

STUDY ABROAD APPLICATION



HORRY GEORGETOWN
TECHNICAL COLLEGE
STUDY ABROAD PROGRAM



APPLICATION FORM
HGTC Short Term Study Abroad
March 22-April 3, 2017

Instructions:

1. Fully complete the application package.
2. Pay a \$25 non-refundable deposit with application.
3. Please type or print in black ink
4. Be sure to read and sign **ALL** required forms included with this application package
5. Please provide an unofficial copy of your transcript
6. Please provide a one to two page statement of purpose explaining why you want to study abroad. (Must be completed by student)
7. Please provide two academic references (See attached sheet)

Eligibility Criteria:

1. 2.5 GPA
2. 18 Years old at the time of departure.
3. Good financial standing with HGTC.
4. Successful completion of **at least one** of the following:
 - ENG 101
 - ENG 102
 - ENG 155
 - HIS 101
 - HIS 102

Important Dates:

October 1	Application Deadline
October 15	Selection Completed
October 31	\$300 Deposit Due
November 15	\$700 Payment Due
December 17	\$1200 Payment Due
January 9	Classes Start
January 31	\$1300 (Program fee balance due in full)
March 22-April 3	Trip to Britain
May 1-8	Final exam week for all courses



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PERSONAL DATA

Name: _____ Sex: Male Female

WaveNet email: _____@wavenet.hgtc.edu Other _____ email: _____

Telephone (permanent): _____ Local: _____

Permanent Home Address:

Number _____ Street _____ City _____ State _____ Zip _____

Local Address:

Number _____ Street _____ City _____ State _____ Zip _____
Age: _____ Date of Birth: _____ Student H# _____

Citizen of: _____ Passport# _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Other: _____

Address: _____

Academic major/degree: _____ Academic Advisor: _____

References:

Please list two references from the HGTC faculty or professional staff members. Ask your references to submit the attached recommendation form to Sam Klein or Hyde Abbott in a sealed envelope.

1. _____

2. _____

Student Signature:

Signature signifies acknowledgement of prerequisites and/or advisor approval



HGTC STUDY ABROAD RECOMMENDATION FORM

Student Name: _____ **H-Number:** _____

Recommending party **MUST** submit this completed form in a sealed envelope by **12:30 Oct. 1, 2012** to Sam Klein or Hyde Abbott, HGTC Conway Campus, Building 900 – Room 909; or Building 900—Room 910D.

Directions: Read each statement carefully. Circle the number which most clearly corresponds with your reaction based upon your personal observation of the candidate. If you have no basis for an evaluation, please circle the number 0. Please be candid and honest with your evaluation.

In my opinion, this applicant:	No Opinion 0	Poor 1	Fair 2	Average 3	Good 4	Excellent 5
Seems to be a mature person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems willing to assume responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is receptive to different points of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excels in an academic setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is involved in campus activities and/or organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Projects a positive attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is friendly and outgoing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays a pleasant personality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts and ideas clearly in front of groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a good listener.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates persistence in the completion of tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a sense of humor that is appropriate in a professional setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a strong work ethic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



In addition, please answer the following questions:

1. My contact with this candidate has been: limited Average Extensive

2. This candidate is someone I would want to travel with (please explain below): Yes
No

3. List at least two personal characteristics that this candidate possesses that would be beneficial to the HGTC study abroad program.

4. List any personal characteristics that might deter this candidate from consideration for the HGTC study abroad program.

5. This candidate is worthy of maximum consideration.
 I recommend this candidate without reservation.
 I recommend this candidate with reservation.
 I do not recommend this candidate.

6. ADDITIONAL COMMENTS: (extremely important to us in the final evaluation of the candidate)

Recommender's Name and Title (print or type)

Date

Signature

Phone Number



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Is receptive to different points of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excels in an academic setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is involved in campus activities and/or organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Projects a positive attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is friendly and outgoing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Demonstrates persistence in the completion of tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a sense of humor that is appropriate in a professional setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a strong work ethic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



In addition, please answer the following questions:

1. My contact with this candidate has been: limited Average Extensive

2. This candidate is someone I would want to travel with (please explain below): Yes
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Recommender's Name and Title (print or type)

Date

Signature

Phone Number



HEALTH INFORMATION

This form is to be completed by the participant

Name _____

Birth date _____

Gender: Male Female

Program _____

Term _____

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

MEDICAL HISTORY- Please type and fill out in detail. If explanation is needed; please attach a separate typed sheet.

Yes No | Are you generally in good physical condition? (If no, please explain.)

Yes No | Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.)

Yes No | Do you have any allergies? (If yes, please explain.)

Yes No | Are you taking any medications? (If yes, please explain.)

Yes No | Have you had any major injuries, surgeries, diseases or ailments in the past five years? (If yes, please explain.)

Yes No | Are you a vegetarian or on a restricted diet? (If yes, please explain.)

Yes No | Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the College to be aware of during your study abroad experience? (If yes, please explain.)

This trip will use some public transportation. With this in mind, you will be expected to walk up to 12-15 miles on some days. Please check the box to indicate that you were notified.

I certify that all responses made on this health information form are true and accurate, and I will notify the College hereafter of any relevant changes in my health that occur prior to the start of the study abroad experience.

