

Application for Admission

Academic Year Abroad in France, Quebec and Burkina Faso

Choose One:	<input type="radio"/> Undergraduate <input type="radio"/> Graduate
--------------------	---

UNDERGRADUATES:

Tours:	<input type="radio"/> Fall and Spring Semesters <input type="radio"/> Summer (check one or two months):	<input type="radio"/> Fall Semester only <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August	<input type="radio"/> Spring Semester only
Paris:	<input type="radio"/> Fall Semester		
Burkina Faso:	<input type="radio"/> Spring Semester <input type="radio"/> Summer Semester		

GRADUATES:

Academic Year:	<input type="radio"/> France <input type="radio"/> Quebec	
Summer:	<input type="radio"/> France(check one or two months): <input type="radio"/> June <input type="radio"/> July	<input type="radio"/> Burkina Faso

Burkina Faso Summer Applicants only: indicate courses below (include Department, course numbers, & titles—minimum of 6 hours)

Dept.	Course No.	Title	Cr. Hrs.
Dept.	Course No.	Title	Cr. Hrs.
Dept.	Course No.	Title	Cr. Hrs.

Student Name

Last Name	First Name
Middle Name	Check one: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms
Name You Use	

Demographics

Date of Birth (mm/dd/yy)	Place of Birth
Social Security Number	Passport Number
BGSU ID (P00)	

Address/E-Mail

Permanent/Home Address* (Street Address)			
City	State	Zip Code	Telephone
E-mail Address		Cell Phone	
Your Present Address			
City	State	Zip Code	Telephone
Present Address Until What Date?		For Enrollment Purposes, are you Officially a Resident of Ohio? <input type="radio"/> Yes <input type="radio"/> No	

**Note: Summer mailings will be sent to this address unless you specify otherwise.*

Application continues on the other side ↩

Parent/Emergency Contact

Parent Title (check one) <input type="radio"/> Mr. & Mrs. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.			
Parent Last Name(s)		Parent First Name(s)	
Parent Address (if different from home address)			
City	State	Zip Code	Parent Telephone (Home)
Parent E-mail Address			Parent Telephone (Work)
Other Contact in Emergency			Telephone

Academics

College/University You Currently Attend	Cumulative GPA	French GPA
Major	Minor	

Foreign Language Background

In High School:	Language	Number of Years
	Language	Number of Years
In College:	Language	Number of Years
	Language	Number of Years
List titles and numbers of French university courses (beyond Intermediate) that you will have completed before going to France (N.B.: if these courses are not reflected in your current transcript, you will need to have your school send us an updated transcript at the end of this semester so that we may process your grades properly): <hr/> <hr/>		

Name, Phone and Office Hours of Recommending Professor:

How Did You Hear About Our Program?

Please write a brief essay in which you discuss the following issues: *Why do you wish to study abroad in Tours and/or Burkina Faso? What do you most hope to achieve during your time abroad? What is your biggest fear or concern related to this experience? How will study abroad help your personal and intellectual growth? Why are you a good study abroad candidate?*

I agree to conform to all rules governing the Program and assume complete responsibility for my own adequate insurance protection. I understand that Bowling Green State University shall not be or become liable or responsible in any way in connection with any means of transportation or other service or for any loss, injury, or damage to or in respect to any person or property during the Program. I agree to allow my College and the Student Life Office to release all records regarding my past and present academic and social standing to other universities, colleges, agencies, and education abroad programs when necessary for purposes of admission or entry into, or participation in, an education abroad program. These records may include disciplinary records maintained by my college or university. I understand that I may be denied admission to the Program if the University determines that I may pose an unacceptable risk to the safety of others or to the public reputation of the Program or the University.

I understand that I must inform the AYA Office in writing if I decide to cancel my participation in this program once having submitted this application, and that any expenses incurred on my behalf prior to written cancellation become my responsibility.

I have included the \$25.00 non-refundable application fee with this application.

