

# From Kyoto to Copenhagen, Negotiating the Future of the Planet New Globally Integrated Program\*

**\*This course is under review and faculty approval is pending.**

**Fall 2009 (half-credit), Spring 2009 (half-credit), with trip to UN Climate Change Conference in Copenhagen in December 2009**

**Statement of Interest Requested:** Interested students should go to [www.dickinsoncop15.weebly.com](http://www.dickinsoncop15.weebly.com) for information and to register interest in the course. This will assure that you receive information over the summer about the program and application process.

**Application Deadline:** June 30, 2009. An application form and instructions will be available on-line soon at [www.dickinson.edu/global/programs/globally-integrated/index.htm](http://www.dickinson.edu/global/programs/globally-integrated/index.htm).

**Approximate Dates of Study Abroad Component in Copenhagen:** December 5-19, 2009 (exact dates are subject to change).

**Note:** Students who are accepted for the program will be able to register during the Add/Drop period during the fall term. The dates of the UN climate change conference are December 7-18, 2009, which coincide with the last week of classes and finals week. To register for this course, students must obtain permission to miss the last two weeks of the Fall 2009 term from professors of all their other courses and must make arrangements with their professors to complete exams and assignments prior to departure for Copenhagen.

**Program:** National governments that are parties to the United Nations Framework Convention on Climate Change (UNFCCC) are engaged in intensive negotiations of a new climate change treaty that would replace the Kyoto Protocol and is expected to be a key turning point for global environmental governance. We will study scientific, environmental, technological, economic, political, cultural, and ethical aspects of the issues being negotiated, the perspectives and positions of parties to the negotiations, and the negotiation process. The course will be offered as a one-credit course that will span fall and spring semesters and will require attendance of the 15<sup>th</sup> Conference of the Parties to the UNFCCC in Copenhagen in December 2009. Students must complete all three components to receive credit for the course.

In the fall term, we will develop an understanding of the key issues being negotiated, the positions of selected governments and alliances, and the different and shared circumstances that influence their positions. We also will plan and prepare for a group research project, which will use interviews to collect data at the Copenhagen conference. During the conference, we will meet with representatives of government delegations and UN, civil society, business, and scientific organizations, attend official negotiating sessions, attend panel sessions and other events that are associated with the conference, and conduct and video tape interviews. In spring term we will reflect on our observations of the negotiations, analyze the interview data, synthesize our observations and data analysis, develop position statements, and present our results to the Dickinson community.

**Applicants:** Applications are invited for students to participate in the class and form our research team. The program is appropriate for students with strong interests in global environmental problems and governance. For our research team we want students with a wide range of disciplinary backgrounds, including international studies, policy studies, international business and management, sociology, anthropology, history, environmental studies, environmental science, and other physical sciences. We also seek students with skills in interviewing techniques, qualitative research methods, and film and video documentary techniques.

**Satisfies Major Requirements:** The following departments have indicated that the course can satisfy their requirements for majors: International Studies, International Business and Management, Environmental Studies, and Environmental Science. Students should consult their academic advisers to confirm that the course can be counted toward their major requirements. The course will be cross listed as Interdisciplinary Studies 392 and International Business and Management 300.

**Instructor:** Neil Leary

**Meeting days/times:** Class will meet 90 minutes per week. Days/times will be decided to fit the schedules of students who are accepted for the program. **Estimated Cost:** To be determined **Class size:** 12



## APPLICATION INSTRUCTIONS: COPENHAGEN GLOBALLY INTEGRATED PROGRAM 2009-2010

- **Deadline: June 30, 2009**
- Please read these instructions *in their entirety* **before** you begin filling out the application forms.
- Please submit your complete application to the Office of Global Education, The Stern Global Education Center, Dickinson College, P.O. Box 1773, Carlisle, PA 17013-2896.

