



**IPFW Division of Continuing Studies**  
**Travel Participant Application**  
 IPFW Continuing Studies  
 2101 East Coliseum Boulevard, Kettler Hall 139  
 Fort Wayne IN 46805  
 260-481-6619

**OFFICE USE ONLY**

- Application       Passport     Eligible
- \$100.00 Application Fee (Date) \_\_\_\_\_
- \$400.00 Deposit (Date) \_\_\_\_\_
- Amount Paid    (Date) \_\_\_\_\_
- Amount Paid    (Date) \_\_\_\_\_
- Balance Paid    (Date) \_\_\_\_\_
- TO Registration
- Credit Registration
- PU ID \_\_\_\_\_

Please **PRINT**. Application must be legible or it will not be accepted.

**TRIP INFORMATION:**

**Name of Trip:** \_\_\_\_\_ **Course #:** \_\_\_\_\_  
(example: BIOL 10000)

Dates of trip: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_    Enrolling for credit:  Yes  No  
MM    DD    YY                      MM    DD    YY                      If yes, Credit CRN: \_\_\_\_\_ (example: 12345)

Trip Leader Signature of Approval if needed (for DR, Scotland, and Art of Italy) \_\_\_\_\_

**TRAVELER INFORMATION**

Name: \_\_\_\_\_ IPFW ID #: 9  
Last                                      First                                      Middle                                      **REQUIRED, if IPFW student**

*The name listed here **must** exactly match the name on the passport and/or birth certificate.*

Date of birth (**REQUIRED**) : \_\_\_/\_\_\_/\_\_\_    Sex:  M  F    U.S.Citizen:  Yes  No    Race/Ethnicity: \_\_\_\_\_  
MM    DD    YY

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Data:** Please give the name of a friend or relative we may contact in case of emergency. (This should not be someone who is accompanying you on the tour.)

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last                                      First

Check one:     Parent             Guardian             Spouse/Partner             Relative             Friend

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street                                      Home

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work \_\_\_\_\_

**STUDENTS ONLY:**

**Academic standing while abroad:**  Freshman     Sophomore     Junior     Senior     Graduate     Other

Major(s) \_\_\_\_\_ Academic Advisor Name: \_\_\_\_\_

**Cumulative GPA:** \_\_\_\_\_ Note: Minimum 2.5 for all programs,

Are you currently on academic probation  Yes  No    or under any disciplinary sanction by the University?  Yes  No  
*As part of the application process, current academic and disciplinary standing will be reviewed. Failure to indicate probationary status will result in withdrawal of support for an application. Students on academic or discipline probation at any time during application, before leaving for the program, or while abroad are ineligible to study abroad and will not receive a refund of deposit.*

May IPFW OIE or DCS release your name and email address to other present/potential study abroad participants?  Yes  No

May IPFW OIE or DCS provide information related to your study abroad program to the person listed as your emergency contact?  
 Yes     No

I have read the [IPFW Study Abroad Policies and Procedures Manual](#) found @ipfw.edu/study-abroad  Yes  No

**Payment:** The program is funded through standard university tuition (due at the IPFW bursar) and a travel fee (due in Continuing Studies).

**Passport:** You must provide a copy of your passport **by payment due date**. Due to international travel, your passport must not expire until 6 months after your return. Any questions about this information or exceptions to these statements should be directed to Continuing Studies. Refunds will not be issued if travelers are not permitted by the airline to depart due to passport issues.

**Accommodations:** If you have a friend or relative going on the trip whom you would like to room with, please indicate that person's name here: \_\_\_\_\_ *(We may not be able to meet this request if left blank.)*

**Signature:** I have completely read and fully understand the "Release and Agreement" and "Payment and Refunds" as supplied herewith and agree to be bound hereby and to comply therewith. I certify that the information provided in this application is complete and correct to the best of my knowledge. I understand that any action on this application is contingent on review of all of my grades until the time of departure for the program. I further understand that, if I incur a disciplinary sanction prior to my departure overseas, this may result in the withdrawal of support for my application. I understand that the application process may include supplementary materials, which I agree to complete promptly. If accepted, I will participate in all required orientations and complete all evaluations. I hereby authorize the release of materials and academic records to the IPFW Office of International Education and its partnership institutions, as needed, for processing of my candidacy for study abroad. Finally, I authorize IPFW to release any information deemed relevant to my health and/or safety.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

For applicants under age 18: I am the parent or legal guardian of the above (minor) applicant. I have completely read and fully understand the Release and Agreement and Payment and Refunds as supplied herewith, and agree to be bound hereby and to cause the above applicant to comply.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photography Release**