Your Signature _____ **Date** _____

AYA France and Burkina Faso Program Guidelines

For a program such as ours, it is necessary to have certain guidelines to ensure that all participants receive maximum benefits from their study abroad opportunity. We want your studies in France and/or Burkina Faso to be positive experiences for you, in terms of both your formal education and your personal growth. We also want to make sure that you stay safe and healthy while abroad. In light of those goals, we actively support the University's Core Values: Respect for one another, Cooperation, Intellectual and spiritual growth, Creative imaginings, and Pride in a job well done.

In this handout, we include a list of the guidelines which you agree to accept while participating in Bowling Green State University's Romance Languages Study Abroad programs in France and/or Burkina Faso. **Please sign it, keep a copy for yourself and return the original to the BGSU Romance & Classical Studies Abroad Office.**

All students are expected to adhere to the Code of Conduct (found in the Student Handbook and at <http://www.bgsu.edu/offices/sa/judicial/code.html>) while participating in the program. In addition, we have developed the following list of specific guidelines to help ensure the health and safety of each student and provide a supportive learning community. Please read them carefully and return this form to us with your signature within 10 days in order to maintain your reserved spot in the program.

Education

1. I understand that class attendance is required except in the case of illness.
2. I agree to make a sincere effort to speak French at all times during program activities and classes. This includes during cultural excursions and while on break between classes at the Institut de Touraine and/or Ouagadougou.
3. I agree to maintain a respectful attitude toward the teaching personnel affiliated with the programs in Tours and/or Burkina Faso, as well as toward the subjects that they teach.

Health

1. I have considered my personal health and safety needs when deciding to participate in the program. I will inform the program office of any special health care concerns which are relevant to my living abroad. If traveling to Burkina Faso, I will take responsibility for all necessary vaccinations.
2. I have provided or will provide emergency contact information to the program office and authorize the Romance Languages Study Abroad office to contact this person in the event of an emergency.
3. I will obtain and maintain an appropriate health insurance policy so that I have adequate health care coverage during my study abroad period.
4. I will inform my parents, guardians or others who need to know about my participation in the program, provide them with emergency contact information, and keep them informed on an ongoing basis.
5. I will consult with the program staff regarding any health or safety concerns or emergencies while participating in the program.

General

1. I agree to read all orientation materials provided and return any necessary forms to the Romance Languages Study Abroad office. I will participate fully in the program and the Institut de Touraine and/or Ouagadougou orientations in France/Burkina Faso.
2. I will inform my host family if I am traveling or will not be home when expected.
3. I will comply with the codes of conduct established by the on-site director to promote the safety and comfort of all those in the group.
4. I agree to be respectful of the rights and well-being of all program participants including students, faculty, staff, and members of my host family.
5. I agree to send a "thank you" card or note to my host family in Tours and/or Burkina Faso upon my arrival in the U.S.

PLEASE PRINT

Last Name _____ First Name _____

Semester and Year of Participation: o Fall o Spring o Summer Year 20_____

Signature _____ Date _____

Housing Preference Questionnaire

Last Name _____ First Name _____

Location(s) of Study Abroad _____

Semester and Year of Participation: ☐ Fall ☐ Spring ☐ Summer Year 20 _____

Sex: ☐ M ☐ F Age _____ Status: (check one) ☐ Fresh ☐ Soph ☐ Jun ☐ Sen ☐ Grad

Though we cannot guarantee placing you in the “perfect house,” the following information will help us with housing and roommate selection.