### ELIGIBILITY

- Please consult the Office of Global Education website ([www.dickinson.edu/global/](http://www.dickinson.edu/global/)) for information about specific eligibility requirements.
- The minimum GPA for this program is 2.80. There are no prerequisites for this program.
- Students on academic or disciplinary probation or suspension, or with other serious disciplinary records, are not eligible for off-campus study.
- Students with delinquent financial accounts are not eligible for off-campus study.

### OTHER IMPORTANT INFORMATION

**Passports:** If you do not have a passport, begin applying immediately – it can be a lengthy process. If you have a passport, make sure it is valid for at least six months beyond the **end date** of your program; if it is not, you should begin the renewal process immediately.

**Financial Aid:** You should begin to think now about the sources of income that you expect to use to cover your expenses while off-campus (e.g., personal savings, parent contributions, loans, other financial aid). Be sure to review carefully the financial aid policies available at the Financial Aid Office. You are eligible to apply for financial aid for one short-term program. Please note that Dickinson grants and scholarships are available only to Dickinson College students; students from other institutions should check with the financial aid offices on their home campuses to determine eligibility.

### APPLICATION CHECKLIST

- Applicant Information Form**
- Statement of Purpose (1-1 ½ pages), addressing the following questions specific for this program:**
  - What are your academic, civic, and/or other goals and how would your participation in this particular program help you to achieve them?
  - What course work and other experiences have you completed that have prepared you to benefit from this program?
  - What knowledge and capabilities would you bring to the research team that would contribute to a high quality group research project? (e.g. qualitative and/or quantitative research methods, policy analysis, science of climate change and climate change impacts, international relations, cross-cultural analysis, international business, interviewing skills, videography, video documentary, etc).
  - *Note: Please be sure to include your name on your statement of purpose.*
- Supplemental Information Form**

- 2 Academic Recommendations**
  - Recommendation forms should be completed by faculty members who can attest to your qualifications for successful completion of a study abroad program. Your application cannot be reviewed until all recommendations have been received.
  - One of the two required recommendations must be completed by your academic advisor. Please see the specific Academic Advisor Recommendation Form.
  - *Note: Recommendations sent via email (to [global@dickinson.edu](mailto:global@dickinson.edu)) should be marked “confidential.”*
  
- Transcripts**
  - A transcript of **all** college-level work must be submitted.
  - Dickinson students may submit an unofficial transcript from the Registrar or print their transcript from Banner. If you print your transcript from Banner, please make sure that it includes your name.
  - Submit your transcript with your application now, but be sure that an updated transcript is sent when the current semester is over.
  - If you believe there is a need to explain any portion of your academic record (e.g., incompletes, withdrawals, abnormally low grades), attach a separate sheet with an explanation.
  
- Student Agreement Form**
  - This form establishes a contractual understanding between the applicant and Dickinson College.
  - Faxed signatures cannot be accepted.
  
- Medical Information Form**
  - If you authorize contact with your health care providers in the event of an emergency, your signature on page 2 must be notarized. This can be done on campus free of charge for students. Please contact the following people in Old West for more information: Eileen Bear (x1322) or Shirley Boggs (x1166).
  
- Passport Page**
  - Submit:
    - a photocopy of the signed ID page of your passport, *OR*
    - a photocopy of your passport application, *OR*
    - a photocopy of your passport renewal application.
  - Be sure your passport ID page is signed and that your passport is valid for at least six months past the end date of your program.
  - If you are applying for or renewing your passport, you must submit a photocopy of the signed ID page of your passport to the Office of Global Education as soon as you receive it.
  
- International students only:** Please submit a copy of your U.S. visa and/or Green Card.
  
- \$25 Application Fee**
  - This is a non-refundable fee.
  - Please make your check payable to Dickinson College and include your Banner number, program, and proposed term abroad on the check.



