



International Programs

Scotland 2025: Form Instructions

I. Deadline to Submit Traveler Information Form:

This international travel program is a **required** part of the May 2025 trip titled: An Outlanders Guide to Scotland. **The travel will take place during May 19 – 30 2025.**

In order to reserve your spot in the program, students must immediately submit this traveler's information form and pay an initial travel deposit to the Office of International Programs. Registration is not finalized, and your spot is not reserved until all steps are completed.

The final cut-off date to register for this program, and submit this form is February 14th, 2025.

* Depending upon available space late applications *might* be accepted after February 14th, 2025.

II. Required Materials (Check off as completed and include this page with your application)

REQUIRED: \$300 Enrollment Deposit: This deposit non-refundable and is applied toward your program fees. Include a check written to Minot State University with the application, or make payment to the cashier's window, informing the cashier that the payment is for "May 2025 Scotland Trip". Cash is not accepted by the Office of International Programs.

Reminder of payment deadlines: *February 28, 2025 - \$1,500. March 7, 2025 - \$1,500. April 1, 2025 - remaining balance of program fees.*

MSU Traveler Information Form: Fill out electronically or print clearly using black or blue ink.

Photocopy of Passport: Due to strict regulations, your passport must be valid for at least six months beyond the conclusion of the program. If you do not yet have a passport, please write "in progress" in the appropriate spot on the application form and apply for your passport immediately. Submit a photocopy of your passport to the Office of International Programs once you have it in hand.

One Study Tour Recommendation Form: Complete and sign the top of the form before you give one to your advisor or to another faculty member who is familiar with your performance in the classroom. The recommendation must come from someone other than the leader(s) of this tour.

Return all of the materials listed above in one packet to:

**MSU Office of International Programs
Administration Building Room 362
500 University Avenue West
Minot, ND 58707**



International Programs

FYE in Scotland 2024: Traveler Information Form

Personal Information

First Name: _____ Middle name: _____ Last name: _____
Write your name exactly as it is shown on your passport. An airline fee up to \$250 may apply to any correction made to your name within 75 days of the departure date.

Student ID# _____ Gender: F M Age: _____

Academic status: Freshman Sophomore Junior Senior Graduate Continuing Ed.

Major: _____ GPA (cum): _____ Expected graduation date: _____

Address (while in school): _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Cell Phone: _____

Home Telephone: _____ Birth Date: _____ / _____ / _____
Month Day Year

Country of Birth: _____ Citizenship: _____

Passport # _____ Expiration Date _____

Provide a photocopy of your passport with this completed form.

Financial Aid Information

Do you plan to use Financial Aid to cover the cost of this study abroad program? Yes No

Do you receive any scholarships? Yes No If yes, list the scholarship names :

Important! Be advised that you are responsible to report to MSU's Financial Aid Office any scholarships or grants you receive from external sources, including those from your program provider.

Academic Coursework

Participants of this study tour must be enrolled in any **one** of the following courses for Summer 2025 to take part in this program:

LEAD 199: Special Topics (1 cr.) – Jim Sturm
HON 496H: Honors Study Tour (1 cr.) – Jessica Smestad
GEOG 299: Special Topics (1 cr.) – Zebulon Wallace

If you have not already done so be sure to speak with your academic advisor about enrolling in one of these courses.

Consent to Release Information (FERPA)

All employees of Minot State University are required to abide by the policies governing review and release of student educational records. The Family Educational Rights and Privacy Act (FERPA) of 1974 mandates that information contained in a student's educational records must be kept confidential unless consent is otherwise given. Additional FERPA information is available in the 2006-2008 *Undergraduate Catalog* on pages 24-25.

If you wish for the Office of International Programs to be able to discuss any of the topics listed below with your parents/guardians or other designated individuals, you must provide permission for us to do so in writing.

I give my consent to the Office of International Programs at Minot State University to release the following personally identifiable information from my education record to the persons listed below, for the purpose of keeping these persons advised of my financial, health and academic affairs while I am abroad. (*Check all that apply*):

- Student account information Financial aid information Health information
 Disciplinary information General study abroad program information

Name of individuals to whom such information may be released

	Name	Relationship	Date of birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By signing below, I also give my consent to the Office of Student Affairs at Minot State University to release my disciplinary records to the Office of International Programs for the purpose of determining my eligibility for Study Abroad.

This consent will remain in effect for three years from the date of signature unless I provide the Office of International Programs with a written revocation of this consent.

Signature

Student ID #

Date

Please see a study abroad advisor if you need further explanation of this information.

News and Promotional Materials

From time to time, the Office of International Programs will use names and photos of study abroad participants in newspaper and magazine articles, brochures, bulletin boards and posters, and on its web site.