- | | | | |
|---|------------------------------|----------------------------------|-----------------------------------|
| 1. How do you feel about living in a home with young children? | <input type="radio"/> prefer | <input type="radio"/> prefer not | <input type="radio"/> indifferent |
| 2. How do you feel about living in a home with pets? | <input type="radio"/> prefer | <input type="radio"/> prefer not | <input type="radio"/> indifferent |
| 3. Do you want to live near other students? | | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Are you a serious vegetarian?
<i>*Please note that not all families can accommodate vegetarians</i> | | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Are there any foods which you will not/cannot eat? Please elaborate | | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. Do you have any other dietary needs? | | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Do you have any food allergies? Please indicate extent and severity: | | <input type="radio"/> Yes | <input type="radio"/> No |
| 8. Do you have any non-dietary allergies? | | <input type="radio"/> Yes | <input type="radio"/> No |
| 9. Do you have any physical handicaps which may affect your mobility? | | <input type="radio"/> Yes | <input type="radio"/> No |
| 10. Do you smoke? | <input type="radio"/> Yes | | <input type="radio"/> No |
| Can you stand a roommate who does? | <input type="radio"/> Yes | | <input type="radio"/> No |
| Can you stand housemates who smoke? | <input type="radio"/> Yes | | <input type="radio"/> No |

Please rank the statements in questions 11 and 12 according to your preferences (1 being the most desired situation):

11. Each household is different. Some are more luxurious than others and in some, you might be "mothered" more than in others.
- ____ I prefer to remain as independent as possible
- ____ I would like to be treated as a member of the family, even if the accommodations are less luxurious
- ____ I prefer to have more creature comfort and convenience even if it means less involvement with the family

12. Roommate information:

- A _____ I prefer to be the only BG student in the family if possible
 B _____ I prefer to have another BG student living with the same family
 C _____ I prefer a household with few students

Note: For specific roommate or family request, please complete Roommate Request section at the end of this form

13. How would you rate yourself?

Tidy	1	2	3	4	5	Not tidy
Quiet	1	2	3	4	5	Talkative
Outdoorsy	1	2	3	4	5	Indoorsy
Introvert	1	2	3	4	5	Extrovert
Extravagant	1	2	3	4	5	Thrifty
Independent	1	2	3	4	5	Group-oriented

14. Please describe what you expect from the family situation and make any other comments that you think could help us select a family for you.

Roommate/Family Request

To be completed ONLY if you have a roommate or family request

**Please Note: Not all families can accommodate more than one student and we cannot guarantee your requests will be fulfilled.*

I would like to request the following roommate (also an AYA participant during studies abroad):

My Last Name: _____ My First Name: _____

Location(s) of program(s) _____

Semester and Year of Participation: ☐ Fall ☐ Spring ☐ Summer Year 20_____

Roommate Requested: _____

If you have spoken with an AYA alumni and would like to request a specific host family, please fill in the following:

Family's Name: _____

Address: _____

If you do not know the name of the family, who was the alumni who referred you to this family (we can check our records):

France Course Selection Sheet

This form must be filled out and signed by your academic advisor and turned in with your application in order for it to be processed.

