

Study Abroad Checklist

Students should complete the following steps by or before the indicated deadlines. Students who do not complete all steps will not be allowed to study abroad and will forfeit all previously paid deposits and fees.

(This sheet is for your records only.)

- ASAP
- Apply for or renew your passport!! For US Passports:
<http://travel.state.gov/passport/>
 - Non-US citizens should review Chinese Visa requirements. The Office of Study Abroad (OSA) can help you.
 - Begin reviewing your current health insurance policies to determine what additional coverage must be purchased. Visit:
<http://studyabroad.msstate.edu/medical.php> for provider information.
- March 1, 2010
- Submit the following to: studyabroad@aoce.msstate.edu, Office of Study Abroad, 103 Memorial Hall, PO Box 6268, Mississippi State, MS 39762, or Fax 662.325.4826.
- (1) Completed Attached Forms (6 pages)
 - (2) \$100 non-refundable application fee
 - (3) copy of passport
 - (4) proof of purchase of sufficient medical insurance OR \$50 insurance fee
- March 3, 2010
- Accepted students will be announced by Prof. Gu/ First Program Orientation
- March 23, 2010
- Second Program Orientation/ Inoculations Due
- March 26, 2010
- First non-refundable payment due (\$700) to OSA by 5pm:
studyabroad@aoce.msstate.edu, Office Study Abroad (OSA), 103 Memorial Hall, PO Box 6268, Mississippi State, MS 39762, or Fax 662.325.4826.
- April 1, 2010
- Make sure that all holds are removed from your account so that the OSA can register you for the course.
- April 16, 2010
- Second non-refundable payment due (\$700) to OSA by 5pm:
studyabroad@aoce.msstate.edu, Office Study Abroad (OSA), 103 Memorial Hall, PO Box 6268, Mississippi State, MS 39762, or Fax 662.325.4826.
- April 2010 (TBA)
- Required Outbound Orientation Session. Date and Time TBA.

SEASON EXTENSION HORTICULTURE IN CHINA – SUMMER 2010

Submit by March 1, 2010 the completed form with the (1) \$100 non-refundable application fee, (2) copy of passport (3) proof of purchase of sufficient medical insurance OR \$50 insurance fee to: studyabroad@aoce.msstate.edu, Office Study Abroad, Memorial Hall-room 103, PO Box 6268, Mississippi State, MS 39762, or Fax 662.325.4826.

Applicant Information

Name _____
First Middle Last Preferred Name

MSU Status: Current MSU Student Applying for Transient Status

MSU ID _____ MSU NET ID _____

Email _____ GPA _____
 Students must be in good academic standing and have a minimum GPA of 2.25.

Freshmen Sophomore Junior Senior Grad Student

Expected date of graduation _____

College: A&S AAD CALS COBI EDUC ENGR FOR

Major(s) _____

Minor(s) _____

Gender _____ Date of birth _____ / _____ / _____
MM/DD/YEAR

Social Security number (if available) _____

Do you receive MSU Financial Aid? Yes No

Are you on scholarship? Yes No

Are you a Mississippi resident? Yes No

Mailing Address

Street _____

City _____ State _____ Zip Code _____

Phone _____

Permanent Address

Street _____

City _____ State _____ Zip Code _____

Country _____

Parent or Guardian Contact Information

Mr. Ms. _____
First Last

Relationship to you _____

Cell/ Home/ Business Phone _____ (_____) _____
 Circle One

Cell/ Home/ Business Phone _____ (_____) _____
 Circle One

Email _____

Address _____
Street

City, State _____ Postal Code _____

Additional Parent/ Emergency Contact

Mr. Ms. _____
First Last

Relationship to you _____

Cell/ Home/ Business Phone _____ (_____) _____
 Circle One

Cell/ Home/ Business Phone _____ (_____) _____
 Circle One

Email _____

Address _____
Street

City, State _____ Postal Code _____

Passport Information

Country of Issuance _____

Passport Number _____

Disciplinary and Criminal Record

Are you currently, or have you ever been, charged with, or subject to, disciplinary action for scholastic or any other type of misconduct at any educational institution? Yes No If yes, please explain.

Have you been convicted of a crime other than a minor traffic offense, or are any criminal charges now pending against you? Yes No If yes, please explain.

Health Insurance

In order to study abroad with Mississippi State University, students must show proof of purchase of adequate Health Insurance. Students' policies must cover at a minimum the following three services:

1. Repatriation of Remains
2. Medical Evacuation
3. Bedside Visit (by parent or family member)

I have ample insurance and have enclosed a copy of my policy.