### APPLICANT INFORMATION

Name and Location of Program(s): \_\_\_\_\_

Term Abroad (please check one):

\_\_\_\_\_ Academic Year  
\_\_\_\_\_ Fall Semester  
\_\_\_\_\_ Spring Semester

\_\_\_\_\_ Summer  
\_\_\_\_\_ January (Globally-Integrated)

Year (please check one):

\_\_\_\_\_ 2009  
\_\_\_\_\_ 2010  
\_\_\_\_\_ 2009-10

Your name: \_\_\_\_\_ Banner #: \_\_\_\_\_  
*(last, first, middle)* *(Dickinson students only)*

Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*(month/day/year)* *(city, state, country)*

Passport Number: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Name of Home College or University: \_\_\_\_\_  
Complete Campus Address: \_\_\_\_\_ Valid Until: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address (if different from permanent address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Address (if different from permanent address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Who should be notified first in case of emergency? Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

If you checked "Other" please list your primary emergency contact:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ACADEMIC INFORMATION

Employee Dependent Tuition Waiver: \_\_\_\_\_ Institution at which parent is employed: \_\_\_\_\_

Please check here if you are independent (*responsible for your own tuition, room & board, insurance, etc.*) \_\_\_\_\_

Current academic standing: First Year \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Have you declared your major? \* \_\_\_\_\_ Academic Advisor(s): \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ Average in Major(s): \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

**\*If you are applying for a semester or academic year program, you must officially declare a major before your application will be reviewed.**

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## ACADEMIC RECOMMENDATIONS

Please indicate the names and departments of professors from whom you have requested recommendations. **Three** academic recommendations and a language recommendation are required for most Dickinson and Dickinson Partner Programs; applicants for non-Dickinson programs are required to submit **two** academic recommendations. **One of the three (or two, in the case of non-Dickinson programs) letters of recommendation must be from your academic advisor in your declared major.**

1. Academic Advisor: \_\_\_\_\_  
*Name Department & Institution*

2. Professor: \_\_\_\_\_  
*Name Department & Institution*

Please complete the following:

**Under the provisions of the Family Educational Rights and Privacy Act of 1974:**

I **waive** \_\_\_\_\_ **retain** \_\_\_\_\_ my rights of access to these recommendations and understand that the information provided will only be used for the purpose for which it was prepared.

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

I give my permission for the recommendation to be sent via e-mail to: [global@dickinson.edu](mailto:global@dickinson.edu)

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

Are there any special needs or accommodations which you would require to successfully complete this program? If so, please list here.



**SUPPLEMENTAL INFORMATION FORM**

Student name: \_\_\_\_\_ Banner #: \_\_\_\_\_  
*(Dickinson students only)*

Name of Program(s): \_\_\_\_\_ Term(s) abroad: \_\_\_\_\_

What courses are you registered to take in Fall 2009?

Course title	Course # and section	Professor	Meeting days/times

**Background Information**

*Your answers to this set of questions will provide the on-site program staff with additional information about your background and interests. In addition to giving them the opportunity to get to know you a bit before you arrive, your answers will also help them to make appropriate housing assignments.*

Do you have any siblings? If so, please indicate their ages and genders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies that should be taken into consideration when assigning you to housing? If so, please list:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_

Do you smoke? \_\_\_\_ Yes \_\_\_\_ No  
If no, would you be willing to live with a smoker? \_\_\_\_ Yes \_\_\_\_ No

Roommate preference (if applicable): \_\_\_\_\_

Hobbies/Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sports in which you participate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any personal preferences or dislikes concerning your living situation abroad.

How would you define a good relationship with your future host family/roommates?

What is your most pleasing personal characteristic? What is your least endearing characteristic?

Please feel free to provide any additional information of which the program should be aware.



ACADEMIC ADVISOR RECOMMENDATION

To the applicant: Please provide the information requested below and choose whether or not to waive your access rights; then give this form to your academic advisor in your declared major and ask him/her to return the completed form to the Office of Global Education.

