



International Programs

Education Abroad Application Packet for non-UNCW Students

We are pleased that you are applying for a UNCW Education Abroad program. Follow the steps below to apply for an experience that will last a lifetime. Please contact the UNCW Office of International Programs at any time if you have any questions or concerns.

Program: NC Consortium Paris Program Application Deadline:
Student's Name Home School:

To be Completed by the Applicant

Application Materials Required for All Programs:

- Education Abroad Application Form
Statement of Purpose (Guidelines are on the Education Abroad Application Form)
Health Information and Emergency Treatment Form
Participant Agreement
Official Transcript(s) from your home school
Two I.D./passport-size photos with your name printed on the back
\$200 Non-refundable Study Abroad Program Deposit/Exchange Program Fee (unless UNCW has a direct-bill relationship with your school)
I will attend the International Program Pre-departure Orientation:
Application Approval Form (To be completed by the International Office or designated official at the applicant's home school)

Also Required for Paris Program:

- Two Confidential Reference Forms
Paris Course Registration Form
Housing Form
Transcript Request Form (except for UNC Chapel Hill students)
Education Abroad Application Approval Form For Non-UNCW Applicants (completed by student and home school official)





International Programs

Education Abroad Application

Program Information

Name of Program/Institution: NC Consortium Paris Program

Country: France

Program Type: Study Abroad

Study Period:

Personal Information

Last Name First Middle Student I.D.# Home Campus

Gender: Male [ ] Female [ ]

[ ] Major(s) or [ ] Prospective Major(s) Date of Birth (MM/DD/YYYY)

What will be your academic level (e.g. Sophomore, Junior) at time of participation

Country of Citizenship (& Visa Status if not a U.S. Citizen)

Are you an official North Carolina Resident for tuition purposes? Yes [ ] No [ ]

Applicant's Contact Information

Current Address: Street City State Zip Code Telephone

Permanent Address: Street City State Zip Code Telephone

Contact details: Applicant's E-mail Address Cell phone

Consent for Release of Records and Information

By signing below, I authorize release to any official representatives of 1) UNC Wilmington's Office of International Programs, and 2) of cooperating institutions, any information related to my student academic performance, disciplinary action and medical records. I acknowledge that the purpose of the release is to assist in the assessment of my application for an education abroad program and to facilitate my study abroad experience. Furthermore, I understand that the presence of a disciplinary file of medical condition does not automatically disqualify me from an education abroad experience.

Student Signature: Date:

Please see side 2

## Communication with Parents, Guardians or Other Individuals

UNCW Office of International Programs must have your consent to discuss your program details with your parents, legal guardian or other designated individual(s). Please check one or more of the options below:

1. \_\_\_\_ Information is not to be released to my parents or any person or agency without my express written consent.
- or
- 2a. \_\_\_\_ I give consent for the person(s) (e.g., parents, partner, academic advisor, friend) listed below to access any records about me held by UNCW
- 2b. \_\_\_\_ Additionally, I give consent to allow him/her/them to process administrative transactions at UNCW on my behalf.

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

### Authorized Person no. 1

Name: \_\_\_\_\_ Relationship (e.g. father, sister) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

### Authorized Person no. 2

Name: \_\_\_\_\_ Relationship (e.g. father, sister) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

## Statement of Purpose

Please provide a one to two-page statement of purpose which addresses the following issues with regard to your education abroad program:

- **Why you selected this country/program** (e.g. What factors led to your particular program choice)
- **Your academic goals** (e.g. How it relates to your present academic program; what you hope to achieve)
- **Your personal goals** (e.g. What you aim to accomplish experience; how you hope to personally grow)
- **What you envision the most challenging part of the program or experience will be** (e.g. language barriers, confrontational opinions about my culture/politics, homesickness, etc)

**Note:** If you are applying to study with local students in a language other than English you must **also submit copy of your statement in the language of instruction in the host country**. For example: if you are applying for an exchange to a Spanish-speaking university, however it is not required if you are applying for a language-intensive program designed for study abroad students.

