

Short Term Education Abroad Application Instructions
Colorado School of Mines (CSM-Sponsored)

Short term
Faculty Lead
Student Organization
3rd Party / Other _____

Office of International Programs
Ben Parker Student Center
Tel. (303) 273-3210
<http://oip.mines.edu>

Deadlines: Variable depending on time of trip abroad

All deadlines are subject to change based on Scholarship deadlines.

Applications will be evaluated on the basis of a student's academic transcript, quality and depth of the personal essay, faculty recommendation, and language evaluation (if applicable). In addition, students must be in good disciplinary standing with the university for consideration. A personal interview may be required. Admission to Education abroad is not guaranteed.

Application Requirements: (Check off as completed)

- Passport:** Apply for this immediately. You must have your passport in hand to apply for a visa. **Attach a copy of your passport**, even if a visa is not required.
- Proof of Insurance:** You must provide a letter from your insurance provider stating that you will be covered in your host country while you are abroad.
- CSM Application Form, Waivers, and Releases:** Please type or print clearly using black or blue ink. Be certain to sign and date the application before submitting it to us.
- Itinerary:** Include an itinerary detailing your trip (destinations, travel information, program information, etc.).
- Language Evaluation Form:** Students who are applying to non-English speaking programs **ONLY**.

Return all materials by the deadline to:

Colorado School of Mines
Office of International Programs
1200 16th St, Suite E110
Golden, CO 80401
oipgradassist@mines.edu

Application for Short Term, Faculty Led, Student Organization, or 3rd Party Programs

Office of International Programs

Tel. (303) 384-3210

<http://oip.mines.edu/>

Short Term Faculty Led Student Organization 3rd Party _____

Permanent Contact Information:

CWID: _____

Last Name: _____

First Name _____ MI. _____

Preferred Name: _____

Permanent Address: _____

City: _____ State: _____

Zip Code: _____ Country _____

Telephone: _____

CSM Email: _____ @mines.edu

Alternative Email: _____

Personal Information:

Date of Birth: _____ / _____ / _____
Month Day Year

Gender: Male Marital Status: Single
 Female Married

Tuition: In state Out of state

Citizenship: US Colorado Resident
 US Out of State Resident
 Non-US Citizen Country: _____

Other fluent languages: _____

Passport # _____ Country: _____

Expiration Date: _____

Current Class Standing:

FR SO JR SR GR

Anticipated Graduation: Fall 20____
 spring 20____

Emergency Contact Information:

Name: _____

Relation to you: _____

Day Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Does he/she have a valid passport? Yes No

Current Campus Information:

Local Address: _____

City: _____ State: _____

Zip Code: _____

Local Address valid until: _____ *Mo/Day/Year*

Major: _____ Minor: _____

CSM Cumulative GPA: _____

Program Information:

Faculty Sponsor (if any): _____

Destination(s) or Host Institution: _____

Dates: _____

Financial Information:

Do you receive financial aid? Yes No

Do you receive any scholarships? Yes No

Please List: _____

Please read and initial the following statements:

Health Information

(This information will be kept confidential.)

The stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. Therefore, if you have a physical or psychological condition of which you are currently receiving treatment, or have received treatment in the past, it is important that you share this information with an education abroad advisor and that you meet with your physician or counselor to discuss how studying off campus could affect your medical condition. Addressing your health issues prior to studying abroad will help you to identify those resources that will and will not be available at your program site.

Initials: _____

Are you currently under medical treatment for any reason?

Yes No

Are you currently seeing a psychologist or a physician for an emotional, nervous, or mental condition?

Yes No

Do you have allergies, dietary restrictions, or physical or learning disabilities about which we should be aware?

Yes No

Are you currently taking any medication prescribed by a physician?

Yes No

If you answer "yes" to any of the questions please attach a separate page describing the condition and the treatment you receive.

FERPA Release

(Family Programs Rights and Privacy Act)

If you wish for the Office of International Programs to be able to discuss any of the topics listed below with your parents/guardians or other designated individual, you must provide permission for us to do so in writing.