Provider: _____

Policy number: _____

My insurance company does not cover Mississippi State University's minimum and I am enclosing \$50 in addition to my \$100 program fee in order for Mississippi State University to purchase adequate coverage for me.

Signature _____



SEASON EXTENSION HORTICULTURE IN CHINA – SUMMER 2010

Program-Specific Application

All students/growers must fill out the appropriate parts of the following page. An ad hoc evaluation committee will review all applications. For more program information: <http://msucares.com/crops/hightunnels/china/>

Students

Have you been to a foreign country before? Yes No

How did you hear about this trip?

Horizontal lines for text entry.

List any prior leadership positions:

Horizontal lines for text entry.

Essay: How will this trip to China impact my career and MSU? (Please attach one page – single-spaced.)

Horizontal line for text entry.

Growers

What do you produce?

Horizontal lines for text entry.

How do you market your produce?

Horizontal lines for text entry.

Essay: How will this trip to China impact my production and marketing? (Please attach one page – single-spaced.)

Study Abroad Student Health Information Form

It is vital for MSU to have your current health information in case of an emergency. Please inform our office of any changes in your health prior to and during participation in the program, including any prescription medications you may be taking. This information is not used to affect your eligibility to participate in the program, but will help to facilitate any necessary accommodations for your participation. All information provided is private and confidential, only to be reviewed by MSU employees or agents with a legitimate educational or safety need to know.

Please answer the following health questions completely and to the best of your knowledge. If you answer yes to any of the questions, please supply details. You may use the reverse side if necessary.

1. Are you currently receiving, or have you received in the past two years, counseling for the treatment of any drug addiction, alcoholism, psychiatric condition or eating disorder? Yes No

If Yes _____

2. Do you have any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you had in the past any significant condition which is currently in remission (Ex. Diabetes, heart problem, cancer, etc.)? Yes No

If Yes _____

3. Do you have any allergies (to medication, food, insects, etc.)? Yes No

If Yes _____

4. Are you currently taking any prescription medication? Yes No

If Yes _____

*Note: if yes, you must bring an adequate supply of medications for the duration of the program.

5. Will you need a continuation of medical treatment while you are participating in this study abroad program? Yes No

If Yes _____

6. Will you require assistance for any physical disabilities while you are participating in this study abroad program? Yes No

If Yes _____

*Note: If yes, you are advised to contact the Study Support Services office to discuss any need for assistance.

7. Is there any additional information (concerning medical or mental conditions or physical disabilities) that would be helpful for the program to be aware of during your study abroad experience? Yes No

If Yes _____

I authorize the Study Abroad Director and physician-in-charge to make the decision to operate in case of a medical emergency and to receive such medical and surgical procedures as may become necessary for my well-being, should the need arise, and I understand that any costs thereof will be borne by me. (MSU attempts to contact parents/guardians in all emergencies). I hereby release MSU, officers and staff from any claims and causes of action for personal illness or injury: Yes No If no, please explain.

Signature of participating student: _____ Signature of Parent/Guardian: _____
(if student is under 21)

Assumption of Risk and Release Form

Short Term Study Abroad

Mississippi State University

This is release of Legal Rights – Read and Understand Before Signing.

Program: Season Extension Horticulture in China – Summer 2010

I, _____, will be participating in a study abroad Program (“Program”) in China in Summer 2010
(Student’s Name)

offered through Mississippi State University. I hereby agree as follows:

1. Risks of Study Abroad

I understand that participation in the Program involves risk not found in study at the University. These include risks involved in 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; and other matters which may be described in brochures and other written information concerning this Program which I have received and reviewed. I have made my own investigation and am willing to accept these risks.

2. Independent Activity

Although Mississippi State University (“University”) is sponsoring this course, I understand that neither the University nor any of the Course Instructors or travel arrangers will be supervising me all the time. I will have the opportunity and the right to independently leave the group periodically, subject to the course Instructor’s requirements for participation in and attendance at classes and other activities that are a required part of the Program. Therefore, I will be responsible for my own safety and cannot hold the University liable for any injuries to my person or property or any other losses as a result of my participation in the Program.

3. Institutional Arrangements

I understand that 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 organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

4. Early Departure

If I decide to leave the Program before completing my course of study, I will provide the University with advance written notice of my intention to leave the Program. If I leave the Program prior to its completion, the University has no liability to provide or arrange for transportation, housing, dining or other services to me in connection with my early departure.