Submit completed Education Abroad Application as part of your completed application packet to:

Office of International Programs, Westside Hall  
The University of North Carolina Wilmington  
601 S. College Road, Wilmington,  
North Carolina 28403-5965  
Phone: 910-962-3685 • Fax: 910-962-4053



International Programs

## Health Information & Emergency Treatment Form

Please answer each of the questions below. It is in your best interests to provide a candid evaluation of your physical and emotional health. We hope to create an awareness of any health issues to be taken into consideration before you go and as needed while abroad. We appreciate your cooperation in completing this form and adding any information that you feel is relevant to your well-being and participation in the program.

Submit this original completed document to along with your application and keep one on your person at all times. If on religious or other grounds the student or her/his parent/guardian is unwilling to sign the Permission for Emergency Medical Authorization and Release, a written explanation signed by both the participant and her/his parent or guardian must be attached and returned to the UNCW Office of International Programs, and to the faculty director (if a faculty-led program).

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Program \_\_\_\_\_

If you answer “yes” to any of the following questions, please use the space indicated or a separate sheet to provide details.

### General Health & Medications

1. Will you require any medical attention while abroad, or do you have any conditions (including dietary restrictions) which may affect your participation in the program? \_\_\_\_no \_\_\_\_yes
  
2. Do you have any medical conditions which may, under stress or duress, require immediate medical attention during your participation in the program, e.g., epilepsy, heart trouble, asthma, ulcers, hemophilia, diabetes, past illness? \_\_\_\_no \_\_\_\_yes
  
3. Do you have any conditions or impairments which may affect your emotional or mental well-being during your participation in a study abroad program? \_\_\_\_no \_\_\_\_yes  
If so, what kind of accommodations or support might be needed (e.g., classes, counselors, signers)?
  
4. What treatments or prescribed medications do you currently receive on a regular basis? If none, mark N/A.
  
5. Will you be able to perform the essential functions of this study abroad program?  
\_\_\_\_no \_\_\_\_yes If you are a person with a disability and would require a reasonable accommodation to perform the essential functions of this study abroad program, please contact the Director of Disability Services at UNCW before submitting this form. \_\_\_\_\_

6. What is your blood type (if known)? \_\_\_\_\_

**Allergies**

7. Do you have any dietary restrictions or known food allergies? \_\_\_\_\_no \_\_\_\_\_yes If so, please explain:

Are you allergic to the following?

\_\_\_\_\_ Penicillin \_\_\_\_\_Aspirin \_\_\_\_\_Sulfa \_\_\_\_\_Local anesthetic

8. Do you have any other allergies (e.g., bee stings, environmental) \_\_\_\_\_no \_\_\_\_\_yes If so, please explain:

**Emergency Contacts**

Name (and relationship to you): \_\_\_\_\_

Address: \_\_\_\_\_ Phone(daytime): \_\_\_\_\_

\_\_\_\_\_ Phone (home): \_\_\_\_\_

\_\_\_\_\_ Phone (cell): \_\_\_\_\_

**Secondary Contact** (this person will be contacted if your primary contact is not available)

Name (and relationship to you): \_\_\_\_\_

Address: \_\_\_\_\_ Phone(daytime): \_\_\_\_\_

\_\_\_\_\_ Phone (home): \_\_\_\_\_

\_\_\_\_\_ Phone (cell): \_\_\_\_\_

**Emergency Medical Authorization and Release**

On occasion, emergencies arise which may require medical care, hospitalization or surgery for a program participant. In order for such treatment to be administered without delay, we ask that participants sign the following statement authorizing UNC Wilmington to secure, at the expense of the participant, any treatment deemed necessary.

*In the event of injury or illness, if I am unable to do so myself, I hereby authorize the Resident Director or other official appointed by UNC Wilmington at my expense, to secure any necessary treatment, including administration of anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so requires, I may be evacuated to the United States at my own expense.*

*I hereby release UNC Wilmington and/or any cooperating institution and their officers and agents from any and all claims and causes of action for damage to or loss of property, medical or hospital cares, personal illness or injury, or death arising out of any travel or activity conducted by or under the control of UNC Wilmington or cooperating institutions.*

I have read all the information on this form. I certify that the information I provided on this sheet is true and correct to the best of my knowledge. I consent to the Authorization and Release. I understand that this information may be shared with my program provider, program leader or host institution.