_____ Fall _____ Spring _____ Summer	_____ Fall _____ Spring _____ Summer
_____ ARTH 449 Medieval Art (3)	_____ ARTH 449 Medieval Art (3)
_____ ARTH 451 Art of the Italian Renaissance (3)	_____ ARTH 451 Art of the Italian Renaissance (3)
_____ HIST 391 France (3)	_____ HIST 391 France (3)
_____ FREN 101 Elementary French I (4)	_____ FREN 101 Elementary French I (4)
_____ FREN 102 Elementary French II (4)	_____ FREN 102 Elementary French II (4)
_____ FREN 201 Intermediate French I (3)	_____ FREN 201 Intermediate French I (3)
_____ FREN 202 Intermediate French II (3)	_____ FREN 202 Intermediate French II (3)
_____ FREN 353 French Diction (3)	_____ FREN 353 French Diction (3)
_____ FREN 355 French Linguistics (3) PARIS	_____ FREN 355 French Linguistics (3)
_____ FREN 356 Skills Oral Proficiency (3)	_____ FREN 356 Skills Oral Proficiency (3)
_____ FREN 357 Skills Effective Writing (3)	_____ FREN 357 Skills Effective Writing (3)
_____ FREN 373 French Civilization (3)	_____ FREN 373 French Civilization (3)
_____ FREN 376 Intro Francophone Civilization (3) BF	_____ FREN 376 Intro Francophone Civilization (3) BF
_____ FREN 453 Adv French Diction (3)	_____ FREN 453 Adv French Diction (3)
_____ FREN 463 Topics in French Literature (3)	_____ FREN 463 Topics in French Literature (3)
_____ FREN 470 Oral Practicum (1-3)	_____ FREN 470 Oral Practicum (1-3)
_____ FREN 470 Adv Language Study (3)	_____ FREN 470 Adv Language Study (3)
_____ FREN 473 Topics in French Civilization (3)	_____ FREN 473 Topics in French Civilization (3)
_____ FREN 476 Topics Francophone Civ (3) BF	_____ FREN 476 Topics Francophone Civ (3) BF
_____ FREN 530 Topics French Language Stu (3)	_____ FREN 530 Topics French Language Stu (3)
_____ FREN 531 Adv Composition and Convers (3)	_____ FREN 531 Adv Composition and Convers (3)
_____ FREN 533 Advanced French Diction (2)	_____ FREN 533 Advanced French Diction (2)
_____ FREN 535 Workshop in French Teaching I, II, III (3 ea)	_____ FREN 535 Workshop in French Teaching I, II, III (3 ea)
_____ FREN 535 French for Business I, II, III (3 ea)	_____ FREN 535 French for Business I, II, III (3 ea)
_____ FREN 535 Adv Language, Literature, & Culture Seminar I, II, III (3 ea)	_____ FREN 535 Adv Language, Literature, & Culture Seminar I, II, III (3 ea)

Notes:

Student Name	# of Credits
--------------	--------------

Advisor's Signature _____ Date _____

**BOWLING GREEN STATE UNIVERSITY
EDUCATION ABROAD PROGRAM
STUDENT CONSENT, MEDICAL AUTHORIZATION, AND RELEASE
AGREEMENT**

STUDENT NAME: _____

BGSU STUDENT: Yes ☐ No ☐

If "No", Name of "Home Institution": _____

STUDENT IDENTIFICATION NUMBER: (BGSU Student) P: _____

(Other Than BGSU Student): Student ID# _____

STUDENT'S CURRENT CLASS STANDING (SEMESTER/YEAR): _____

Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student ☐

NAME OF PROGRAM ("Program"): _____ AYA France/Burkina Faso

PROGRAM DATES: _____

FACULTY MEMBER/PROGRAM DIRECTOR: _____ Cynthia Whipple

BGSU COLLEGE OR SPONSOR: _____ Romance & Classical Studies

TERMS AND CONDITIONS

The following Agreement describes the rights and responsibilities of all participants in the education abroad programs conducted by or through Bowling Green State University (the "University"). In order to participate in the Program named above you, as the student, must sign this form to indicate agreement with all the provisions contained in this document and in the Program Brochure or flyer (if any). If you are less than 18 years of age, you must also obtain permission from a parent or legal guardian to participate in the Program. **THIS IS A LEGAL DOCUMENT THAT CONTAINS VERY IMPORTANT PROVISIONS AFFECTING YOUR RIGHTS. IF YOU (OR YOUR PARENT/LEGAL GUARDIAN, AS APPROPRIATE) DO NOT UNDERSTAND THIS AGREEMENT YOU ARE URGED TO SEEK THE ADVICE OF YOU PERSONAL LEGAL COUNSEL.**

I HEREBY AGREE AS FOLLOWS:

1. **Risks of Education Abroad.** I, the undersigned student, understand that participation in education abroad programs involve risks not found in study at Bowling Green State 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 and potential unrest; different standards of design, safety and maintenance of buildings, public places, and conveyances; local medical and weather conditions; local road conditions, dietary and food differences and availability, and other matters. I have made my own investigation and am willing to accept all of these 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 education abroad programs.

