



Student Engagement Office
17 Fountain Street NW
Grand Rapids, MI 49503
(616) 259-1140 fax: (616) 451-9867

STUDY AWAY APPLICATION

This form will help you complete the steps necessary to have a successful study away experience. We suggest that you make a copy of the completed form for your personal records. If you have any questions, please call the Director of Student Engagement at (616) 259-1140.

Please make all checks payable to Kendall College of Art & Design. Please note that all checks will be cashed upon approval to the program and cannot be held beyond that date.

This form will be kept confidential and only shared with the necessary faculty and staff.

Please complete the checklist below:

- **Schedule a time to meet with your faculty advisor.**
- **Your faculty advisor will review the course(s) you intend to enroll in during your study away experience. Your faculty advisor will determine whether or not the course(s) fulfill requirements of your program of study at KCAD. Your faculty advisor must complete and sign the “Advising Agreement” section below.**
- **Complete the “Emergency Contact” section.**
- **Complete the “Medical History” section.**
- **Complete the “Assumption of Risk and Release” section.**
- **If you will be participating in international travel, attach a copy of your passport. It must be valid beyond the date of your return. Be sure to confirm what the required length of time is for your specific travel destination.**
- **Attach a copy of your health insurance card. If you need to purchase health insurance for your travel, email NicoleDeKraker@ferris.edu for details.**
- **Meet with a Financial Aid Specialist in the Student Services Office to complete the “Budget Worksheet” section.**
- **Leave all items with a Financial Aid Specialist, EXCEPT the “Enrollment Verification” section. You will need to complete the “Enrollment Verification” section once you are enrolled for your study away course(s). This must be completed for KCAD and non-KCAD programs.**
- **The Financial Aid Office will notify the Academic Records’ Office of any course enrollment needs. You do not need to meet with the Academic Records’ Office for this to occur. Academic Records representative signs here after course enrollment completed.**

Academic Records Representative Signature

Date

SECTION: Advising Agreement

Student Name _____

Student I.D. _____

Program of Study _____

Academic Advisor _____

Semester(s) of Study Abroad _____

Program Name _____

Is the program hosted by KCAD: YES NO

If no, which institution will host this study away program _____

If yes, which KCAD faculty are leading the study away program _____

Class Standing during Study Away:

___ Sophomore

___ Junior

___ Senior

___ Graduate

___ Other (Please describe) _____

To the Academic Advisor

Please review the following courses with your advisee. Work taken on exchange will be recorded on the home transcript in the following manner:

Transcript and advising sheet will be given to the Academic Records Office to be recorded as transfer credit upon student return and acceptance of transcript.

Please contact the Director of Student Engagement with questions: 616-259-1140

SECTION: Emergency Contacts

*Be sure to list a contact that could be reached 24 hours a day during the duration of your study away program.

Student Name: _____

Local Address: _____
Number and Street

City, State, Zip

Permenant Address: _____
Number and Street

City, State, Zip

Cell Phone: _____

Permanent Phone: _____

E-Mail: _____

Program of Study: _____

Gender: Female Male Non-Binary* Other: _____

*Please note if we are purchasing your flight, we will need to know the gender marker on your government issued ID for the airline ticket.

Ethnicity: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Address: _____
Number and Street

City, State, Zip

Are you a US citizen: Yes No

Please note that if you have an American VISA, it must be up to date and be compliant with US regulations.

SECTION: Medical History

It is the aim of Kendall College of Art & Design of Ferris State University to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet that goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. The information will also be used in the event of any participant injuries. Please do not leave out any information that may affect your experience!

NOTE: KCAD of FSU reserves the right to determine the extent of participation of each participant in all activities conducted by the University.

PARTICIPANT FIRST, MIDDLE NAME	LAST NAME	
HOME STREET ADDRESS	AGE	BIRTHDATE
HOME CITY, STATE, ZIP	DAYTIME TELEPHONE ()	HOME TELEPHONE ()

FAMILY HISTORY

Please list here any close relatives who have had the following illnesses.