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

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

Parent/Guardian (if student is under 18): Parent/Guardian Name: \_\_\_\_\_

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



## International Programs

# Participation Agreement

APPLICANT NAME \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_

(Parent must sign this agreement if participant is under 18 years of age.)

PROGRAM \_\_\_\_\_

I \_\_\_\_\_ am a student at \_\_\_\_\_

University and plan to participate in the \_\_\_\_\_ program

from \_\_\_\_\_ until \_\_\_\_\_. In consideration for being permitted to participate

in the program, I hereby agree and represent that:

**1. PROGRAM ARRANGEMENTS**

I understand that although UNCW of North Carolina Wilmington (UNCW) will attempt to implement the program as described in its documentation, it reserves the right to change the program at any time and for any reason it deems sufficient to promote program objectives, safety issues or institutional needs.

**2. TRAVEL AND ACCOMMODATION ARRANGEMENTS**

I understand that I am expected to adapt to differences in physical accommodations which may be perceived as inconvenient or uncomfortable by U.S. standards. I further understand that changes in accommodations may be necessary in the best interest of the program or the best interest of UNCW. I further understand that UNCW does not represent or act as an agent for, and cannot control the acts or omissions of: any host institution, a host family, other host arrangements, land transportation, air transportation, carrier, hotel or similar accommodation, tour agent, tour organizer or other provider of goods or services related to the Program. I understand that UNCW is not responsible for matters that are not within its direct control. I understand and agree that UNCW shall not be liable for any injury, loss, damage, accident, delay, expense or inconvenience arising out of any such matters. I do therefore release UNCW from any such liability.

**3. SITE SPECIFIC ISSUES**

I understand that there may be cultural, economic, political and societal factors which may impact this program and my participation. I agree to make reasonable effort to acquaint myself with these factors and to adjust my behavior accordingly.

**4. COMMUNICATION REQUIREMENTS**

I understand that maintaining contact with program leaders, UNCW officials and other program participants may be very important for safety, health and emergency purposes. I agree to select and utilize appropriate and ongoing communication links with these persons. I also agree to maintain ongoing contact with my family or other support structure.

**5. INDEPENDENT TRAVEL AND ACTIVITIES**

I understand that neither UNCW, any faculty member nor any other UNCW representative or agent is responsible for any injuries, loss or damage I may suffer when I am traveling independently or am otherwise

separated or absent from any UNCW-supervised activities even if a faculty member or other UNCW representative or agent accompanies me in any independent travel or activity not sponsored by or affiliated with UNCW.

## **6. HEALTH AND MEDICAL ISSUES**

- a. I understand that travel abroad may expose me to certain conditions, diseases or illnesses. I have or will have acquired all immunizations recommended by the U.S. Center for Disease Control and all other inoculations necessary for safe travel in the areas I am visiting. I agree to make reasonable efforts to acquaint myself with the health factors and issues endemic to these areas and to prepare myself accordingly for my study abroad travel and activities.
- b. I have or will secure health insurance through UNCW to cover my travel and study abroad activities. (Alternatively I have or will secure health insurance compatible to that offered by the University.) I understand that UNCW is not obligated to pay for medical treatment or hospital care in a foreign country or in the U.S. during my participation in the program. I further understand that UNCW is not responsible for the quality of such treatment or care.
- c. I have consulted with a medical doctor or comparable health care provider with regard to my personal medical status and needs. I certify that I am medically able and capable to participate in the program, in the activities associated with the program and in the travel incident to the program. I certify that I do not have a medical condition which would endanger the health of others associated with the program.
- d. I am aware of all of my personal medical needs and I certify that I am capable of and prepared to deal with those needs. I understand that UNCW is not obligated to attend to my medical or medication needs.
- e. I understand that there are health risks associated with the program and travel activities. I further understand that UNCW will not be responsible for the health risks, injuries, damages or loss beyond its direct control.
- f. I agree that if I am injured or become ill, UNCW or its agents may secure hospitalization and/or medical treatment for me and I agree to pay all expenses related thereto. I further agree that UNCW or its agents may release information to other persons who may need this information to assist me or to assist others in the program.
- g. I hereby release UNCW from all liability for any of its actions or its agents actions related to the activities listed above.