3. **Release.** The undersigned student (and parent/guardian, as applicable) shall not attempt to hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their representatives(s) liable for any injury, death, or loss to any person or property arising out of, during, or in connection with the student's participation in the Program including, but not limited to, the rendering of emergency medical procedures or treatment, if any, pursuant to paragraph 5 below. The undersigned is also fully aware that this release also includes all of the student's travel arrangements to and from the host country, all lodging, boarding, and travel while in the host country, and all travel and lodging that is independent of the Program. The University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their representatives(s) are not liable in any way for any type of injury, death or loss that the student or a third party might suffer as a result of or arising out of those arrangements.

4. **Health and Safety.** I have recently consulted with a medical doctor with regard to my physical condition and my personal medical needs in relation to my travel abroad and participation in the Program. Except as specifically stated below in this paragraph 4 (EXCEPTIONS), there are no physical or psychologically related circumstances, conditions, or needs that preclude or restrict my participation in the Program.

EXCEPTIONS: *(Check one)*

- A. ☐ There are no exceptions to the above statement.
- B. ☐ I am a qualified person¹ with a disability and I request one or more reasonable accommodations that are within the control of the University.

I am requesting the following accommodations:

[These accommodations may be a request for modifications to policies, practices, or procedures relating to the Program and/or a request for the provision of aids or services.]

¹A **qualified person** with a disability means an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for participation in the Program. Disability means a physical or mental impairment that substantially limits one or more of the major life activities; a record of such an impairment; or being regarded as having such an impairment.

[Please note that the University will require, in accordance with law and its policies, documentation of the claimed disability from a healthcare provider regarding the nature of the disability and its relationship to the requested accommodation. The University will not be able to offer any accommodation outside of the United States and its territories that relates to, or may be affected by, the design or maintenance of buildings, public places, accommodations, and/or conveyances or modes of transportation. Nor will the University be able to offer the provision of aids or services that would result in a fundamental alteration in the nature of the Program, or in undue financial and administrative burdens, or that constitute a significant risk to the health or safety of you or others.]

C. ☐ I wish to advise the University of my special medical needs.

I am not claiming that I have a disability, but I do have the following special medical needs that I want the University to know about in the event of an emergency when I am unable to act for myself. *[Please note that this information will only be used in the event of such an emergency and will not be used for any other purpose whatsoever.]*

5. **Medical Treatment Authorization and Responsibility.** I understand that while I am abroad an emergency may develop that necessitates medical care, hospitalization, or surgery. Wherever practicable, a faculty member participating in the Program, or other Program representative, will contact the emergency contact person(s) designated below prior to such treatment. What is practicable may vary depending upon the nature of the emergency. Therefore, I (and my parent/guardian, as applicable), authorize the University, through such faculty member or other Program representative, to secure for me any necessary emergency medical treatment, including the administration of anesthesia and surgery that the University may consider to be warranted under the circumstances. The University, however, is not obligated to take any such action. The undersigned agree and acknowledge that in all circumstances when such treatment is provided I/we shall be solely responsible for the cost of my treatment and care and I (and my parent/guardian, as applicable) agree to reimburse the University for any expense that it may incur on account of my injury or illness including, but not limited to, my treatment, transportation, or stay in a medical facility.

I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs and related expenses while I participate in my education abroad. I recognize that the University is not obligated to provide for any of my medical or medication needs or insurance and that the undersigned assume all risk and responsibility for those needs. The insurance or payment arrangements I have made are as follows:

Name of Insurance Company (Carrier): _____

Name of Policy Holder and Relationship to Student: _____

Policy Number: _____

Other Arrangements (if any): _____

ISIC Number (International Student ID): _____

6. **Other Insurance.** I understand that the University also requires that students planning to operate a motor vehicle obtain personal liability and collision insurance that will cover them in the applicable Program locale. In addition, the University recommends that students insure their personal property from loss or theft.

7. **Release of Academic and Social Standing Records.** I agree to allow my College and the Student Life Office to release all records regarding my past and present academic and social standing to other universities, colleges, agencies, and education abroad programs when necessary for purposes of admission or entry into, or participation in, an education abroad program. These records may include disciplinary records maintained by my college or university. I understand that I may be denied admission to the Program if the University determines that I may pose an unacceptable risk to the safety of others or to the public reputation of the Program or the University.