I agree to my name and photos being used for the above promotional purposes. Yes No

Signature

Date

Health Information

Student Health Privacy Practices: Under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") MSU is required to maintain the privacy of your protected health information. Your medical information will be kept confidential. Providing the following information will help us determine any special needs or arrangements that should be made in advance and assist us in advising you about possible situations you may encounter abroad. Do not assume your host country will automatically be able to provide you with the same care you receive at home without advance notice.

- 1) If you have ever had an illness or disease, please list the diagnosis, dates of illness and current health status in the space provided below.

- 2) Do you have any special dietary needs (vegetarian, low sodium, etc.)? If yes, describe below:

- 3) Do you have allergies (food, medication, plants, animals, insect stings, etc) of which we should be aware? If yes, please describe below:

- 4) Are you presently under treatment for any psychological or emotional matters? Yes No
If yes, please describe below:

- 5) Are you presently taking any prescription drugs on a regular basis? Yes No
If yes, please provide the medication names, frequency and dosage below.

- 6) Facilities in other countries might not meet American standards of accessibility for persons with disabilities. Please describe any accommodations you may need to perform the essential functions of this study tour.

Health Considerations *(Please Read and Initial Acknowledgement)*

Study and travel abroad involves significant adjustment to a new culture, school, and community, which often causes physical and emotional stress. If you have a physical or psychological condition for which you are currently receiving treatment, or have received in the past, the demands of this program might exacerbate those conditions, even though they may be under control at home. It is important that you discuss your possible participation in travel abroad program with your physician or counselor, including how off campus activities could affect your medical condition. Addressing your health issues prior to traveling abroad will also help you to identify those resources that will and will not be available at your program site.

Initials: _____

Emergency Contacts

The following information is intended to be of assistance to the MSU Office of International Programs should an emergency situation occur during your travel abroad.

Name	Relationship	Phone Number(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Medical Release Consent

I hereby authorize Minot State University, its representatives, and the host institution, and its representatives, to seek medical attention on my behalf in the event of sickness, accident, or other emergency during the international travel abroad. I also authorize any physician to release any information acquired in the course of examination or treatment. I certify that the included information regarding my medical history is correct. This authorization shall be valid for the entire duration of the Minot State University related travel abroad.

Signature

Date

Student Conduct Release

I understand that in the interest of health, safety, security and the educational goals of Minot State University students, information regarding any violations of the student code of conduct/and or residence hall policies will be forwarded to:

- 1) The Study Abroad Coordinator/Director of International Programs
- 2) The host university/college or program provider
- 3) The faculty leader of this program

I have read and understand the above conditions.

Signature

Date

Payment and Cancellation Policies

Payment Deadlines:

\$300 Non-refundable deposit due upon submitting this application.

Date	Payment Amount Due
February 28, 2025	\$1,500
March 7, 2025	\$1,500
April 1, 2025	Remaining balance of the program fee

Note:

- The program fee does not include international airfare. Flight arrangements will be determined as a group closer to the departure date.
- The program fee is based on different amounts of participants. The trip will be feasible with fewer than the minimum, but if the minimum number of participants is not reached, the price may increase or services may be modified to accommodate a smaller group.
- If more than 20 participants sign up, the program fee may decrease slightly.
- All rates are based on tariffs in effect at the time the tour was planned and are subject to increase in the event of currency fluctuation.

Late Payments:

- If a payment is received 7 business days or more after the payment due date, your application will be considered withdrawn and you will be responsible for any cancellation penalties.

Payment Policies:

- Under no circumstances will a participant be allowed to depart on the program unless the program fees are paid in full.
- MSU is not responsible for delays caused by late passport applications, late visa applications or visa denials. Any additional costs incurred for such reasons will be the responsibility of the participant.

Cancellation & Refunds

Withdrawal from the program is effective on the date that written notification is received by MSU's Office of International Programs.

If you withdraw:	The cancellation penalty will be:
After deposit is submitted	\$300
By March 5, 2025	15% of ground services become non-refundable.
By March 20, 2025	50% of ground services and any airfare penalties become non-refundable.
By April 19, 2025	100% of ground services, any airfare penalties, plus any additional costs become non-refundable.
After departure	No refund

Please Note:

- MSU will not alter its payment and/or cancellation policies for any reason.
- **MSU and our travel partner, World Strides, highly recommend that each traveler independently purchase trip cancellation/interruption coverage.** This insurance can protect you in the event you need to cancel your trip or leave your tour unexpectedly due to an emergency. The coverage can be added through your WorldStrides registration portal once you are admitted into the program by Minot State, and after February 14, 2025. For more information, speak with the Minot State Director of International Programs.