## **7. SAFETY ISSUES**

I understand that there are safety risks associated with the program and travel incident thereto and that UNCW is not responsible for such risks or injuries, damages or loss caused by them. I agree that UNCW shall not be liable for such injuries, damages or loss except as may be caused by the gross negligence or willful misconduct of the employees, officials or agents of UNCW. I further agree that UNCW cannot prevent me or other individuals from engaging in illegal, dangerous or unsafe activities. I therefore agree that UNCW shall not be liable for injury, damages or loss caused by such activities.

## **8. STANDARDS OF CONDUCT**

- a. I understand that each foreign country has its own laws and regulations and has standards of acceptable conduct in the areas of dress, manners, morals, politics, alcohol use, drug use and behavior. I recognize that behavior or conduct which violate those laws or standards could harm the program's effectiveness and UNCW's relations with those countries in which the program is located. I also understand explicitly that behavior or conduct which violates those laws or standards could harm my own health and safety as well as the health and safety of other participants in the program. I take full responsibility for my behavior and conduct and agree that UNCW and its agents will be released and indemnified for any claim, loss, injury or liability that may be caused by my behavior or conduct. This acceptance of responsibility and release and indemnification applies to my conduct and behavior whether I am or I am not under the direct supervision of UNCW, University agents or program officials.

- b. I agree to make reasonable and good faith efforts to become informed of all laws, regulations and standards for each country to or through which I travel during my participation. I further agree that I will abide by and comply with those laws, regulations and standards.
- c. I also agree to comply with all UNCW rules, standards and instructions for student behavior including but not limited to those set forth in the UNCW Code of Student Life. I further agree to comply with any supplemental rules or standards adopted by UNCW for the programs in which I am participating.
- d. I agree that UNCW has the right to enforce all of the standards of conduct, rules and regulations described above. I further agree that if I violate those standards, rules or regulations, I may be sanctioned including immediate exclusion from the program. I recognize that due to the circumstances of foreign travel and foreign study programs, normally applicable procedures for notice, hearing and appeal in student disciplinary proceedings may not be practicable and therefore may not apply. I explicitly waive all claims based on alleged inadequate disciplinary procedures.
- e. If I am excluded from the program, I consent to being sent home at my own expense with no refund of fees or expenses. I further understand that I may be subject to further disciplinary, civil and/or criminal action upon my return to UNCW.
- f. I also recognize that if my behavior is determined to be detrimental to or incompatible with the interest, harmony and welfare of UNCW, or program or program participants, my acceptance of responsibility, my waiver of process and my consent to being sent home also apply if I engage in such detrimental or incompatible behavior.
- g. I agree that I am fully responsible for any legal problems that I have. I also agree that I am responsible for any encounters that I have with any foreign government or any individual. I understand and agree that UNCW is not responsible for providing any assistance under such circumstances.

#### **9. PROGRAM CHANGES**

I understand that the program is subject to modification or cancellation because of natural disasters, political instability, insufficient participation or other causes. I further understand that if one of these occur, I may not have any fees or expenses refunded. I further understand that program fees and charges are based on current airfares, lodging rates and travel costs, which are subject to change and for which I am responsible. I further understand that if I leave or am excluded from the program for any reason there will be no refund of fees paid or expenses incurred. I further agree that if I lose connections or become detached from the program group or if I become sick or injured, I will at my own expense contact and reach the program group.

#### **10. OTHER EXPENSES OR INSURANCE**

I understand that I am responsible for my own accident, travel, baggage, missed flight and life insurance coverage. I also understand that I am responsible for all debts and expenses I incur abroad other than those covered by the required program fees.

**11. ACKNOWLEDGEMENT OF MY RESPONSIBILITY AND ASSUMPTION OF RISK**

I fully understand that this program will expose me to many risks associated with foreign travel and participation in a program abroad. I fully accept this possibility of risks and assume all risks associated with this program. I therefore agree to release, hold harmless, discharge and indemnify, the UNC Board of Governors, UNCW officials, employees, agents and volunteers from any present or future liability, claim or demand that may be asserted in connection with (a) emergencies, accidents, illnesses, injuries or other consequences or events arising from my participation in the program, (b) any cause, event or occurrence beyond the direct control of UNCW or its agents including, but not limited to, natural disasters, wars, civil disturbances, terrorist acts or the negligence of other persons, and (c) events or occurrences caused by my behavior or conduct while traveling or participating in the program. Further, I understand and agree that this acknowledgement, discharge, hold harmless agreement, release, indemnification and assumption of risk shall be binding on me, my heirs, my assigns, members of my family, my executors and administrators and my personal representatives.