Name of Applicant: \_\_\_\_\_ Program(s): \_\_\_\_\_

Term Abroad (please check one):

- \_\_\_\_\_ Academic Year
\_\_\_\_\_ Fall Semester
\_\_\_\_\_ Spring Semester

- \_\_\_\_\_ Summer
\_\_\_\_\_ January (Globally-Integrated)

Year (please check one):

- \_\_\_\_\_ 2009
\_\_\_\_\_ 2010
\_\_\_\_\_ 2009-10

Please complete the following:

Under the provisions of the Family Educational Rights and Privacy Act of 1974:

I waive \_\_\_\_\_ retain \_\_\_\_\_ my rights of access to this recommendation and understand that the information provided will only be used for the purpose for which it was prepared.

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

I give my permission for the recommendation to be sent via e-mail to: global@dickinson.edu

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

To the academic advisor(s): Students are strongly encouraged to discuss their study abroad plans with their academic advisor(s) prior to completing an application. Please comment on the suitability of the student's plans as related to the completion of his/her degree in general, and his/her major plan of study more specifically. If possible, please also comment on the applicant's academic and personal qualifications for successful completion of a Global Education program, answering as many questions as possible. If you do not have sufficient knowledge of the student to provide an answer to a question, please feel free to leave it blank. No single negative statement will serve as the sole basis for rejection. Please note that the student's application cannot be reviewed until all recommendations have been received. Thank you for assisting in this evaluation.

- 1. How long and in what capacity have you known this applicant?
2. Has the student discussed his/her study abroad plans with you? Will participation in this program complement the applicant's studies in his/her major field?
3. What qualities or experiences make the applicant a suitable (or unsuitable) candidate for study in this program?



4. Please evaluate the applicant according to the following criteria:

	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	UNABLE TO ASSESS
Intellectual Ability						
Academic Motivation						
Written Communication						
Oral Communication						
Emotional Stability						
Level of Independence						
Adaptability						

5. Do you think the applicant would make a satisfactory adjustment to living and studying abroad? Why or why not?

6. Please check the statement that most accurately reflects your opinion of this student's suitability for the program:

- The student has my unqualified recommendation.
- I recommend the student with slight reservations (noted elsewhere), and expect him/her to be successful.
- I consider this student to be a real risk but still want to urge his/her acceptance because I believe him/her to be worth the risk.
- I cannot recommend this student for the program.

7. Do we have your permission to use this recommendation for multiple programs, and to forward it to non-Dickinson programs to which the student may be applying?

- Yes
- No

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please return this form as soon as possible to:**

The Office of Global Education  
 Stern Global Education Center  
 Dickinson College  
 P.O. Box 1773  
 Carlisle, PA 17013-2896  
 Tel: (717) 245-1341, Fax: (717) 245-1688  
 e-mail: global@dickinson.edu



### RECOMMENDATION FORM

**To the applicant:** Please provide the information requested below and choose whether or not to waive your access rights; then give this form to your recommender and ask him/her to return the completed form to the Office of Global Education. Please note that this recommendation must be completed by a faculty member.

Name of Applicant: \_\_\_\_\_ Program(s): \_\_\_\_\_

Term Abroad (please check one):

- \_\_\_\_\_ Academic Year
- \_\_\_\_\_ Fall Semester
- \_\_\_\_\_ Spring Semester

- \_\_\_\_\_ Summer
- \_\_\_\_\_ January (Globally-Integrated)

Year (please check one):

- \_\_\_\_\_ 2009
- \_\_\_\_\_ 2010
- \_\_\_\_\_ 2009-10

Please complete the following:

**Under the provisions of the Family Educational Rights and Privacy Act of 1974:**

I waive \_\_\_\_\_ retain \_\_\_\_\_ my rights of access to this recommendation and understand that the information provided will only be used for the purpose for which it was prepared.