I, _____, give my permission to the Office of International Programs at Colorado School of Mines to release information to the persons listed below, regarding my:

Health (in the event of an emergency and the OIP is contacted by my education abroad program)

Name	Relationship/Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

Please see an education abroad advisor if you need further explanation of this information.

Disciplinary Information

If you answer, "yes" to any of the following questions, please explain on a separate page.

Are you currently on Disciplinary Probation? Yes No

Have you ever been subject to disciplinary action at CSM or another college or university? Yes No

Have you ever been convicted of a felony? Yes No

Please be aware that you are expected to maintain good disciplinary standing at all times. If you are accepted to an education abroad program, failure to maintain good standing will result in the cancellation of your acceptance status.

Transcript Release

I grant permission to the host institution(s) identified under "Program Information" on the front of this form to monitor and report my academic progress and to report my progress and any other relevant information regarding my programs, including my grades and official copies of my final transcript to the Office of International Programs, for the purpose of verifying my continued satisfactory academic progress and to facilitate the transfer credit process. I understand that if I so request, the Office of International Programs will provide me with a copy of the records disclosed herein.

I also understand that upon release of information to my host institution, the Office of International Programs will not be responsible for any act or breach of confidence by the above-mentioned institutions or their representatives. This consent is to be effective for the entire duration of my studies at Colorado School of Mines, and for three years thereafter, or until I provide the CSM Office of International Programs with written notice of revocation of this consent, whichever comes first. I understand that if I submit a written revocation, CSM/Office of International Programs will send a copy to the parties requesting information.

Initials: _____

Student Responsibility Statement

Please initial (or check) in the space provided before each statement to indicate your understanding and willingness to comply with the statement.

_____ I understand that while traveling abroad on a sponsored activity I assume primary responsibility for ensuring my own safety.

_____ I understand that while abroad, I am expected to abide by the laws of my host country. Additionally, I understand that all CSM policies concerning student conduct, including the Student Code and the policy prohibiting gender-based discrimination, sexual harassment, and sexual violence, also apply to students studying abroad, and that I may be disciplined through CSM conduct code procedures for incidents that occur off campus.

_____ I understand that I will be allowed to participate in the CSM education abroad or international service-learning program as long as I maintain satisfactory academic and judicial records. Acceptance into an individual program, however, is subject to the specific program's qualifications including minimum G.P.A. requirements.

_____ I understand that I am required to provide the Office of International Programs (OIP) with a detailed itinerary of my trip, and if the itinerary changes during the trip, or if I seek to travel outside of the primary destination, I must provide OIP and the Faculty Sponsor(s) with updated itinerary and contact information. I understand that OIP will not provide support for any non-sponsored portions of my travel.

_____ I understand that whenever possible I will obtain advance course approvals for courses taken abroad.

_____ I understand that I must attend the pre-departure orientations and/or academic classes.

_____ I understand that it is my responsibility to work with the OIP and the Financial Aid Office to ensure that the financial obligations of the program are understood and that the proper paperwork has been completed prior to my departure for the program.

_____ If I wish to claim a disability, I understand that it is my responsibility to submit a request for any accommodations for which I may be eligible while studying overseas through the CSM Office of Student Services. Furthermore, I understand that I am responsible for working with the appropriate CSM staff and international program staff to develop an action plan on how I will accommodate my disability while studying overseas.

_____ Furthermore, I understand that the legal mandates that protect a person with a disability in the United States do not extend beyond the borders of the United States. I understand that working with the appropriate offices at CSM, I should research the programs and services available at the host institution well in advance of my arrival.

_____ I understand that it is my responsibility to determine if I am required to obtain a student visa to participate in the program and that if I do need a visa that I will apply for it in a timely manner.

_____ I understand that CSM requires that I obtain an International Student ID card (ISIC).

_____ I understand that I must carry health insurance as required by CSM and/or the participating and that it is my responsibility to understand how this insurance covers me while I am abroad. I also understand that if I do not provide the OIP with proper proof of insurance I will be considered absent from CSM since I am not on an approved trip. If my absence persists for 2 semesters I will have to reapply to CSM.