**12. VOLUNTARY ACKNOWLEDGEMENT**

I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement; I have the right to consult with the advisor, counselor or attorney of my choice.

**13. INTERPRETATION OF AGREEMENT**

I agree and acknowledge that the laws of North Carolina govern this agreement and that North Carolina shall be the forum for any lawsuit, hearings or adjudications filed under or incident to this agreement or to the program. I further agree that should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement shall remain in full force and effect.

**I have carefully read, understand and fully agree with this agreement. This agreement represents my complete understanding with UNCW concerning UNCW's or its agents' responsibility and liability for my participation in the program. This agreement supersedes any previous or contemporaneous understandings I may have had with UNCW or its agents, whether oral or written. I represent that I am at least eighteen years of age or if not that I have secured below the signature of my parent or guardian as well as my own.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature  
(If participant is less than 18 years of age.)

\_\_\_\_\_  
Date



International Programs

Confidential Reference Form

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Program \_\_\_\_\_

To the Applicant: Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain educational records. Section 438 (a) (2) (B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that recommendation letters may have a greater effect when such letters are written in confidence. If you waive your right to inspect the information requested by this form, please sign below.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

To the Evaluator: The student named above is applying for the Study Abroad Program listed above. We would appreciate your assessment of the applicant's attributes with which you are familiar.

1. Basis and extent of your acquaintance with the applicant:
2. Academic attributes: Excellent Good Fair Poor No Opportunity to Evaluate
Competence in major or specialization
Academic interest and motivation
Capacity for independent study
Resourcefulness
Reliability
Integrity
3. Non-academic attributes: Excellent Good Fair Poor No Opportunity to Evaluate
Level of Maturity
Ability to adapt to new or unstructured circumstances
Self-confidence and self-esteem
Ability to relate well to others
Emotional stability
Open-mindedness
Integrity

4. If you were a resident director of an overseas academic program, would you be eager, willing, or reluctant to have the applicant participate?

5. Please state your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program, weighing both her/his strong and weak points.

Evaluator's Name (Print)	Title
Institution	Signature <span style="float: right;">Date</span>

**PLEASE RETURN THIS FORM TO:**

Office of International Programs, Westside Hall  
The University of North Carolina Wilmington  
601 South College Road  
Wilmington, North Carolina 28403-5965  
Phone: 910-962-3685 • Fax: 910-962-4053



International Programs

Confidential Reference Form

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Competence in major or specialization
Academic interest and motivation
Capacity for independent study
Resourcefulness
Reliability
Integrity
3. Non-academic attributes: Excellent Good Fair Poor No Opportunity to Evaluate
Level of Maturity
Ability to adapt to new or unstructured circumstances
Self-confidence and self-esteem
Ability to relate well to others
Emotional stability
Open-mindedness
Integrity

4. If you were a resident director of an overseas academic program, would you be eager, willing, or reluctant to have the applicant participate?

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Institution	Signature <span style="float: right;">Date</span>

**PLEASE RETURN THIS FORM TO:**

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601 South College Road  
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### Paris Course Registration Form

This form is used for NC Consortium Paris Program course registration in Paris (all participants) and for registration at UNCW (all participants except UNC Chapel Hill students). Please provide the following information and course registration requests.

Name \_\_\_\_\_ ID number \_\_\_\_\_  
Last First Middle (UNCW ID # if you have one)

Address \_\_\_\_\_  
Street or Box # City State Zip

Home Telephone Number (with area code) \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Gender: M or F North Carolina Resident : Y or N

**Citizenship Status** (Check one):

- U.S. Citizen
- Resident Alien
- Non-resident Alien

**Ethnic origin** (Check one):

- Alaskan Native/American Indian
- Asian or Pacific Islander
- Black (not of Hispanic origin)
- Hispanic
- White (not of Hispanic origin)
- Race/Ethnicity Unknown

Are you a UNCW student? Y or N

If no, what is your home school: \_\_\_\_\_

All program participants will enroll 9 credit hours of intensive French language coursework in the *Course de Langue et Civilisation Francaises de la Sorbonne* as well as the 3 credit course *Explorations in France*, which are already checked below. In addition to this coursework, please select 1-2 additional classes you will complete in Paris and for which you will be enrolled at UNCW (or at UNC Chapel Hill for UNCCH students).