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

I give my permission for the recommendation to be sent via e-mail to: [global@dickinson.edu](mailto:global@dickinson.edu)

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

**To the recommender:** Please comment on this applicant's academic and personal qualifications for successful completion of a Global Education program, answering as many questions as possible. If you do not have sufficient knowledge of the student to provide an answer to a question, please feel free to leave it blank. No single negative statement will serve as the sole basis for rejection. **Please note that the student's application cannot be reviewed until all recommendations have been received.** Thank you for assisting in this evaluation.

1. How long and in what capacity have you known this applicant?

2. Please evaluate the applicant according to the following criteria:

	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	UNABLE TO ASSESS
Intellectual Ability						
Academic Motivation						
Written Communication						
Oral Communication						
Emotional Stability						
Level of Independence						
Adaptability						

3. What other qualities or experiences make the applicant a suitable (or unsuitable) candidate for study on this program?

4. Do you think the applicant would make a satisfactory adjustment to living and studying abroad? Why or why not?

5. Please make any additional comments that might be helpful to the selection committee:

6. Please check the statement that most accurately reflects your opinion of this student's suitability for the program:

- The student has my unqualified recommendation.
- I recommend the student with slight reservations (noted elsewhere), and expect him/her to be successful.
- I consider this student to be a real risk but still want to urge his/her acceptance because I believe him/her to be worth the risk.
- I cannot recommend this student for the program.

7. Do we have your permission to use this recommendation for multiple programs, and to forward it to non-Dickinson programs to which the student may be applying?

- Yes
- No

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please return this form as soon as possible to:**

The Office of Global Education  
Stern Global Education Center  
Dickinson College  
P.O. Box 1773  
Carlisle, PA 17013-2896  
Tel: (717) 245-1341, Fax: (717) 245-1688  
e-mail: [global@dickinson.edu](mailto:global@dickinson.edu)



## STUDENT AGREEMENT

In consideration of my selection for participation in a Dickinson College Study Abroad and/or Domestic Off-Campus Program, I, \_\_\_\_\_, hereby agree to the following conditions of responsibility:

1. I acknowledge that the Dickinson College study abroad and domestic off-campus programs represent the broad values of liberal education and bonds between cultures. As a guest in a host country or with a host family, I will strive to understand and respect norms of conduct and patterns of the host culture. I agree to represent the College responsibly and to abide by dress and cultural codes suitable to the cultures visited.
2. I agree to abide by all policies and regulations of the host institution and/or the regulations of the Dickinson Center I may be attending. I understand that as a participant in a study abroad or domestic off-campus program I remain enrolled at the College and will continue to abide by all College policies, rules or regulations outlined in the *Student Handbook*. I understand that the College has the right to, and will, withdraw me from the program at any time if, in the judgment of the Associate Provost of Global Education, on the advice of the Program Director, I have violated such policies, rules or regulations or have engaged in disruptive behavior, academic infractions, or conduct which could bring the program into disrepute or disrupt the operation of the program. I agree, specifically, that I will have no involvement with illegal drugs, will not engage in illegal or abusive use of alcohol, and will participate in all classes and scheduled activities. I agree further that a decision to withdraw me from the program is final and that I am not entitled to any refund.
3. I further agree that the College may withdraw me from the program and send me home at any time during the program at my expense if the College determines that my continued participation in the program will adversely affect my health, safety or welfare, or the health, safety, welfare or enjoyment of the program by others. I agree further that a decision to withdraw me from the program is final and that I am not entitled to any refund.
4. I understand that the procedures outlined in this section for dealing with discipline and well-being are different than those outlined in the *Student Handbook*, and I agree that the procedures outlined in this agreement shall apply while I am a participant in a study abroad or domestic off-campus program. Further, I understand that a determination made by the Associate Provost of Global Education may be the basis for further disciplinary action by the College, in addition to causing my withdrawal from the program.
5. I understand and agree that in order to be assessed and receive credit for academic work completed while studying off campus, I must participate fully in the program. I also recognize that I am expected to complete the entire program and may forfeit credit should I choose to arrive after the program begins or leave the program early without the prior consent of the Program Director, the host institution, and the Office of Global Education.
6. I agree to indemnify and hold the College harmless from and against all claims and actions for property damage or personal injury sustained by me or any other person or entity, which arise out of my participation in the program, including but not limited to, violations of the policies and regulations of the host institution, violations of the policies, rules and regulations of Dickinson College, violations of law, and/or which are due to my sole or concurrent negligence with the College.
7. I, on behalf of myself, my heirs and personal representatives, hereby release Dickinson College and any cooperating institution and each of their officers, employees, successors and agents from any and all claims and causes of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death arising out of my participation in the study abroad program and/or travel or activity conducted by or under the control of Dickinson College or any cooperating institution.
8. I understand and acknowledge that there are risks and delays common to travel abroad and that there may be special health risks associated with living and studying in the country or area I have chosen. I understand that I have a responsibility to exercise due caution in my behavior while in the program and agree further that I am personally responsible for obtaining adequate health insurance, health information, instruction, immunizations, and prophylactic medications appropriate to my study abroad program.