I hereby fully release the use of my photograph(s) to Indiana University – Purdue University Fort Wayne. The photographs may be used without restriction for the benefit of Indiana University – Purdue University Fort Wayne in any and all publications and or on the website. I grant to Indiana University – Purdue University Fort Wayne all rights to use the photograph(s) including, without limitation to the right to print, publish, display publicly, distribute and sell drawing or prints of the photograph(s) throughout the world and the exclusive right to license, sell, distribute, or otherwise dispose of the following rights in the photograph(s): publication and sale of the photograph(s) in cards, posters, pictures, brochures, dramatic motion picture, video, DVD (sight and sound), broadcast television and electronic, mechanical, or visual reproduction rights (including intranet, internet, microfilm, and computer) and Office of International Education materials; and any and all future and other rights not specifically enumerated for the benefit of Indiana University – Purdue University Fort Wayne.

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

Parent signature if under 18: \_\_\_\_\_ Date \_\_\_\_\_

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## IPFW Division of Continuing Studies Travel for Credit Participant Release and Agreement

I (or parent or guardian if applicant is under 18) am an applicant for a Travel Program offered through Continuing Studies. By signing the Travel Participant application, I agree to the following:

1. I agree to release and forever discharge Indiana University-Purdue University Fort Wayne (IPFW), its officers, trustees, faculty, employees and agents from any and all liability for all claims, demands or lawsuits whatsoever, for any loss, injury, or damage to myself or any other person, for the death of myself or any other person, to property of mine or any other person, or for any other loss, injury or damage whatsoever, as a result of any act or omission, including any negligence of IPFW or others which may be incurred in connection with the tour (including periods of supervised activity and periods of unsupervised activity), including but not limited to loss, injury or damages in connection with or related, directly or indirectly, to: (1) any accommodations, transportation or other services; (2) acts of God, dangers incident to the sea, fire, breakdown in machinery or equipment, acts of governments or other authorities (de jure or de facto), wars (declared or undeclared) hostilities, civil disturbances, strikes and riots; (3) thefts, pilferage, epidemics, quarantines, medical or customs regulations; (4) defaults, delays or cancellations of or changes in itineraries or schedules; or (5) as a result of any loss or damage resulting from any improper or insufficient passports, visas or other documents.
2. I understand and agree that IPFW reserves the right to decline or retain any person as a tour participant should such person's health or mental condition or physical infirmity or general deportment or conduct, in the sole judgment of IPFW, impede the operation of the tour or the rights, welfare or enjoyment of other tour participants. In such event, a refund of any unused land tour services is not guaranteed, and shall be the total limit of IPFW or Purdue's liability.
3. I agree to abide by IPFW's regulations and the directions of any group leaders/tour directors associated with the tour. Failure to do so may result in my termination from the tour immediately. I understand that to disobey such rules or directions is to waive the right to a refund of any part of the program fee and that I may be sent home at my own expense.
4. I agree to abide by all local laws when abroad, including those concerning drugs and alcohol. (Minors must have parent's permission to use alcohol even if the local law would otherwise permit them.) I understand that if I abuse or disobey such laws, I waive my right to a refund of any part of the program fee and that I may be sent home at my own expense. I also understand that should local authorities be involved, I will be subject to the laws of the country I am visiting.
5. IPFW has the right to make changes in the tour itinerary and to modify transportation arrangements if needed.
6. I understand that it is my responsibility to secure the necessary travel documents (passports and visas). Failure to obtain the necessary documents does not constitute grounds for a refund except according to the standard refund schedule.
7. I understand that this tour has been designed for students, as reflected in the pacing, educational content, accommodations and other aspects of this tour.

**Travel Agreement, Waiver and Release:** IPFW, and/or their agents, act only as agents for the passenger in regard to travel whether by motorcar, motor coach, ship, train or airplane and assume no liability for injury, damage, loss, accident, delay or irregularity which may be occasioned either by reason of defect in any vehicle or for any reason whatsoever, or through the acts or defaults of any company or person engaged in conveying the passengers or in carrying out the arrangements of the tour. They can accept no responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine or other causes. All such losses or expenses will have to be borne by the passenger as tour rates provide for arrangements only for the time stated. The right is reserved to substitute hotels of similar category for those indicated and to make any changes in the itinerary where deemed necessary or caused by changes in air schedules. The right is reserved to cancel any tour prior to departure, in which case full refund will constitute full settlement with the passenger. No refund will be made for any unused portion of the tour unless arranged prior to departure from the United States. The right is reserved to decline to accept any person as a member of the tour. Baggage is at owner's risk entirely. The issuance and acceptance of voucher or ticket shall be deemed to be consent to the above conditions. The airlines concerned and their agents and affiliates are not to be held responsible for any act or omission, or event during the time passengers are not on board their aircraft. The passenger ticket used by said airlines, when issued, shall constitute the sole contract between the airlines and the purchaser of these tickets and/or the passenger.

