

## **GENERAL INFORMATION FOR CREDIT**

You have taken the first step to an enlightening and enjoyable international experience by inquiring about the course, International Nursing: Health Care in Germany, July 7 -18 , 2008. This is a unique learning experience for nursing students. The course will be conducted in Freiburg, Germany – home of the Black Forest and ecology capital. Classes will focus on health care services and reform, financing health care, nursing in acute, primary care, and alternative care settings, maintaining standards, issues and ethics in nursing and nursing education. Site visits to a variety of health care facilities will offer opportunities to understand how health care is the same and yet different from health care in the United States.

Enrolling is the next step before getting your passport and packing your bags.

### **Enrollment Procedures**

1. Complete enrollment application form and make sure to identify the number of credits you are intending to take and whether it is as an undergraduate or graduate student.
2. Enclose check or money order for the \$200 deposit payable to The College of Nursing, University of Akron. This non-refundable down payment is applied to the program fees. A full refund will be made if the course has reached full enrollment or if the College cancels the course.
3. Complete both sides of the Health Status form, and return to The University of Akron, College of Nursing, attention: International Nursing.
4. Sign “Statement of Responsibility” and return one copy to the College of Nursing. Retain one copy for yourself.

5. Send above materials to:

College of Nursing  
International Nursing  
The University of Akron  
Akron, OH 44325-3701

\*We suggest you apply for a International Student Identification Card (ISIC). See: <http://www.myISIC.com> .

When you have completed these steps, you will be enrolled in the course at the College of Nursing. To register for the course you will follow registration procedures at The University of Akron. See link.

**The enrollment deadline is December 1, 2007.** Enrollment after the deadline will be on a space available basis. The final payment of the \$600 course fee must be made by June 1, 2008.

**Transportation** – Arrangements to and from Freiburg, Germany are the responsibility of the student. Contact the Study Abroad Program office at your university for assistance in locating the most suitable travel. Students who choose to travel to other countries prior to or following the course must make arrangements to begin and end the course by the established dates, July 7 to July 18, 2008. Students are expected to be in Freiburg 1 day prior to the beginning of the course and may not depart Freiburg until after 3pm on the last day of the course. Course fees cover accommodations from July 4 through July 19 , 2008.

**The University of Akron -- College of Nursing**  
**STUDY ABROAD ENROLLMENT APPLICATION**

Please Print or Type. *Enclose \$200 deposit with this application for enrollment.*

1. \_\_\_\_\_

Last Name First Name Middle Name

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ M\_\_\_\_F\_\_\_\_

Place of Birth \_\_\_\_\_ Current Citizenship \_\_\_\_\_

2. Current Mailing Address:

\_\_\_\_\_  
Number and Street or Box Number

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

Valid until \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

3. Permanent or Home Address:

\_\_\_\_\_  
Number and Street or Box Number

\_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

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

4. Email address: \_\_\_\_\_ Fax \_\_\_\_\_

5. Parent or person to contact in case of emergency:

\_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Number and Street Telephone Number email

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

\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Business Address Business Telephone email

6. Your Current Academic Status:

College Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_

Graduate Program \_\_\_\_\_ Registered Nurse (CEU) \_\_\_\_\_

7. Your Current College of Nursing: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

I, the undersigned, acknowledge that all statements are correct to the best of my knowledge. I agree to follow the policies and laws of the host country. I agree to follow the academic policies and procedures of The University of Akron.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**COURSE ENROLLMENT APPLICATION FORM**

**International Health Care in Germany**

NAME: \_\_\_\_\_

SELECT ONE OF THE FOLLOWING

8200:409 (undergraduate) \_\_\_\_ 2 credits \_\_\_\_ 3 credits

8200: 509 (graduate) \_\_\_\_ 2 credits \_\_\_\_ 3 credits

Continuing education \_\_\_\_\_

(Students taking this course for credit must enroll through the university. If students are from another university, contact T. Dowd ([tdowd@uakron.edu](mailto:tdowd@uakron.edu)) for information about registration)

**Remember: If you are taking the course as an alternative to Cultural Dimensions, you must register for three credits.**



**Study, Work,  
Travel Abroad Program**

Office of International Programs, Polsky Building 483  
330-972-6349 • www.uakron.edu/oip



## HEALTH/EMERGENCY INFORMATION

Name \_\_\_\_\_ Student I.D. No. \_\_\_\_\_

Permanent address \_\_\_\_\_

Telephone: Permanent \_\_\_\_\_ Local or cell \_\_\_\_\_

E-mail \_\_\_\_\_

Program name \_\_\_\_\_

Program location(s) abroad \_\_\_\_\_

Program dates \_\_\_\_\_

Birth date     /     /     Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_  
                  M      D      Y