9. I have read and understand the refund policies of Dickinson College as outlined in the program orientation handbook published by the Office of Global Education, and I understand that the application fee and confirmation payments are non-refundable.

10. I understand and agree that I will provide all completed materials, forms, and payments by the due dates specified and recognize that failure to do this may result in either added costs or in my being withdrawn from the program. Further, I have read or will read and understand all general information provided on this program by the Office of Global Education, and will attend and participate in all orientation meetings and other pre-departure briefings.

11. This agreement shall be construed in accordance with the substantive laws of Pennsylvania without regard for its conflicts of laws provisions. The Courts of the Commonwealth of Pennsylvania, Cumberland County or the United States District Court for the Middle District of Pennsylvania shall have exclusive jurisdiction over any issue or dispute arising under or out of this agreement. Still further, each of the undersigned individuals hereby consents and submits to the personal jurisdiction of the courts set forth in this provision and waives any challenge to the venue or jurisdiction of such courts over them.

12. I grant permission to the Office of Global Education to request on my behalf an official or unofficial transcript from the Registrar's Office at Dickinson College for the purpose of reviewing my GPA or to send the transcript directly to the institution to which I am applying. If I am from another school or have a transcript through another school, it is my responsibility to request a transcript with current information to be sent to the Office of Global Education.

13. I grant permission to the Office of Global Education to release my name and contact information to fellow program participants and to future students interested in applying to study off-campus.

14. I hold the following health insurance coverage which is valid overseas for the duration of my study abroad program. I understand that if this information should change I must notify the Program Director and the Office of Global Education at once; further, that if this insurance should lapse because of unpaid premiums during my stay, I and my parent(s)/guardian(s) are responsible for health expenses incurred.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I have read and agree to the above:**

**Participant student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program:** \_\_\_\_\_

*Please note that your signature must be original. Faxed or photocopied signatures cannot be accepted.*

Please list the first person to contact in case of emergency for the time the participant is abroad.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_



Medical Information Form

It is important to the success of your experience abroad that the Office of Global Education and your host program/ institution be aware of your health-related needs and/or concerns. We encourage you to be proactive about health concerns while abroad by discussing them early on with a health or disability counselor on campus and with the on-campus coordinator or The Office of Global Education. Accommodations you receive in the United States and at Dickinson College may not be available at your host program/institution. You must fill out this form each time you apply to study abroad, unless you are applying for multiple programs for the same term.

Name of applicant \_\_\_\_\_

Program(s) for which applying \_\_\_\_\_

Academic year \_\_\_\_\_ or Fall \_\_\_\_\_ or Spring \_\_\_\_\_ or Summer \_\_\_\_\_ or January \_\_\_\_\_

I. EMERGENCY CONTACT (required):

Please give us the name of the first person we should contact in the event of an emergency abroad.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone numbers and contact information:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Your emergency contact is not required to have a passport, but we strongly encourage it. Having a passport already would make it easier for this person to travel to your program site on short notice in the event of a medical emergency.