I agree to the above terms and conditions. \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Parent Signature (participant is under age 18) \_\_\_\_\_ Date \_\_\_\_\_



## IPFW Division of Continuing Studies Travel for Credit Payments & Refunds

<http://www.ipfw.edu/departments/dcs/educational-travel>

By signing the Travel Participant Application, I agree that I have read the following payment and refund information and agree to follow schedules outlined below, noting that actual dates may vary depending on the specific arrangements of any trip.

**Payment:** *Tuition is due at the IPFW Bursar according to the official university payment schedule, in addition to the following.* (Some exceptions exist. Inquire for details.)

The deposit is refunded if IPFW cancels the trip. The deposit and travel fee balance can be paid by personal check, money order, cash, Visa, MasterCard or Discover in Continuing Studies (Kettler Hall 139), 2101 E Coliseum Blvd., Fort Wayne, IN 46805. Checks should be made payable to IPFW. Students utilizing financial aid may substitute a copy of award letter and confirmation letter from Financial Aid office. Additional fees may apply if preliminary deposit and application are not received by this date. (If you need a passport, order it now!)

**The full balance must be paid by the date specified.** If payment is not made by this time, travelers will be removed from the participant list, and refunds may be made depending on the specific trip requirements. Please note that fees are subject to change based on exchange rates and fuel surcharges up until tickets are issued.

**Refunds:** The deposit is non-refundable, unless IPFW cancels the trip. Tuition is refundable according to the university refund policy. See <http://www.ipfw.edu/offices/bursar/refunds/refund-of-fee-schedule.html> for details. All cancellation requests must be in writing. Travel fees are nonrefundable after the final payment due date. Continuing Studies is the sole office able to review and issue refunds.

**Credit:** Students wanting academic credit will be registered for the appropriate course(s) through Continuing Studies, as registration is restricted, i.e. students will not be able to register through OASIS or their advisor. The student will be billed by the Bursars office in the usual manner. If seeking credit and the course is dropped by the student through OASIS, IPFW will bill the student for any travel expenses incurred above the travel fee.

**What's Included:** Each trip varies in the specific expenses covered by the travel fees. It is the participant's responsibility to obtain details regarding the itinerary and covered expenses, and to make arrangements for adequate resources for additional needs while abroad. In general, the following expenses will be included in fees:

- Round trip international flights
- Housing/accommodations
- Some – but not all – meals
- Entrance fees to museums and historical sites
- Purdue study abroad insurance coverage (including coverage for emergency medical treatment and transportation)

In general, expenses for additional meals, personal items, tips & gratuities, free time activities, admissions and entertainment, and souvenirs are considered out-of-pocket expenses. This cost will be estimated during pre-travel orientation sessions. Each traveler is responsible for their own portion of these expenses.

I have read and agree to the Payments & Refunds provisions as outlined above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent signature if under 18: \_\_\_\_\_

Date \_\_\_\_\_

## Medical Health and Emergency Information Form

Required information will be kept confidential. Please print.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have a physical disability or condition that requires frequent or ongoing medical attention?

No \_\_\_ Yes \_\_\_

If yes, please explain \_\_\_\_\_

Do you have difficulty in walking? Do you require assistance in walking (need use of crutches, cane or wheelchair)? Is your physical agility in any way impaired?

No \_\_\_ Yes \_\_\_

If yes, please explain \_\_\_\_\_

Do you have problems with any of the following?

\_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Convulsions

\_\_\_ Hay Fever \_\_\_ Heart \_\_\_ Other \_\_\_\_\_

List all medications you are taking routinely. \_\_\_\_\_

Indicate other significant medical history including chronic illnesses \_\_\_\_\_

In case of emergency, please list your current physician(s) and phone number(s): \_\_\_\_\_

List any allergies to medication or food \_\_\_\_\_

Do you have dietary restrictions? \_\_\_\_\_

Are you a vegetarian? \_\_\_ No \_\_\_ Yes

If yes, please list foods you do not eat: \_\_\_\_\_

## Travel Insurance

Purdue requires all international travelers to have short term international travel insurance for the duration of each trip. The insurance covers emergency medical treatment and evacuation services for medical, political, and natural disaster situations. The cost is included in the travel fee and is effective only during the official dates of the trip. If travelers arrive earlier or depart later than the official dates, they will not be covered.