Hair color \_\_\_\_\_ Eye color \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Distinguishing marks \_\_\_\_\_

Place of birth \_\_\_\_\_ Passport No. \_\_\_\_\_

Nationality (as noted on passport) \_\_\_\_\_

**Primary care physician:**

Name \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

**Person to notify in case of an emergency:**

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

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell/Beeper \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing address \_\_\_\_\_

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The purpose of this form is to help The University of Akron to be of maximum assistance to you should the need arise during your experience abroad. Mild physical or psychological disorders can become serious under the stresses of life while abroad. It is important that the program director be made aware of any medical or emotional problems, past or current, which might affect you in a foreign context. The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. The University of Akron may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program abroad.

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**Office of the Vice President for Student Affairs**

**Office of International Programs**

The Polsky Building 483

Akron, OH 44325-3101 USA

(330) 972-6349 Office

(330) 972-8604 Fax

**STATEMENT OF RESPONSIBILITY AND ASSUMPTION OF RISK  
REGARDING INTERNATIONAL PROGRAMS**

The undersigned is a student duly enrolled in the program offered by The University of Akron's

\_\_\_\_\_ through the \_\_\_\_\_  
(department or college) (name of program)

in \_\_\_\_\_  
(country or countries)

Behavioral Responsibilities: The undersigned is aware of the expected behavioral responsibility of the undersigned while participating in this program. He/she is aware that, as a guest in a foreign country, there is certain behavior which will be unacceptable and could lead to possible disruption of the undersigned's program for such inappropriate behavior. The undersigned hereby assures the University that he/she shall conduct himself/herself in an appropriate manner at all times. Such behavior shall include moments when in the company of other program members and moments when the undersigned may be physically separated from other program members. Inappropriate behavior is cause for dismissal from the program by The University of Akron or the host institution.

Academic Responsibility: The undersigned acknowledges and understands that he/she is responsible for maintaining a course of study while abroad. The undersigned guarantees that he/she will attend all classes, take all examinations and do all assigned work.

Legal Problems: The undersigned acknowledges and understands that should he/she fall into legal problems with any foreign nationals or government jurisdictions of the host country, he/she will attend to the matter personally with his/her own personal funds. The University does not guarantee what, if any, assistance it can provide under such circumstances.

Travel Problems: The undersigned acknowledges and understands that in the event he/she becomes detached from the group, fails to meet a departure bus or train, or becomes sick or injured, the undersigned will bear all responsibility to seek out, contact, and reach the group at its next available destination; and, the undersigned understands that he/she shall bear all costs attendant to contacting and reaching the program site.

The University of Akron cannot assure that travel arrangements will be without certain disruption. Accordingly, the undersigned acknowledges and agrees to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness, weather, strikes, or other unforeseen causes.

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The undersigned acknowledges and understands that The University of Akron assumes no liability whatsoever for any loss, damage, destruction, theft or the like to his/her luggage or personal belongings. The undersigned acknowledges that he/she has retained adequate insurance or has sufficient funds to replace such belongings and will hold the University harmless therefrom.

Medical Responsibility: The undersigned is aware that there are certain risks inherent in international travel and that The University of Akron, as a State of Ohio educational institution, cannot assume responsibility for all or certain activities of the undersigned. The undersigned is aware of his/her personal medical needs and hereby assures the University that he/she has consulted with a medical doctor, as he/she may have deemed necessary, with regards to any personal needs of the undersigned. Further, the undersigned is aware that the University cannot be responsible for attending to any of the medical needs of the undersigned.

The undersigned is aware that, should the undersigned be required to be hospitalized while in a foreign country or in the United States during this program, the University cannot and does not assume any legal responsibility for payment of such costs; rather, the undersigned hereby assures the University that he/she has assumed all risk and responsibility therefor and that the undersigned has adequate hospitalization to meet any and all needs for payment of hospital costs during this program.

Change in the Program: The undersigned also acknowledges and understands that no refunds for program fees will be made after departure. Certain unrecoverable costs may also be assessed to the student if cancellation is necessary before departure. The undersigned acknowledges the right of the University to withdraw, change, alter, delete or modify the itinerary and/or academic program as deemed necessary by the University.

The undersigned acknowledges that he/she is above the age of 18, that he/she has read the above statement and agrees to the conditions set forth above.

Witness:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

