority Dates: Summer = March 1

A COMPLETE Application Consists Of:

- 1. **Completed Study Abroad/Applicant Profile**
- 2. **Completed Insurance Registration/Payment Form (attached)**
 - Enrollment in the Washburn University Study Abroad Insurance Plan is a requirement to participate in the Barbados program.
- 3. **Two Letters of Academic Reference from University Faculty (attached)**
 - Reference forms are attached. Collect the finished references in sealed envelopes.
- 4. **Signed Information Consent and Release Form (attached)**
- 5. **Copy of Passport**
 - If you do not have a passport, you can obtain an application form online. Apply **now** (current processing time is 4-6 weeks): <http://travel.state.gov/passport/index.html/>
 - Once you receive your passport, sign it and make a copy of it to turn in to the Office of International Programs. If you already have a passport, please turn in a copy with your application. Passports should be valid for at least 6 months after your anticipated return date.
- 6. **Medical Statement** from your University Student Health Services or a letter from your personal physician, stating you are physically fit for foreign travel.
- 7. **\$50 Application Fee (non-refundable) and \$13 for additional Emergency Evacuation & Repatriation coverage**
 - The \$50 application fee includes application and processing fees and covers up to 30 days of WU Study Abroad Insurance including Emergency Medical Evacuation & Repatriation. The additional \$13 represents a \$1.00 a day for the 13 days of the program beyond 30 days. Once an applicant has provided a Student Information Form to the School of Law (see below), a “WIN” account will be established in the student’s name. The fees described here will be posted to the student’s “WIN” account for on-line payment.

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR ACCEPTANCE.

PLEASE SUBMIT ALL APPLICATION MATERIALS IN A MANILA ENVELOPE OR FOLDER TO THE OFFICE OF INTERNATIONAL PROGRAMS, INTERNATIONAL HOUSE, WASHBURN UNIVERSITY, 1700 SW COLLEGE, TOPEKA, KS, 66621

Additional requirements for the School of Law: (Please mail the documents described below to: Washburn University School of Law, Att’n Barbados Program, 1700 SW College Avenue, Topeka, KS, 66621)

- A Completed Barbados Registration Form, with \$200 non-refundable registration fee**
 - Registration forms are available at <http://washburnlaw.edu/studyabroad/barbados/registration/2011regform.pdf>
A check or money order should be made payable to Washburn University. Write “Summer Law Program in Barbados” and your name on the check or money order memo line.
- Letter of Good Standing to Washburn University School of Law**
 - You must submit a letter from your law school dean or registrar indicating that you are in academic good standing to Washburn University School of Law.

Additional Information and Requirements:

Minimum Requirements

Student must have completed their first year of law school and be in academic good standing on May 20, 2011. Students may not travel to a country with a US State Department Warning.

Travelers Insurance

To cover trip cancellation, lost luggage, etc. This insurance is optional but strongly recommended. Contact the OIP or your travel agent if you are interested in adding this additional protection.

Update Contact Information

The WU Office of International Programs uses **E-MAIL, PHONE AND CURRENT ADDRESS** to deliver critical information and materials to applicants and participants. Applicants who do not keep OIP updated are in jeopardy of missing critical information, which may mean losing a place in the program. It is your responsibility to submit changes in your (or your emergency contact's) e-mail, postal address or phone number to the OIP in the International House **IN WRITING**.

Withdrawal

Students who want to withdraw their application for any reason or want to withdraw from a program while abroad must do so **IN WRITING**.

Study Abroad Applicant Profile

Washburn University • Office of International Programs
1700 SW College Ave. • Topeka, KS 66621
Phone (785) 670-1051 • Fax (785) 670-1067
studyabroad@washburn.edu
www.washburn.edu/iip

For Office Use only
Date Received: _____
IPDB <input type="checkbox"/>

Priority Dates: Summer = March 1

Program to which you are applying:

Name of program/university: **Law Program in Barbados**

City and Country of program: **St. Michael Parish, Barbados**

Summer

Departure Date: _____ Return Date: _____
(mo/day/year) (mo/day/year)

Term/Year

Summer _____

Personal Data:

Last name First name Middle name

Citizenship: US Citizen Other _____

If you are not a US citizen what is your residency status, or visa type? _____

Current address:

Valid until ___/___/___

(____) _____
Telephone

(____) _____
Cell phone

Street

City, State, zip code

Email where you can be reached

Permanent address:

Where mail will always reach you

(____) _____
Telephone

Street

City, State, Zip code

Emergency Contact(s)

Person who will always be available

Name(s)

Relationship to you

(____) _____
Telephone

Street

Email

Academic Data:

Institution where you are currently enrolled

Status in Fall 2011: 1L 2L 3L

Have you studied abroad previously? Yes No

If yes, please explain

Languages studied and number of years of training?

Agreement:

I affirm that the information given in this application is true and correct to the best of my knowledge. I understand the \$50 Application Fee is non-refundable.

Name of applicant

Signature of applicant

Date

Insurance Registration/Payment Form

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All students participating in WU study abroad programs are required to enroll in the Washburn University Study Abroad Insurance Plan. By completing the form below you will automatically be enrolled for the duration of the school sponsored program. The WU Study Abroad Insurance Plan includes Health and Emergency Medical Evacuation & Repatriation Insurance and more. A copy of the policy is available online at www.washburn.edu/iip. For additional travel that extends beyond the dates of the school sponsored program you may purchase coverage for \$1.00 a day. Contact TW Lord Associates directly at 1-800-633-2360.