Primary care physician:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mental health care provider/counselor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you been seen in the Dickinson College Health Center or Counseling Center in the past year?

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

In the event of a medical or mental health care situation while you are abroad, does Dickinson College have your permission to contact and consult with any or all of the health care professionals listed above without your further consent in order to assess your ongoing ability to participate successfully in the program? Your consent to this request is entirely voluntary and will not be used to assess your qualifications for studying abroad. Check one:

Yes: \_\_\_\_\_ (Please complete Release Form on Page 2) No: \_\_\_\_\_

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

**AUTHORIZATION FOR MEDICAL, PSYCHIATRIC,  
PSYCHOLOGICAL AND/OR HOSPITAL INFORMATION**

I, \_\_\_\_\_, being fully aware of my rights of privacy and confidentiality as guaranteed by the laws of the United States of America and the Commonwealth of Pennsylvania, hereby waive such rights and authorize any physician, medical attendant, medical institution, mental health care professional or other health care provider to furnish to Dickinson College or any representative thereof, any and all information or opinion including, but not limited to records, reports, notes, laboratory studies, which they may request regarding the physical, mental, emotional, psychological or psychiatric condition and treatment rendered to me necessary to assess my ongoing ability to participate successfully in the College's study abroad experience.

This authorization is for the release of the information and records referred to above only to Dickinson College and to no other persons, organizations, agencies, counsel or representatives without my express written permission.

This authorization is valid for one year from the date written below and is revocable at any time. To revoke this authorization, I must provide written notice of revocation to Dickinson College. Revocation of this release alone is not grounds for dismissal from the program.

A photostatic copy of this signed Authorization should be considered as valid as the original.

\_\_\_\_\_  
Signature

To be signed in the presence of a Notary Public

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

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

**II. HEALTH/WELFARE INFORMATION (optional):** This information is sought to help you and the College explore the availability of appropriate medical and psychological services abroad, including medications. Please feel free to share with us the following information. Please note that based upon the information you provide, you may be asked to provide further documentation from your health care provider before Dickinson College will authorize your participation in its Global Education program(s).

**Note: This page must be returned with your signature, regardless of whether you provide the requested information.**

1. Are you currently receiving medical or psychological care? Please note that we will share this information with our on-site director.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please identify (name and phone) the health care provider involved and describe the condition/illness and treatment:

2. Are you taking any medications on a regular basis?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please identify the medication(s), dosage and frequency and the condition/illness for which the medication is needed:

**\*\*Please note that some prescription drugs may not be legally obtainable or readily available in some countries. If you are currently taking a prescription drug on a regular basis, it is YOUR responsibility, rather than the College's, to take these factors into account as you prepare for studying abroad.**

3. Do you anticipate needing any special accommodation(s) on site (including classroom, academic or housing) due to a documented disability?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe and contact the Disability Services Office at Dickinson as soon as possible to discuss whether such needs can be met.

**\*\*Please note that neither the Rehabilitation Act of 1973 nor the Americans with Disabilities Act applies to overseas programs. The same level of accommodations you receive on the Dickinson College campus in Carlisle, PA, or on the campus of your home college/university, may not be provided while you are abroad.**

4. Do you have any chronic health conditions (i.e., diabetes, asthma, seizure disorders)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe:

Does this condition require treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe the treatment, including any medications:



5. Do you have any allergies that require medical treatment?

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

Please describe the allergy(ies) and the treatment(s), including medications:

6. Do you have any specific dietary restrictions?

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

Please describe:

The answers I have given above are true, correct and complete, to the best of my knowledge and belief.