	YES	NO	RELATIONSHIP		YES	NO	RELATIONSHIP
Asthma/Hay feve				Kidney diseas			
Arthritis				Stomach dise			
Diabetes				Tuberculosis			
Epilepsy/convulsi				Heart disease			

PERSONAL HISTORY

Check box beside those medical problems participant has had or now has.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Measles (Rubella) | <input type="checkbox"/> Cancer | <input type="checkbox"/> Seizure disorder/Epilepsy | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Rubella (3-day measles) | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Kidney, bladder problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tension or depression | <input type="checkbox"/> Chest pain | _____ |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Ankle sprains & Knee injuries |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Mild Mild |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Hay fever, asthma | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Severe Severe |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart problem or murmur | |
| <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Jaundice, liver disease | <input type="checkbox"/> Rheumatic fever | |
| <input type="checkbox"/> Throat problems | <input type="checkbox"/> Stomach, intestinal trouble | <input type="checkbox"/> Back problems | |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Fainting | <input type="checkbox"/> Sexually transmitted diseases | FEMALES ONLY: |
| <input type="checkbox"/> Joint problems | <input type="checkbox"/> Allergies to drugs, food | <input type="checkbox"/> Gall bladder trouble | <input type="checkbox"/> Irregular periods |
| <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neurological disorder | <input type="checkbox"/> Severe cramps |
| <input type="checkbox"/> Hernia | | | <input type="checkbox"/> Excessive flow |

Please list here any HOSPITALIZATION or OUT-PATIENT SURGERY participant has had within the past five years.

Name of Hospital	City & State	Date	Type of illness or operation	Outcome

USE ADDITIONAL SHEET IF NECESSARY

Please comment in detail in the space below on any medical condition checked with an "X" in Personal History.

List any medications participant is receiving regularly (medications that are required by participants should accompany them on program).

List any other health or personal concerns that Ferris State University should be aware of in regard to the participant.

Does participant have any health problem that requires periodic evaluation or testing Yes No
(Give details)

List drugs or food which participant is allergic to:

Date of last tetanus injection.

Date of last physical exam.

I Declare that My Answers and Statements Are Correctly Recorded, Complete and True to the Best of My Knowledge and Belief.

DATE	SIGNATURE OF PARTICIPANT
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SECTION: ASSUMPTION OF RISK AND RELEASE

Assumption of risk and release, waiver, discharge, indemnity and covenant not to sue form for study away programs, Kendall College of Art and Design of Ferris State University

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

IF THE STUDENT IS LESS THAN 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO READ AND SIGN THIS RELEASE FORM

This is a legally binding Assumption of Risk and Release, Waiver, Discharge, Indemnity and Covenant Not to Sue Form for Study Away Programs (referred to as the “Release Form”) executed by _____, (referred to as the “Student”) whose date of birth is _____, and whose address is _____, to Kendall College of Art and Design of Ferris State University, 17 Fountain Street NW Grand Rapids, MI 49503 (referred to as the “University”). The Student is participating in the _____ Study Away Program (referred to as the “Program”).

- 1. Risks of Study Away.** I understand that participation in the Ferris State University Study Away Program specified above involves dangers, hazards and risks not found in study at the University. These include dangers, hazards and risks involved in traveling to, 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; independent research activities; and local medical and weather conditions which also could include serious or even mortal injuries and property damage (referred to as “dangers and risks”). I have made my own investigation, have fully considered the aforementioned dangers and risks, and relying on my own judgment, am willing to participate and accept these dangers and risks.
- 2. 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.
- 3. Independent Activity.** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.
- 4. 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 which preclude or restrict my participation in this Program.
 - B.** I am aware of all applicable personal medical needs. I have or will secure medical insurance 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 therefor. 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 actions it considers to be warranted under the circumstances regarding my health and safety. I understand and agree that the University is granted permission to authorize emergency medical treatment, if necessary, and that such action by the University shall be subject to the terms of this Release Form. I understand and agree that the University assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I agree to pay all expenses relating thereto and release the University from any liability for any actions.
5. **Program Changes.** The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of 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 leave or am expelled from the Program for any reason, there will be no refund of 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.
6. **Assumption of Risk and Release of Claims.** Knowing the dangers and risks and dangers, hazards and risk involved in High Risk Travel described above, and in consideration of being permitted to participate in the Program. I agree, on behalf of myself, my spouse, family; estate, heirs, administrator(s), personal representative(s) and assigns, if I am deceased, to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Ferris State University Board of Trustees, Ferris State University, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).
7. **Severability.** I agree that should any provision or aspect of this Release Form be found to be illegal, void, or unenforceable, that all remaining provisions of the Release Form will remain in full force and effect.