Acknowledgement: I agree to, and accept the above payment deadlines, cost information and cancellation policies:

Signature

Date

Travel Abroad Agreement and Liability Waiver

Please read the following sections carefully as they affect any rights you may have if you are injured or otherwise suffer damages while traveling abroad to participate in an MSU related activity.

Minot State University, its agents, affiliates, officers, directors, staff, regional and local representatives (collectively "MSU") and the undersigned participant, understand and agree to the terms and conditions stated in the below Agreement relating to travel abroad for an MSU-related activity ("Program"). Students and other participants are referred to collectively as the Participants ("Participants").

A. Code of Conduct: I understand and agree that, as a participant in an Minot State University travel abroad program, I am subject to the student conduct regulations described in the Student Handbook (www.minotstateu.edu/student_handbook.pdf). I further understand that, if I am attending a foreign university as part of an Minot State University travel abroad program, I am also subject to the conduct regulations of the host institution. Furthermore, I understand that as a Minot State University travel abroad program participant, I will be viewed as a representative of my country and my university. It is my intention to act as a good-will ambassador and conduct myself in a fitting manner.

B. Laws of the Land: I understand that as a U.S. citizen in a foreign country, I will be subject to the laws of that country. I agree to conduct myself in a manner that will comply with the regulations of my host country and the United States of America. If I should fall into legal problems with any foreign nationals or government jurisdictions of the host country, I will attend to the matter independently with my own personal funds. It is further understood that MSU may be limited in its ability to provide assistance in the event of arrest.

C. Program Activities: I agree to participate fully in all portions of the planned travel abroad itinerary and agree that any deviation I will make from the program must be approved in advance in writing by the on-site program director/faculty leader.

D. Academic Standards: I acknowledge and understand that I am responsible for maintaining an adequate standard of academic work while traveling abroad.

E. Student Conduct Release: I understand that in the interest of health, safety, security and the educational goals of Minot State University students, information regarding any violations of the student code of conduct/and or residence hall policies will be forwarded to the Study Abroad Coordinator, Director of International Programs, the host university/college or program provider and the faculty leader of this program.

F. Disciplinary Procedures/Program Dismissal: I acknowledge that MSU has sole discretion to terminate or limit my participation in the program if I engage in actions endangering to myself or others, or my conduct is considered to be detrimental or incompatible with the best interest of the program. I further agree that, if expelled from the program for such reasons, I will be responsible for all expenses incurred in returning to the United States.

G. Financial Obligations: I acknowledge that information regarding the financial nature and the cost of the program has been provided to me and I guarantee that all financial obligations will be met.

H. Independent Travel: I agree to notify the Office of International Programs, or the on-site program director, if I am planning to embark upon individual travel during the program. Where possible, I will provide the director with details of the proposed trip including plane, bus, and train schedules. I understand that I am responsible for any additional fees incurred due to independent travel.

I. Modification/Cancellation: I understand that MSU reserves the right to cancel programs in the case of insufficient participation or for other reasons deemed appropriate. MSU also reserves the right to make changes to the program or alterations in the program's proposed schedule and itinerary. I further understand that should the program, or any portion of the program, be cancelled, MSU shall have no responsibility beyond the refund of recoverable deposits paid to MSU by participants. Minor alterations in the programs will not result in refunds. I agree that neither MSU, the State of North Dakota nor the employees or agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of program modifications or cancellation.

J. End of Program: I understand that any responsibility that Minot State University has for participants while traveling abroad terminates once the program itinerary has completed.

K. Dissimilarities or Differences in the Host Country: I understand that participants in MSU travel abroad programs are expected to make every effort to adapt to the culture and lifestyle of the host country. There may be significant cultural, economic, and lifestyle differences between the participants home country and host country including those in health care services, living conditions, transportation systems, educational systems, criminal

justice, civil liberties, customs, values and acceptable behavior with regards to age and gender. I realize that participants in MSU travel abroad programs must make themselves aware of and accept these differences as part of the program, and accept the risks associated with traveling and living in another country. I understand and agree that participants must take responsibility to educate and prepare themselves for the inherent risks associated with foreign travel and living abroad.

In addition, I understand that participants in MSU travel abroad programs must be willing to learn about their host cultures and be open to new ideas even though they may be culturally challenging. I am aware that it is both inappropriate and culturally insensitive to use the program as a time to promote religious or political agendas; further, such behavior can cause offense and potentially place me in harm's way. I understand that, while the United States respects the right of freedom of expression, this is not a universal right and may not be protected by law in some countries. Consequently, I will demonstrate a respect for the host culture even though I may not agree with all aspects of that culture, and I understand that behavior that is inconsistent with this statement may lead to my removal from the program.