8. **Program Cancellation.** I understand that Bowling Green State University reserves the right to cancel trips and to make changes or alterations in the Program and/or Program itineraries at any time as may be required because of emergency, changed conditions, or the University's determination that such changes or alterations are in the best interest of the Program or its participants. I further understand that the University is not responsible for changes or alterations to or cancellation of Programs by host institutions.

9. **Program Changes or Termination.** Should the University cancel the Program, full refunds of relevant tuition cost and program fees will be made unless the cancellation is due to circumstances beyond the control of the University, in which case the University will be able to refund only uncommitted and recoverable funds. Any refunds made for the Program when payment was previously made to the University will be in accordance with published University policies for the academic year in which the Program occurs, unless otherwise stated.

10. **Program Withdrawal.** I understand that in the event that I choose to cancel my enrollment or voluntarily withdraw from the Program at any time, I agree to abide by the terms set forth under the refund policy in the itinerary, brochure or other document related to the Program and my education abroad. I understand that it is my responsibility to read the refund policy, itinerary, brochure and related documents carefully before signing this Agreement.

11. **Student Conduct.** I agree to comply with Bowling Green State University's Code of Student Conduct and other University regulations regarding conduct, comportment, and academic integrity during my participation in the Program. I understand that the Program director has the right to enforce such standards of conduct and that I may be dismissed from the Program at any time for failing to abide by such standards. I understand that while I am a visitor in a foreign country, I will be subject to the laws of that country and that any breaches of the local law of the host community or country are punishable by the appropriate local law enforcement authorities.

I HAVE CAREFULLY READ ALL OF THE PROVISIONS IN THIS AGREEMENT AND I AGREE TO BE BOUND BY EACH AND ALL OF THEM, AS INDICATED BY MY SIGNATURE BELOW. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE PROVISIONS OF THIS WRITTEN AGREEMENT, HAVE BEEN MADE REGARDING THE SUBJECT MATTER HEREIN. I FURTHER UNDERSTAND THAT THIS AGREEMENT SHALL BECOME EFFECTIVE ONLY UPON ITS RECEIPT AND SIGNATURE BY BOWLING GREEN STATE UNIVERSITY AND SHALL BE GOVERNED BY THE LAWS OF THE STATE OF OHIO, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS AGREEMENT.

Agreed to:

Name of Student: _____

Permanent Street Address: _____

City, State, Zip: _____

Telephone #: _____

BGSU Email address: _____

Social Security Number: _____ - _____ - _____

x _____
 Signature Date

EMERGENCY CONTACTS:

Persons to contact in case of emergency:

Contact Person #1: _____

Address: _____

Telephone Number (Day): _____
 (Night): _____
 (FAX): _____
 (E-mail): _____

Contact Person #2: _____

Address: _____

Telephone Number (Day): _____
 (Night): _____
 (FAX): _____
 (E-mail): _____

***(IF STUDENT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN
 MUST ALSO READ AND SIGN THIS FORM WHERE INDICATED BELOW.)***

I am the parent or legal guardian of the above named student, have read the foregoing Agreement (including such parts as may subject me to personal financial responsibility), and I agree to be legally responsible for the obligations and acts of the student as described in this Agreement, and I further agree, for myself and for the student, to be bound by its terms.

x _____
 Signature of Parent/Guardian Date

Printed Name: _____

Agreed to and Accepted by the University**(May Only be Accepted by a Non-Student Employee of the University):**

By: _____

Printed Name: Cynthia P. Whipple or Nora SolomonTitle: Director, Romance and Classical Studies Abroad or Assistant to Director

Date: _____

For University Use:

THIS FORM MUST BE SIGNED AND RECEIVED BY THE CENTER FOR INTERNATIONAL PROGRAMS NO
LATER THAN _____.

(insert date specific to program)

Revised: 8/22/07