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statements, have been made. This Release Form shall become effective only upon receipt of my application by Ferris State University at its offices in Michigan and shall be governed by the laws of the state of Michigan, which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program.

Signature of Student

Date

IF THE STUDENT IS LESS THAN 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO READ AND SIGN THIS RELEASE FORM

CAUTION: READ BEFORE SIGNING

I (A) am the parent or legal guardian of the above Student (B) have read the foregoing 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 the Release Form, and (D) agree, for myself, for the Student, for Student's family, estate, heirs, administrator(s), personal representative(s), or assigns, if Student is deceased, to be bound by its terms.

PARENT(S) OR GUARDIAN(S)

PARENT(S) OR GUARDIAN(S)

Signature: _____

Signature: _____

Relationship to Student _____

Relationship to Student: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

SECTION: BUDGET WORKSHEET

It is important to estimate the costs for study away and the financial resources available to fund them. Note that tuition, fees, room, and meals frequently increase from 5-15 percent per year. Your study away financial aid package may vary from your typical semester financial aid package.

Bring the form (with Section One completed) to the Student Services Office (7th floor, 17 Fountain building) and a Financial Aid Representative will complete Section Two and sign it.

Section One

Student Name: _____

ID: _____

Host Institution or Program Provider: _____

Affiliate Program: Yes No

Semester of Exchange: _____

KCAD/Ferris tuition charged? Yes No

ESTIMATED COSTS:

	Per Term	Annual	
Tuition/Fees	\$ _____	\$ _____	
Host Room and Meals	\$ _____	\$ _____	
Books/Supplies	\$ _____	\$ _____	
Insurance	\$ _____	\$ _____	
Transportation	\$ _____	\$ _____	
Personal Expenses	\$ _____	\$ _____	
Airfare to/from Host	\$ _____	\$ _____	
Miscellaneous	\$ _____	\$ _____	
	\$ _____	\$ _____	TOTAL ESTIMATED COSTS

Section Two

RESOURCES:

	Per Term
Personal Savings	\$ _____
Family Support	\$ _____
Federal Pell Grant	\$ _____
Perkins Loan	\$ _____
Federal SEOG	\$ _____
Institutional Aid	\$ _____
Scholarships	\$ _____
State Aid	\$ _____
Federal Direct Loans	\$ _____
Alternative Loans	\$ _____
Work on exchange	\$ _____
Other: _____	\$ _____
	\$ _____

Not all aid is applicable to exchange programs. Check with your Financial Aid Advisor and/or scholarship source.

Signature of Financial Aid Advisor

Date

TOTAL ESTIMATED RESOURCES

As a student receiving aid from Kendall College of Art and Design of Ferris State University for an approved Study Away Program, by submitting this form, I authorize the appropriate staff members of the Office of International Education, Financial Aid, Business Operations, Student Engagement and Academic Record's Offices at Kendall College of Art and Design of Ferris State University and the host institution or program provider listed on this form to exchange information on my application, to discuss my financial aid and to provide each other with necessary academic information such as hours attempted, hours completed and course grades each semester.

Student Signature _____ Date _____

SECTION: Enrollment Verification

This form must be completed each semester before aid can be disbursed. This form cannot be completed prior to your registration in your study away program.

If you make any changes to your schedule at the host institution, you **MUST** submit a new Advising Agreement Form along with the new course descriptions. If you do not submit the new form, there may be a delay in your financial aid refund.

Specify the semester you are applying for: Summer 20__ Fall 20__ Spring 20__
(May-Aug) (Aug-Dec) (Jan – May)

1. Student Name: _____
2. Student ID: _____
3. KCAD Program Name: _____
4. Email Address: _____
5. Host Institution/Program Provider: _____
6. Number of credit hours being carried at the host institution: _____

For financial aid purposes, the classes being taken at the host institution must be applicable to your KCAD degree program.

Complete the section below with information from your host institution. Attach a copy of your current class schedule with this form.

Course Number	Course Name	Credits (Host Institution)

Host Institution

Institution or Program Name: _____

We confirm that this proposed program of study is approved.

Revised July 5, 2022

Institutional Coordinator's Signature: _____

Date: _____