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

Name (please print): \_\_\_\_\_

## FINANCIAL AID POLICIES FOR OFF-CAMPUS STUDY

Students wishing to apply for financial aid for international or domestic off-campus study must first have their application approved by the Office of Global Education. In addition, they must complete a Free Application for Federal Student Aid (FAFSA), Online Financial Aid Application, and a State Grant Application (if appropriate). Since financial aid is based in part on the cost of the program, eligibility for some financial aid resources may be different than for semesters spent on campus. Eligibility is also affected by the type of abroad program, as outlined below:

- **Dickinson and Dickinson Partner Programs:** *Beijing, Bologna, Bremen, Brisbane, Málaga, Moscow, Nagoya, New York City/Baruch, Norwich (Humanities and Science), Querétaro, Seoul, Toulouse, and Yaoundé; American University in Cairo (AUC), CIEE Hyderabad, CIEE São Paulo, Hebrew University, ICCS Rome, IES Buenos Aires, Jewish Theological Seminary (JTS), School for Field Studies, University of Durham, and The Washington Center (TWC).* Students studying on Dickinson and Dickinson Partner Programs can receive aid from the sources for which they demonstrate eligibility, including federal, state, and Dickinson grant, scholarship and loan programs. The Bologna, Málaga, and Toulouse programs also offer limited Federal Work-Study opportunities. The Central Pennsylvania Consortium (CPC) is treated as a Dickinson program for financial aid purposes.
- **Dickinson Short-Term (Summer) and Globally-Integrated Programs (January):** Students currently receiving need-based Dickinson grant assistance may receive aid for a single, one-credit, off-campus summer or January short-term program in addition to the eight semesters traditionally required for graduation. (For example, students enrolling in the three-credit Washington Center summer program may be considered for grant aid covering one course credit only, approximately one-third of the program cost.)

A student may receive aid for only one such program during his or her academic career. Eligible students will first receive loan assistance; grant aid will be awarded to students with the highest financial need. Because a budgeted amount of grant aid is available for these short-term programs, students must apply early for assistance. Applicants will receive short-term program financial aid awards shortly after they have been accepted into their program and before they must make their enrollment decision.

- **Non-Dickinson Programs:** (e.g., *Advanced Studies in England, Arcadia University, Butler University, School for International Training, Studio Art Center International, Syracuse University, etc.*) Students studying off-campus through a non-Dickinson program may receive state grants, Federal Pell Grants, Federal Stafford Loans, Federal PLUS Loans, and a variety of alternative loans and financing systems. Students are **not** eligible for Dickinson merit scholarships, need-based grants, or endowed scholarships, Federal Work-Study, or Federal Perkins Loans. Unused funds from these programs cannot be transferred to another semester.

**IMPORTANT NOTE FOR STUDENTS ON NON-DICKINSON PROGRAMS:** If you would like the College to make payment on your behalf, send all host school bills to Dickinson's Office of Global Education (attn: Laurie Mossler). You and your family will be responsible for paying Dickinson College any amount not covered by federal and/or state financial aid. There is a \$65 administrative fee for this service.

If you prefer, you may pay your host institution directly, then reimburse yourself after your financial aid has been processed, credited to your Dickinson College student account, and refunded to you. Please note that you must request a credit refund from our Student Accounts office (717-245-1953, or [stuacct@dickinson.edu](mailto:stuacct@dickinson.edu)).

Whether you elect to have Dickinson make payment on your behalf or pay your host institution directly, you must complete an **Off-Campus Financial Aid Information Form**, which will allow the financial aid office to execute a consortium or contractual agreement with the host institution. This document specifies that Dickinson College will be solely responsible for processing your financial aid.

Please understand that if the above procedures are not followed, you will not be able to receive financial aid for your off-campus program of study. You are encouraged to make an appointment with your financial aid counselor (717-245-1308, or [finaid@dickinson.edu](mailto:finaid@dickinson.edu)) to discuss your specific questions and situation.