Course Prefix/#	Title	Credits	Drop	Add	Date
<input checked="" type="checkbox"/>	UPS 294	<i>Course de Langue et Civilisation Francaises</i>	9	-	-
<input checked="" type="checkbox"/>	FRH294	Explorations in France	3	-	-
<input type="checkbox"/>	FRH 294	Contemporary French Politics	3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FRH 294	19 <sup>th</sup> Century French Art and Lit. (fall only)	3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FRH 294	20th Century French Art and Lit. (spring only)	3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FRH 294	History of French Cinema (fall only)	3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FRH 294	History of European Cinema (spring only)	3	<input type="checkbox"/>	<input type="checkbox"/>

For official use in Paris only

Please enroll me in the classes I have selected above. I am voluntarily providing on this form my ID/Social Security number with the understanding that it will be used only as a personal identifier for the internal record-keeping and data processing operations of this institution.

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

-- For Official Use in Paris Only --

By signing below I am verifying that the courses checked above on the right represent my final registration in Paris.

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



International Programs

NORTH CAROLINA CONSORTIUM PARIS PROGRAM HOUSING FORM

LAST NAME \_\_\_\_\_

First and Middle Names \_\_\_\_\_

Date of Birth \_\_\_\_\_

Host families are located no more than 50 minutes via public transportation from the program office. The student has his/her own room but may have to share the bathroom and toilet with other family members.

Student Background information:

Mother's/Father's occupation \_\_\_\_\_

Other parent's occupation \_\_\_\_\_

Number and age of sisters/brothers \_\_\_\_\_

What are your interests and activities outside the classroom? \_\_\_\_\_

Do you participate actively in a sport? Which? \_\_\_\_\_

Do you play a musical instrument? Do you intent to continue with this instrument while in Paris? \_\_\_\_\_

Are you allergic to \_\_\_ cats \_\_\_ dogs

How frequently will you be travelling?

Do you have any other allergies which should be taken into account when placing you with your family? \_\_\_ No \_\_\_ Yes List them here \_\_\_\_\_

Are you a vegetarian? (For the purposes of this form, a vegetarian is a person who eats no meat of any kind.) \_\_\_ Yes \_\_\_ No

If you are a vegetarian, do you eat fish? \_\_\_ Yes \_\_\_ No

Are you a vegan? \_\_\_ Yes \_\_\_ No

(N.B. Very few French are vegetarians, almost no one is a vegan. Host families find it difficult to welcome such students because they have trouble feeding them. The program has, nonetheless, placed such students.)

Do you smoke? \_\_\_ Yes \_\_\_ No Would you accept being housed with a household where one or more members smoked? \_\_\_ Yes \_\_\_ No

**NORTH CAROLINA CONSORTIUM PARIS PROGRAM  
HOUSING FORM**

**Page 2**

**Please give some thought before answering the next two questions. Please attach your printed answers to the first page.**

WRITE ONE PARAGRAPH GIVING ADDITIONAL INFORMATION WHICH YOU THINK IS IMPORTANT FOR US TO PLACE YOU PROPERLY.

PLEASE WRITE ONE PARAGRAPH DESCRIBING WHAT KIND OF FAMILY YOU WOULD LIKE (particularly the number of children, if any); HOW MUCH CONTACT YOU WANT WITH THEM AND HOW YOU WOULD GO ABOUT INTERACTING WITH THEM?