Insurance Type	Cost
WU Study Abroad Insurance Plan Includes Health, Emergency Medical Evacuation & Repatriation Insurance and more.	No cost for programs up to 30 days and \$1.00 a day over 30 days: Program Dates: May 20-July 1 Total Number of Days: 43 Total Cost: \$13.00 (included in Application fee)

Complete the following information to be enrolled in the required WU Study Abroad Insurance Plan.

Name _____

Program Abroad: Summer Law Program in Barbados

Date of Birth _____ (mo/day/year) Male Female

I will be insured from 5/20/2011 until 7/01/2011

Beneficiary Name: _____ Relationship to you: _____

Study Abroad Reference Letter Form

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1700 SW College Ave. • Topeka, KS 66621

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studyabroad@washburn.edu

www.washburn.edu/iip

Part 1: To be completed by student

Last nameFirst nameMiddle nameWIN number

Name of programCity, Country

Fall 20__ Spring 20__ Academic Year 20__-20__ Summer 20__ Semester of enrollment

To the applicant: Under the U.S. federal law (section 438 of Public Law 90-247, as amended), students are permitted access to certain educational records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that recommendations may have greater effect when written in confidence. If you waive your right to inspect the information in this form, please sign below.

X _____

Applicant signature (optional)Date

Part 2: To be completed by instructor

Students participating on study abroad programs are chosen on the basis of their academic records, personal qualifications and evaluations by professors. Because a cooperative spirit and an awareness of his/her position as a representative of the university are necessary for study abroad, please indicate how you think this applicant will make use of an academic opportunity abroad, taking into consideration his/her character, adaptability, stability and academic competence in comparison with other students at similar stages in their careers.

A. How long and in what capacity have you known the applicant?

B. General Preparation

	Excellent	Good	Fair	Poor	Unknown
Articulateness in speech and writing					
Adaptability					
Ability to work independently					
Academic potential					
Emotional stability					
Maturity					
Self-discipline and self-reliance					
Ability to get along with others					
Respect for other cultures					

C. Comments

Please comment as specifically as possible on the applicant in terms of the following:

1. Academic suitability for studying abroad
2. Personal suitability for living abroad
3. Known weaknesses relevant to studying abroad
4. Linguistic preparation, if applicable
5. Any other factors for which you believe may affect a successful study abroad experience

Instructor Information

X _____		_____
Signature		Date
_____	_____	_____
Name (please print or type)	Position/Title	Department/School
_____	_____	_____
Institution, City, State		Email

*Please return this form to the student in a sealed envelope to be turned in with their completed application or send to:
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Instructor Information

X _____		_____
Signature		Date
_____	_____	_____
Name (please print or type)	Position/Title	Department/School
_____	_____	_____
Institution, City, State		Email

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Study Abroad Consent and Release Form

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I, _____ will be participating in a cross-cultural student
abroad program (“Program”) in _____
For the _____ term.

I agree my participation in the Program is entirely voluntary and at my request and initiation. In consideration of my participation in the Program, I agree as follows:

1. Risks of Study Abroad

I understand and agree my participation in the Program involves risks not found in study at Washburn University. These risks include, but are not limited to: 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 places and conveyances; risks of injury, permanent disability or death; property damage and economic loss; natural disasters, civil unrest or hostilities; and terrorist activities or acts of war.

2. Independent Activity

I understand and agree that the University, the host institution or faculty of either institution will not be supervising me at times when classes or activities within the Program are not in session and that I will have the opportunity and the right to engage in independent activities, including travel. I understand and agree risks referred to above in section 1 are also associated with any independent activities in which I may engage.

3. Institutional Arrangements

I understand and agree the University 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 organization or other provider of goods or services involved in the program. I also understand and agree the University is not responsible for matters, which are beyond its control.

4. Health and Health Insurance, Property Insurance, Medial Evacuation and Repatriation Insurance.

a. Health. I have consulted with a medical doctor with respect to my personal medical needs. I am aware of all applicable personal medical needs. I understand and agree I am personally responsible for payment of medical costs while participating in the Program and that the University is not obligated to attend to any of my medical or medication needs. I also understand and agree the standard of health care in a foreign county may not be of the same quality and type as available in the United States.

b. Insurance. I understand and agree I have been advised to procure policies of insurance to:
(i) provide payment for medical treatment and medication while participating in the Program;
(ii) provide compensation for property damage, loss of property and /or other economic loss while participating in the program;

(iii) provide for arranging and payment for medical evacuation to the United States in the event of serious illness or injury; and,

(iv) provide for the repatriation of my remains in the event of my demise.

5. Standards of Conduct

I understand and agree each foreign country has its own laws and acceptable standards of conduct, including dress, manners, moral, politics, alcohol, drug use and behavior. I understand and agree that behavior or conduct violating those laws or standards could be harmful to my own health and safety and could result in legal action against me under applicable law of such nation. I further agree that, in event my behavior or conduct shall subject me to legal action or I have or develop legal problems with any foreign national or foreign government, I shall be solely responsible for arranging and paying for any legal expenses association with such actions.

6. Assumption of Risks and Release

With full knowledge of the risks associated with travel to, from and within foreign countries and participation in the Program as outlined above in sections 1 and 2, I, for myself, my family, heirs, legal and personal representatives knowingly and voluntarily assume the risks and responsibilities associated with my participation in the Program and for my travel to and presence in foreign countries. Further, I agree, for myself, my family, and heirs, legal and personal representatives to release, indemnify and hold harmless Washburn University of Topeka, its Board of Regents, officers, agents, representatives employees and its successors and assigns from and against any and all loss, cost, damage, arising out of my participation in the Program including, but not limited to travel to, from and within any foreign country.

I have carefully read this Informed Consent and Release before signing it. No representations, statements or inducements, written or oral, apart from the foregoing written statement have been made.

Name of applicant

Signature of applicant

Date