

International Service Learning Application

This application is used for all University of Denver International Service Learning (ISL) programs for which students apply through the International Service Learning Office. The ISL Office is related to the Study Abroad Office and all programs must abide by the policies set by the Office of Internationalization and the Faculty Service Learning Committee. If you need more specific information about any of the programs prior to applying, please contact Melissa Schaap or Karyn Sweeney in the Office of Internationalization or email isl@du.edu.

ISL applications will be evaluated on the quality and depth of the personal essay, faculty recommendations, and a possible interview. In addition, students must be in good academic and judicial standing with DU for consideration. Admission to participate in an international service learning program can be very competitive, and is not guaranteed.

Application Requirements:

- DU International Service Learning Application Form** (including signed copies of Student Responsibility Statement, Authorization to Release Information, and Risks and Responsibilities Agreement and Release)
- Short answer essays:** In a separate Word document, please answer the following questions (please cut and paste the respective question before the answer to each one):
 1. Please describe your understanding of international service learning (ISL) and explain why you are interested in participating in this particular ISL program.
 2. What most appeals to you about the service opportunities related to this program? What motivates you to serve? What skills, experiences, and/or interests do you bring to international service?
 3. Why should University of Denver students go to another country to serve and learn? How do you foresee building on this experience upon your return?
 4. What do you anticipate to be the most challenging aspect of this project?
 5. Please describe any international or inter-cultural experience(s) you have had.
 6. Please describe your experience working in a group or collaborating with others on a project.
- One academic letter of reference** (see form on website to give to your professor)
- Updated résumé**
- Three (3) copies of your passport** (be sure the picture is legible and that your passport is valid for 6 months after your return travel date)
- \$75 application fee.** Please make checks payable to the University of Denver. (Credit cards are no longer accepted by the University).
- (Optional) **SSF Application Form** (download this from the website if you are applying for this scholarship)

Deadlines:

See the ISL website for program specific application deadlines (www.du.edu/intl/isl).

Please **email** your completed application form, short essay answers, and résumé to: isl@du.edu

In addition, please submit one hard copy (with the requested signatures), your passport copies, and your application fee to International Service Learning, International House, 2200 S. Josephine Street, Denver, CO 80208

Applications that are incomplete at the time of the published deadline or submitted after the deadline will be charged a \$50.00 late fee.

Any questions concerning the application process should be directed to the International Service Learning Office.

DU International Service Learning Application Form

Application Category

- Applying for a DU program, but **not** as a Cherrington Scholar.

Permanent Contact Information

DU Student ID _____

Last Name _____

First Name _____ Middle Initial _____

Preferred Name _____

Permanent Address _____

City _____ State _____

Zip Code _____ Country _____

Telephone (_____) _____

Permanent E-mail _____

Current Campus Information

Campus Address _____

City _____ State _____

Zip Code _____

Telephone (_____) _____

Campus E-mail _____

Campus Address valid until _____

Standing when abroad

- Fr. So. Jr. Sr. Grad.

Major 1 _____ Major 2 _____

Minor 1 _____ Minor 2 _____

DU Cumulative GPA _____

Financial Aid / Scholarship Information:

Please note that scholarships and financial aid granted during the academic year **are not applicable** for this program. Please contact the ISL office with any questions you have regarding the cost of the program to which you are applying.

Would you like to be considered for need-based financial assistance to participate in the program? Yes No

Are you submitting an application for the Social Science Foundation Scholarship? Yes No (see website for more details)

Academic Advisor Signature: I have discussed this international service learning program with this applicant and approve his/her program choice:

Signature

Print name

Program Information

International Service Learning Program _____

Host University (if applicable) _____

City, Country of Program _____

Term of Study

Fall 20 _____

Winter 20 _____

Spring 20 _____

Summer 20 _____

Length of Program

Quarter

Semester

Year

Short term

Personal Information

Date of Birth ____/____/____
Mo Day Year

Gender Male

Female

Ethnicity (optional) _____

Citizenship U.S. Citizen

Non-U.S. Citizen

Permanent Resident

Native Language _____

Passport # _____ Country _____

Expiration Date _____

Emergency Contact Information

Name _____

Relationship to you _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Day Phone (_____) _____

Eve. Phone (_____) _____

E-mail _____



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 I will be allowed to participate in a DU study 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, and may be competitive.

____ I understand that whenever possible I will obtain advance course approvals for the ISL course.

____ I understand that I must attend the pre-departure orientations, retreat (if applicable), academic classes, re-entry session(s), and, possibly, a focus group upon my return.

____ I understand that it is my responsibility to work with the International Service Learning and Financial Aid Offices 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.

____ I understand that the application and program fees are non-refundable (unless I am not accepted to the program or the University has to cancel the program) and that I am responsible for the airfare deposit, full airfare, and any airfare cancellation expenses, should I not fulfill my commitment to participate in the program. I am also responsible for any additional expenses that have been spent on my behalf, should I have to cancel prior to departure or mid-program. I understand that all costs listed on the Estimated Cost Sheet are accurate as of the date listed on the sheet, and are subject to change.

____ 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 learning and serving abroad through the DU Disability Services Program.

____ Furthermore, I understand I am responsible for working with the appropriate DU staff and international service learning staff to develop an action plan on how I will accommodate my disability while learning and serving abroad.

____ 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 DU, I should research the programs and services available at the host institution well in advance of my arrival.