*The Office of International Programs*

**TRANSCRIPT INFORMATION & REQUEST FORM**

STUDENT'S NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

FOREIGN INSTITUTION/PROGRAM: \_\_\_\_\_

\_\_\_\_\_

SEMESTER(S)/TERM(S) ABROAD \_\_\_\_\_

Please indicate below the name of your school official, college/university and office address of the official who will **receive** the transcript of the courses and credits completed abroad (please print).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below I hereby authorize and request a release of my transcript.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

After completing please return to:

**Office of International Programs  
University of North Carolina Wilmington  
601 South College Rd.  
Wilmington, NC 28403  
Fax: 910/962-4053**



International Programs

Education Abroad Application Approval Form
For Non-UNCW Applicants

To Be Completed By the Applicant

Program: \_\_\_\_\_ UNCW's Application Deadline: \_\_\_\_\_

Study Period: Fall 20 \_\_\_\_ Spring 20 \_\_\_\_ Academic Year 20 \_\_\_\_ Summer \_\_\_\_ Spring Break 20 \_\_\_\_

I acknowledge that students participating on UNCW sponsored programs abroad are required to have Blanket Student Accident and Sickness Insurance for the duration of the program. This coverage is especially designed for students, scholars and faculty studying abroad through the schools of the university system of the state of North Carolina. As a participant, I will be enrolled in this insurance plan, the cost for which will be part of my program fee unless my home school has made previous arrangements approved by the UNCW Office of International Programs.

Student's Name

Student's Signature

Date

Provide this form and your completed UNCW education abroad application packet to your home school's international office or designated official so that they may approve your application to participate on an international program through UNCW. They may submit your application packet to UNCW on your behalf or advise you to send it directly with their approval.

To Be Completed by the International Office or Home School Official Designated to Approve Participation on Education Abroad Programs

The student noted above is applying for an education abroad program through the University of North Carolina Wilmington (UNCW).

Disciplinary Standing:

Please note that the applicant has signed the Consent for Release of Records and Information section of the UNCW Education Abroad Application, and thereby permits you to release information to us in relation to the applicant's disciplinary standing at your school.

- I have verified that the applicant's record makes no mention of any previous disciplinary problems
I have verified that the applicant's record does make mention of previous disciplinary problems. (Please attach associated documents or comments as needed)
I do not have access, or am not at liberty to discuss any information regarding the applicant's previous disciplinary problems or lack thereof.

Program Fees:

The student will be responsible for paying all fees associated with the UNCW International Program directly to UNCW unless prior arrangements have been between the student's home school and UNCW's Office of International Programs. It is the responsibility of the student's home school to arrange alternative billing prior to, or at, the time of application.

- The student shall be billed directly
Special billing arrangements have been made as follows: \_\_\_\_\_

Please see side 2

**Continuation of the Section to Be Completed by the International Office or Home School Official**

**Orientation:**

This student will attend an pre-departure orientation at our institution thus is not required to attend the pre-departure orientation offered by UNCW.

**Insurance:**

Students participating on UNCW education abroad programs are required to have *Blanket Student Accident and Sickness Insurance* for the duration of the program and are enrolled and charged through UNCW unless the home institution provides alternative coverage with prior approval by the UNCW Office of International Programs.

This student should be and enrolled in the insurance through UNCW and charged accordingly in the program fee.

We will seek UNCW's approval for alternative arrangements. Contact Rhonda Lamarsh at 910-962-3685 or [Lamarsh@uncw.edu](mailto:Lamarsh@uncw.edu)

Do not enroll this student in insurance through UNCW, as we have arranged for alternative coverage that has been approved by UNCW.

**Registration:**

Any leave of absence or placeholder registration at the home institution are matters strictly between the applicant and the home school. By participating on a UNCW Education Abroad Program, non-UNCW students are not necessarily enrolled at UNCW. Registration in placeholder or actual UNCW courses associated with international programs varies by program.

**Academic Transcripts:**

By signing below I hereby acknowledge that the NC in Paris Program results in two academic transcripts, one from La Sorbonne Cours de Civilisation Francaise courses, and a UNCW transcript representing all other courses. Please note that both transcripts will be sent to the address provided by the student on the *Transcript Information and Request Form*.

**I certify that the above information is correct to the best of my knowledge and endorse this application**

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
College/University

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send to:**

UNCW Office of International Programs  
601 South College Road  
Wilmington, North Carolina 28403-5965  
Ph: 910-963-3685 • FAX: 910-962-4053