_____ I understand that I will obtain credit for previously approved courses taken abroad so long as I earn a grade that is equivalent to a CSM grade of "C" or better. Credit earned abroad at an approved exchange or education abroad program will not be calculated into my CSM cumulative G.P.A.

_____ I understand that after completion of my education abroad program it will take at least 2 months to receive a transcript from my education abroad institution.

_____ I understand that I will obtain a letter grade for an international service-learning program and if I am participating in a CSM program or an affiliated program, these grades will appear on my CSM transcript, and will be calculated into my CSM overall G.P.A. That is, courses that are a part of the official CSM course catalogue will be figured into my G.P.A., i.e. CSM faculty-led course as part of the McBride Honors Program and EPICs.

_____ I understand that if I am accepted as an exchange student, I will be responsible for fulltime tuition (15 cr), the tech fee, the OIP fee and health insurance if applicable and will pay the bill in a timely manner; if a Study Abroad student, I will be responsible for tuition at the host university as a full-time student and I will pay CSM the tech fee, the OIP fee and health insurance, if applicable.

Signature

Student ID#

Print Name

Date

**Colorado School of Mines
Travel Waiver and Release of Liability**

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age).

I fully recognize that there are dangers and risks to which I may be exposed by participating in the activity described on Exhibit A which is attached to and incorporated in this Release (the "Activity").

These risks may include, but are not limited to, personal injury or death, and property damage or loss as a result of traveling to and from and within the United States, 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; local medical, sanitation and weather conditions.

I understand that Colorado School of Mines ("CSM") does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and the requirement that I sign this Waiver and Release of Liability. I have read the United States Department of State (www.state.gov) consular information about the countries of travel and the Center for Disease Control Travelers' Health recommendations (<http://www.cdc.gov/travel>) for any applicable immunization or health risks and incorporated this information into my decision to participate in the Activity.

I affirm that I have consulted with a medical doctor with regard to my personal medical needs and that there are no health-related issues which preclude or restrict my participation in the Activity. I affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

With informed consent, and in consideration of permission to participate in the program and assistance provided by CSM, I agree to assume all of the risks and responsibilities in any way arising from or associated with the Activity, and I release CSM, the Colorado School of Mines Board of Trustees, the State of Colorado, the State of Colorado Risk Management, and all current and former employees, officials, representatives, agents and volunteers of each of those entities (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, occurring after the date of this Release, whether known or unknown, contingent or fixed, at law or in equity (collectively "Liabilities"), that I may suffer at any time arising from or in connection with the Activity, including but not limited to any injury or harm to me, my death, or damage to my property.

I further agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities incurred by any other person as a result of my actions or omissions in connection with the Activity, including but not limited to any injury or harm to another, another's death or injury to another's property.

I agree that this Release shall be governed for all purposes by Colorado law. Notwithstanding anything herein to the contrary, I understand that all terms and conditions of this Release shall be construed or interpreted as consistent with, and not a as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions of the "Colorado Governmental Immunity Act", Section 24-10-101, *et seq.*, CRS, as now or hereafter amended and that any claims for injuries to persons or property arising out of negligence of the State of Colorado, its departments, institutions, agencies, boards, officials and employees is subject to the provisions of Section 24-10-101, *et seq.*, CRS, as now or hereafter amended and the risk management statutes, Section 24-30-1501, *et seq.*, CRS, as now or hereafter amended.

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

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Releasor's Signature

Date

Releasor's Name (Printed)



STUDENT INFORMATION RELEASE FORM

I, _____, hereby authorize the **Office of International Programs**
(Student Name – please print) (Name of office or entity that is custodian of record)

to disclose, make accessible, and furnish the following information:

Copy of passport, ISIC Card, Insurance information

TO: US Government officials in the event of an emergency

____ Local government officials in the event of an emergency

____ Insurance Company in the event of an emergency

____ Other as specified: _____

These records will be used for the sole purpose of addressing emergency concerns while I am participating in a faculty sponsored, study abroad, or other authorized international activity.