5. Standards of Conduct

- A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and other behavior. I recognize that behavior which violates those laws or standards could harm the University’s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.
- B. I will comply with all rules and regulations issued by the University, Course Instructor or any Coordinating Institution. I understand that it is within the Course Instructor’s discretion to determine that my violation of such rules and regulations warrants my termination from the Program. In that event, I may be sent home at my own expense. I agree that the University has the right to enforce its rules and regulations, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these rules and regulations or for any behavior detrimental to or incompatible with the interests, harmony and welfare of the University, the Program or other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If I am dismissed from the Program, I consent to being sent home at my own expense with no refund of cost of services or fees. I also agree that I will (a) not buy, sell or use drugs at any time, (b) not engage in abusive use of alcohol, (d) participate in all classes and scheduled activities unless ill, and (d) abide by dress and cultural codes suitable in the countries visited.

6. Program Changes

The University may, in its sole discretion, determine that circumstances within a foreign country may require the cancellation of the Program with that country. The University will provide me with as much advance notice as possible of its intention to cancel the Program in which I will participate. I also understand that the University, the overseas institution or the foreign government may prematurely terminate the Program. I understand that the University's fees and Program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I fail to report for departure, voluntarily leave the Program, or am dismissed from the Program for any reason, there will be no refund of cost of services or fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane or train, or become sick or injured, I will at my own expense seek out, contact and reach the Program group at its next available destination. The University bears no liability for any losses or claims incurred by me in connection with my own early termination from the Program or the University's termination of its participation in the Program. If I decide to remain in the Foreign country after receiving notice of the University's intent to terminate the Program, I bear complete responsibility and liability for my own care and safety.

7. Health and Safety

- A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this Program.
- B. I am aware of all applicable personal medical needs. 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 the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States, during the Program, the University is not responsible for the cost or quality of such treatment or care.
- C. The University may (but is not obligated to) take any action it considers to be warranted under the circumstances regarding my health and safety. I hereby authorize the University and Course Instructor to procure all necessary medical assistance while I participate in this Program and to authorize medical personnel to do all things reasonably necessary to treat any injury or illness which occurs during my participation in the program. I agree to pay all expenses relating thereto and release the University from any liability or any actions.

8. Assumption of Risk and Release of Claims.

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree on behalf of myself, my family, heirs and personal representatives to assume all the risks and responsibilities surrounding my participation in the Program. I, for myself and my heirs and successors and assigns, agree to release, indemnify and hold harmless Mississippi State University, its past and present trustees, officers, employees, agents and the heirs, successors and assigns of each from any and all loss, cost, damage, liability or expense (including reasonable attorney's fees) resulting in or arising from my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

9. Program Charges.

I am responsible for any and all required payments and charges applicable to the Program as outlined in the Program Description. I understand the Program's cancellation policies and fees and agree to abide by them. I have read, understand and will abide by the terms of the policies and procedures booklet included with the application, if any.

I have carefully read this Assumption of Risk 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 be effective only upon receipt of my application by Mississippi State University, and shall be governed by the laws of the state of Mississippi, which shall be the forum for any lawsuits filed under or incident to this Agreement or to the Program.

Date: _____ Student: _____

I (a) am the parent or legal guardian of the above student; (b) have read the foregoing Assumption of Risk and Release Form (including such parts as may subject me to personal financial responsibility); (c) am and will be legally responsible for the obligations and acts of the student as described in this Assumption of Risk and Release Form, and (d) agree for myself and for the student to be bound by its terms.

Date: _____ **Parent/Guardian _____

**This signature is only necessary if the student is under 21 years of age.



STUDY ABROAD PAYMENT FORM

Season Extension Horticulture in China – Summer 2010 Study Abroad
PSS 4990/6990 Special Topics Course

Please fill out and return this form along with your payment to the Office of International Education in 103 Memorial Hall.
If you are paying by credit card, you may fax the completed form to (662) 325-4826.
All payments are non-refundable in cases of student cancellation. Please contact the Study Abroad Office at 662-325-2648 or anoffsinger@aoce.msstate.edu if you have any questions.

Participant Information:

Name of Participant:
Net ID/ MSU ID number:
Phone Number:
Mailing Address:
Email Address:

Payment:

- Payment options: \$100 Deposit, \$700 First payment, \$700 Final payment

Method of Payment:

- Payment methods: check, cash, credit card

For Credit Card Payments Only:

Name on Credit Card
Billing Address
Phone Number
Issuing Bank/Company
Credit Card Number
Expiration Date

I hereby give the Office of International Education permission to charge the amount indicated above to my credit card using the information that I have provided. I swear that this information is true and accurate to the best of my knowledge.

Signature of Credit Card Holder