____ I understand that I must obtain a valid passport to travel abroad.

____ I understand that it is my responsibility to determine if I am required to obtain a visa to participate in the program and that if I do need a visa that I will apply for it or provide the necessary paperwork and pictures for it in a timely manner.

____ I understand that I must carry health insurance as required by the University of Denver and that it is my responsibility to understand how this insurance covers me while I am abroad.

____ I understand that I will obtain a letter grade from my international service learning program and this grade will appear on my DU transcript and will be calculated into my DU overall GPA.

____ I understand that if I intend to conduct any research that involves human subjects, I must contact the Institutional Review Board (IRB) for the Protection of Human Subjects to determine whether my research will need IRB approval. For more information, see <http://www.du.edu/osp/irb.html>.

Signature

DU Student ID

Print Name

Date



UNIVERSITY OF
DENVER

Authorization to Release Information

- I hereby waive my right of access to the information in my file including but not limited to reference letters or forms and information obtained from faculty, staff and university offices and ask that it be used in determining my application to the DU Sponsored International Service Learning Program. I certify that all the information I have given is true and complete. I agree to release any and all records to the International Service Learning Office at the University of Denver, as well as to the host university or cooperating agencies, as necessary for my participation in the program.

- I hereby allow the DU Study Abroad Office to contact my parents or emergency contact if deemed necessary.

Student Participant Signature

Date

Print Name

Student ID #

RISKS, RESPONSIBILITIES AGREEMENT AND RELEASE

I have agreed to participate as a student in a Study Abroad Program administered by Colorado Seminary, which owns and operates the University of Denver, or any other program sponsor. I understand and acknowledge that my participation in the program is wholly voluntary. Colorado Seminary (hereafter referred to as "DU") has agreed to allow me to participate in the program, and I, in turn, have agreed to the terms of this agreement.

1) Risks of Traveling Abroad

a) I understand and acknowledge that living in and traveling to and within, and returning from a country outside the United States involves inherent risks, dangers, and hazards not generally found at DU or otherwise in the United States, including, but not limited to: (1) air travel and all other types of transportation, including independent travel decisions to and from social, cultural and programmatic events, which could result in damage to property, injury to persons, or death; (2) political, legal, social, and economic conditions that are different than those applicable in the United States and that can change in an unpredictable manner; (3) differing standards of design, safety and maintenance of utilities, including computing facilities, buildings, public places and conveyances; (4) varying quality and availability of sanitation, housing, and medical care; and (5) the potential for loss of property, personal injury, or death due to war, terrorism, crime, civil unrest, kidnapping, illness, public health risks diseases, accidents, and/or violence. In addition, I understand and acknowledge that participation in certain dangerous activities may cause me to face an increased risk of injury or death.

b) I understand that the conditions affecting the risks associated with travel can change on a daily basis. I also understand that it is my own responsibility to keep informed of those conditions as they change from day to day. I am aware that applicable current travel advisories and travelers' health information issued by the U.S. Department of State and the Center for Disease Control information materials can be found at the following Internet site addresses, www.state.gov/travel/ and www.cdc.gov/travel/index.htm, and that I should consult and review this information before departure. Further, I have made my own investigation and I am willing to accept the risks, hazards, and dangers inherent in international travel and the activities included in the program.

c) I understand that I may experience treatment different from what I have experienced in the United States due to the customs and standards of the foreign countries and/or distorted stereotyped images that people of other countries may have acquired. I further understand that such treatment might be unexpected, inappropriate or even illegal if it were to occur in the United States.

d) I understand and acknowledge that DU does not represent nor 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 related to the program.

2) Conduct While Traveling Abroad

a) I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug and alcohol use, and behavior. I will become informed of, and will abide by, all such standards and laws for each country to or through which I travel during my participation in the Program. I agree to conduct myself in a manner that is consistent with those standards and that will comply with those laws, along with the regulations and policies of my host university, as well as DU policies and procedures, including but not limited to, the DU Code of Student Conduct.

b) I agree that I will attend to any legal problems I encounter with any foreign nationals or the government of the host country or any country to or through which I travel during my participation in the program. I understand that DU is not responsible for providing any assistance to me under such circumstances. I also agree to reimburse DU for any expenses incurred or caused by me, including but not limited to expenses arising out of vandalism, damage to property, or theft.

c) I understand that DU may immediately and in its sole discretion discontinue my participation in the program if my conduct is unacceptable. I also agree that if DU takes such action, I will leave the program immediately; that I will receive no financial refund for any cost of the program and; that I will be solely responsible for all costs and expenses for my return travel.

3) Health and Safety While Abroad

a) I understand that medical care available in countries outside the United States may not be equivalent to care to which I am accustomed and which is generally available to me. I have assessed my own medical needs and have made my own investigation into the medical care available at the location of the program and in countries through which I may travel while I am participating in the program. I represent and warrant that the medical care available is adequate to meet my needs and I am willing to accept any increased risks, hazards, and dangers to me in this regard.

b) I represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance, which provides insurance for injuries and illnesses I may sustain or experience in my travels, and, more specifically, in the country that I will be living and/or traveling while on the program. This coverage includes hospitalization, medical evacuation and repatriation. I agree to purchase an International Student Identity Card (ISIC), which will be in effect during the entire length of the program. ISIC insurance is considered supplemental and should not take the place of other