This release shall be effective until _____ unless revoked by me in writing.
(Date of return to the United States)

Student ID number

Student Signature

Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATION.

TITLE IX INFORMATION AND PROTOCOL WHILE ABROAD

Introduction

Title IX of the Education Amendments of 1972 and Title VII of the Civil Rights Act of 1964 prohibit discrimination based on sex, including sexual harassment and sexual violence. The Violence against Women Act amendments to the Clery Act require institutions to develop protocols addressing sexual assault, stalking, and domestic violence. Mines Title IX obligations are just as relevant and applicable abroad as they are on our campus. Under certain circumstances, Mines may conduct investigations regarding incidents that occur abroad. Mines internal investigation processes are handled as discreetly as possible, but confidentiality cannot be guaranteed. Mines prohibits retaliation for raising complaints of sexual misconduct, stalking, or dating or domestic violence.

Reporting of Incidents is Mandatory

If an employee becomes aware of an incident of sexual misconduct involving a member of the Mines community, please remember that your responsibilities as mandatory reporters go with you abroad. Follow the appropriate reporting protocol to ensure impacted students and employees receive assistance and care. And, remember to report incidents to the Title IX Coordinator at 303.384.2558 or krcurran@mines.edu within 48 hours of notice, so that we can assist you with coordinating a prompt, reasonable and effective response. Whether you are a mandatory reporter or an Mines community member impacted by sexual misconduct abroad, the following information is intended to assist you.

Before Departure

Mines students study abroad in affiliated and non-affiliated programs and in countries all over the world. Incidents involving sexual misconduct are taken seriously at Mines; however, they are viewed differently around the world. In some countries, the option to report a crime may not rest with the impacted party. It is important that you learn the local customs and laws of the host area prior to departure. Regardless of local norms about sexual misconduct, your responsibilities remain the same as they are when you are on campus in Golden.

Reporting: Non-Mines Affiliated Programs

Institutions that are not affiliated with Mines have no requirement to share or report information to Mines officials. Students impacted by sexual violence while studying abroad as part of a non-Mines affiliated program should be prepared to contact Mines administration directly if you decide to report or if you are accused. You may file a report with the Mines Title IX Coordinator at 303.384.2558 or krcurran@mines.edu or you may also contact International Programs Director Kay Godel Gengenbach at kgengenb@mines.edu. As a responsible employee, Kay is required to report possible these issues to the Title IX Coordinator. The Title IX office and the International Programs office are not confidential resources. However, we will only share information with

offices or persons who have a legitimate need to know. Absent some exceptions like health and safety emergencies, without a written release from you, parents or legal guardians of students will not be notified by Mines.

Reporting: Mines Affiliated Programs

Any Mines community member participating in a faculty led Mines-affiliated program who is impacted by sexual misconduct may file a report with the Mines Title IX Coordinator or with the Mines faculty member abroad. As responsible employees, Mines faculty members are required to report possible violations of Mines' Policy Prohibiting Gender-Based Discrimination, Sexual Harassment, and Sexual Violence to the Title IX Coordinator. Faculty are not confidential resources. However, they will only share information with offices or persons who have a legitimate need to know. Absent some exceptions like health and safety emergencies, without a written release from you, parents or legal guardians of students will not be notified by Mines.

Medical Attention

Know the names and locations of medical facilities before you depart for your program. Your program director can help you locate the medical facilities you need. Check with your insurance company before departure to determine what medical care is covered while abroad. It is important to note that most, if not all, overseas doctors and hospitals DO NOT ACCEPT American insurance for payment of services. You must be prepared to pay for services when you use them. Most American insurance carriers will reimburse you for these expenses, so be sure to keep all receipts. You may also contact the nearest U.S. embassy or consulate. Consular officers are available around the clock to help students obtain medical care, explain the local criminal justice process, and connect students to local and U.S.-based resources. You may also contact the nearest U.S. embassy or consulate. Consular officers are available around the clock to help students obtain medical care, explain the local criminal justice process, and connect students to local and U.S.-based resources. You or your family may call the Department of State in the U.S. at 1-888-407-4747 (from the United States or Canada) or 202-501-4444 (from overseas). Alternatively, a full list of consular resources is available at: <https://travel.state.gov/content/passports/en/emergencies/victims.html>.