L. Insurance: I understand that international travel insurance coverage is a requisite for participation in a Minot State University travel abroad program. Therefore, I agree to purchase the comprehensive international travel insurance policy designated by the Minot State Office of International Programs for the duration of my travel that will cover medical expenses abroad, emergency medical evacuation, repatriation of remains, and accidental death and dismemberment. I agree to familiarize myself with the coverage, exclusions and limitations of my travel insurance policy before the start of the program to determine what activities are excluded from coverage. I understand that policies may not cover pre-existing conditions, injuries resulting from driving motorized vehicles, certain categories of sports injuries, injuries resulting from the commission of a crime, self-inflicted injuries, or injuries sustained from participation in high-risk (extreme) sports.

M. Waiver of Liability and Hold Harmless Agreement: As a condition of my participation in a Minot State University travel abroad program, I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, acknowledge and assume the risk of participation in the program and do hereby RELEASE AND FOREVER DISCHARGE the State of North Dakota, State Board of Higher Education, Minot State University, and all their officers, faculty, or employees, any cooperating institution and agents (hereby referred to as "Releasees") whether accompanying said program or otherwise, from any and all claims, demands, actions or causes of action on account of any injury to me or my property or on account of my death which may occur from any cause during the said study program, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of said bodies or persons on account of any and all such claims, demands, actions or causes of action.

I further AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorney's fees, that they may incur out of my participation in the Minot State University study abroad program including, but not limited to: (i) any incident beyond the Releasees' reasonable control, including, without limitation, force majeure, crimes of violence, acts of terrorism, natural disasters, acts of war, pandemics or disease, or government actions and restrictions; (ii) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care, sanitation, transportation, crime, justice, legal systems, customs, and values; (iii) any differences in the living conditions between my home and home country and the host country.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent (if not eighteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such); and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

N. Arbitration and Venue: I agree that, should there be any dispute concerning my participation in the program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and determined by the laws of, the State of North Dakota.

O. Severability: I concur that in the event any clause, sentence, term or provision of this Agreement shall be held by any court of competent jurisdiction to be illegal, invalid or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force and effect.

P. Signature: This agreement represents my complete understanding with Minot State University concerning MSU's responsibility and liability for my participation in the Program, supersedes all previous or contemporaneous understanding I may have had with MSU on this subject, whether written or oral, and cannot be changed or amended in any way without my written consent.

Signature

Date



International Programs

Study Tour Recommendation Form

Student Information

This recommendation form must be completed by your academic advisor or another faculty member who can speak to your personality and performance in the classroom. **The recommendation must come from someone other than the leader(s) of this tour.**

Student's Last Name: _____ Student's First Name(s): _____

Student ID# _____ E-mail: _____

FERPA

In accordance with the "Family Education Rights and Privacy Act of 1974", Minot State University recognizes that students enrolled in its Study Abroad Programs have the right to inspect and review all materials in their files, unless they sign the following statement:

I understand my right under the provisions of PL 39-380.513 to inspect letters of recommendation on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under the aforesaid statute and affirm that I shall not do so in the future. This waiver will remain in effect until I notify, in writing, the Office of International Programs, at which time this document will be removed from my file and returned to the author, or until the OIP destroys this recommendation.

Sign here if you waive your right to review this recommendation

Date

Instructions to the faculty member

The above student has applied for admission into the study abroad program indicated. Such study places unusual demands on the student, requiring a greater degree of adaptability and of self-reliance than is usually the case on campus. If the student has signed the release above, your comments will not be made available to the student.

Please comment on this applicant's academic and personal qualifications for successful completion of a study abroad program, answering as many questions as possible. 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 are received.** Thank you for assisting in this evaluation.

1) How long have you known the student and in what context?

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

	Exceptional	Above Average	Average	Below Average	Poor	Unable to Assess
Intellectual curiosity						
Academic motivation						
Written and oral communication						
Responsibility						
Maturity						
Level of independence						
Adaptability / flexibility						
Sensitivity to others						
Honesty						
Ability to get along with others						

3) Attach a letter written on your department's letterhead that addresses the following:

Based on your knowledge of the applicant, give us your opinion of the student's ability to adapt to a foreign living environment. Keep in mind that studying and living abroad places new and different demands on students. Please express any reservations you have in advising this student to study abroad.

4) Please check the statement that you think most accurately reflects your opinion as to this student's suitability for the program:

- The student has my highest recommendation.
- I recommend the student with slight reservations (noted elsewhere) and expect them to be successful.
- I consider this student to be a real risk but still want to urge their acceptance because I believe they will rise to the experience.
- I cannot recommend this student for the program.

Signature: _____ Date: _____

Print Name: _____

Title: _____ Institution: _____

Phone: _____ E-mail: _____

PLEASE RETURN TO THE STUDENT IN A SEALED ENVELOPE
Thank you!