Reporting a Crime/Being Accused of a Crime

Be aware of local laws and customs. In most cases reporting a crime to the local police is a personal choice and Mines respects the right of the impacted party in making that decision. However, if at any time you feel threatened or want to file a report you are encouraged to contact the local police or the Mines Public Safety department at 303.273.3333. Mines students, staff, and faculty who are accused of sexual assault should be aware that they may become subject to the local justice system. That system may not have the same protections as the United States system, such as the presumption of innocence, the right to counsel, the right to understand the charges against you, or due process and other procedural rights. Should you be detained, arrested, or imprisoned, Mines may be powerless to assist you.

You may also contact the nearest U.S. embassy or consulate. Consular officers are available around the clock to help students obtain medical care, explain the local criminal justice process, and connect students to local and U.S.-based resources. Alternatively, a full list of consular resources is available at:

<https://travel.state.gov/content/passports/en/emergencies/victims.html> you or your family may call the Department of State in the U.S. at 1-888-407-4747 (from the United States or Canada) or 202-501-4444 (from overseas).

You have legal rights:**With law enforcement:**

Colorado School of Mine Public Safety: 303.273.3333

Within Mines:

Office of Institutional Compliance & Equity: 303.273.2558 / titleix@mines.edu

Student Life Contacts:

Rebecca Flintoft 303.273.3050 / rflintof@mines.edu

Brent Waller 303.273.3046 / bwaller@mines.edu

You have support:**24-hour crisis lines:**

Jefferson Center for Mental Health: 303.425.0300 / jeffersonmentalhealth.org

The Blue Bench: 303.322.7273 / thebluebench.org

CCASA (Colorado Coalition against Sexual Assault): 303.839.9999 / ccasa.org

The Center (for LGBTQ sexual violence victims): 303.282.9399 / glbtcolorado.org

Medical assistance:

Mines Health Center: 303.273.3381

Confidential counseling:

Mines Counseling Center: 303.273.3377 / counseling.mines.edu

I have read and understand the Title IX and Equity Compliance information above

Signature: _____ Date: _____

Health Insurance Form

Name: _____

CWID: _____

Do you have Mines Health Insurance?

Yes No

If no, what is your service provider?

Service Provider: _____

Policy Number: _____

Policy Holder: _____

If you do not have Mines Health Insurance, you need a letter from your insurance company stating that you will be insured during your study abroad period, and that you have medical evacuation and repatriation benefits.

COLORADO SCHOOL OF MINES

REQUEST FOR TRANSCRIPT

PLEASE PRINT

Date: _____

Last Name First Middle Maiden

Student ID Number or SSN Contact Phone Number

Mailing Label:
Print names and address clearly inside the box to assure delivery

NAME:

STUDENT'S SIGNATURE: _____

NO. OF COPIES: _____

Pick-Up

Mail (One Request Form
per Address)

Circle One

• SEND NOW

• SEND AFTER GRADES POSTED

• SEND AFTER DEGREE POSTED

For Office Use ONLY:

TOTAL FEE: _____ INITIALS: _____



International Student Identity Card (ISIC)

Please indicate which card you are applying for:

Student (ISIC)

Teacher (ITIC)

Youth (IYTC)

Personal Information:

Name (Last, First)

Colorado School of Mines

Institution/School

Expected Grad. Date (MM/YY)

Date of Birth: Month _____ Day _____ Year _____

CWID

Email Address

Local Address

Purpose of Travel/Destination

Payment of \$25:

Cash

Check payable to CSM-OIP

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

Signature

Date

For Office Use Only:
.....

Card Number: _____

Paid Check Number: _____ Receipt Number: _____

Date Made: _____

Date Entered into Excel: _____