Signature of Participant

Date

Witness

Date

Last Revised: 08/15/2016



CONDITIONS OF PARTICIPATION AGREEMENT AND RELEASE

Horry-Georgetown Technical College (HGTC) Study Abroad

Acknowledgment of Risks

- I understand that there are certain risks associated with international travel and residence in a foreign country and that HGTC and its staff cannot control these risks.
- I understand that these risks may include death, exposure to potentially serious health and safety hazards such as: transportation accidents; storms, floods, earthquakes, and other natural disasters; infectious diseases; inadequate medical care; remote access to medical treatment; foreign, political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; armed insurrections; hostage situations; war; and terrorist activities that may result in personal injury, or the loss and/or destruction of personal property.
- I understand that conditions in foreign countries can change quickly, resulting in an unsafe environment. I also understand that there can be specific hazards associated with the study abroad program or country chosen (please see <http://www.state.gov/countries> for more information). I have made my own investigation and am willing to accept these risks.

Health and Safety

- I agree to consult with a medical doctor with regard to my personal medical needs and about the location(s) where the program is to be offered.
- HGTC may (but is not obligated to) take any action it considers to be warranted under the circumstances regarding my health and safety including sending me home from the location of the program. I agree to pay all expenses relating thereto and release HGTC from any liability for any actions in this regard.
- I understand that it is my responsibility to check the website for U.S. State Department Travel Advisories for up-to-date information on any travel restriction for Americans abroad. (www.travel.state.gov/travel_warnings.htm)
- I understand it is my responsibility to consult with my physician regarding immunizations for travel.
- I give HGTC permission to contact my parents or next of kin if necessary.
- I understand that it is my responsibility to consult my physician regarding maintaining an adequate supply of prescriptions while abroad.
- I understand that it is my responsibility to contact the embassy for the country in which I plan to study abroad to verify that my medications can legally be brought into the country.
- I understand that if I require hospitalization while in a foreign country or in the United States during the program, HGTC cannot and does not assume legal responsibility for payment of such costs.
- I understand that I am responsible for familiarizing myself with the terms and conditions of the insurance provider.
- I understand that it is my responsibility to register with the U.S. Department of State's Travel Registration website (<http://wwwn.cdc.gov/travel/>) so the U.S. Embassy or Consulate in my destination country knows of my whereabouts in the case of an emergency when it might be necessary for a consular officer to contact me.

Standards of Personal Conduct

- I understand that I while on this trip I am representing both HGTC and my country and will behave in accordance of that status.
- I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, alcohol and drug use, and behavior. I recognize that behavior which violates those laws or standards could harm HGTC's relations with those countries and institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to which I will travel during the program. I understand that HGTC is not responsible for informing me of foreign laws and standards of conduct. I will obey the laws of my host country and strive to follow the social expectations of my host family or host housing center. I will respect the cultural differences I find and represent my country and my college with dignity.
- I understand that I am not protected by American laws while studying abroad and I am expected to uphold the laws of the host country I am visiting. For example, should the host country take legal action for illegal drug use or alcohol related criminal activity, there is little HGTC or even the United States embassy can do to intervene.
- I understand that I am responsible for abiding by HGTC's student conduct expectations, as outlined by the Office for Student Life in the online Student Life Handbook, found at: http://bluedasher.tynken.com//documents/hgtc//February_15_-_2010.pdf
- I understand that grounds for dismissal from the Study Abroad Program and immediate repatriation at my expense - as well as loss of program costs and potential credit – including ANY behavior determined by either the HGTC or the host institution to be inappropriate.

Program Arrangement, Changes, or Termination

- I understand that HGTC has the right to withdraw me from the program at any time, if, in the judgment of the Study Abroad Program, I have conducted myself in a way that has disrupted the program or brought the program into disrepute.
- I understand that grounds for dismissal from the study abroad program and immediate repatriation at my expense—as well as loss of program costs and potential credit—include any behavior determined by either the HGTC Study Abroad Program or the host institution to be inappropriate. These behaviors include breaking the laws or rules of the host country and institution, particularly in the following aspects: alcohol abuse, drug abuse, sexual harassment, or disorderly conduct or behavior that endangers or disrupts the peace of any person or institution abroad.
- I understand and acknowledge that HGTC assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservation, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, civil unrest, or public health risks. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, HGTC will not be responsible for my hotel, transfers, meal costs, or other expenses.

Assumption of Risk and Release of Claims

- I agree to make my own investigation and am willing to accept the risks outlined above. I understand and hereby acknowledge that I assume all risks incurred by my participation in a program offered through HGTC.



- Knowing the risks described above, and in consideration of being permitted to participate in a study abroad program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the study abroad program. To the maximum extent permitted by law, I release and indemnify HGTC and its officers, employees, and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the study abroad program (including periods in transit to or from any country where the program is being conducted).
- I agree to the enforcement of this agreement under the laws of the State of South Carolina, should any dispute arise.
- It is understood and agreed that if any provision of this Release or its application is held invalid, the invalidity shall not affect other provisions or applications of this Release which can be given effect without the invalid provisions or applications and to this end the provisions of this Release are declared severable.

Travel Documents

- I understand that I am responsible for obtaining a U.S. passport and the proper visa for the country to be visited prior to participation in the study abroad program.
- I understand that I am responsible for finding out whether I am required to apply for a country-specific student visa. I understand that I am fully responsible for obtaining a country-specific student visa.
- I understand that without proper documentation, I may be refused boarding at the airport and lose all money invested in the program and related expenses.

Emergency Contact Information

Name: _____ Address: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

- Participant acknowledges that contact is made when the above listed person is contacted.

Other

- I understand that it is my responsibility to provide the HGTC Study Abroad Program updates in my contact information and my emergency contact's information.

By signing below, I acknowledge that I have read, understand, and agree to these requirements, terms, and conditions.

Name: _____

Student ID: _____

Signature: _____

Date: _____

Witness Signature: _____



Date: _____

Witness Name Printed: _____

Witness Address: _____

** Signatures need not be notarized, but must be witnessed.*

Please read the following statement, and initial if you agree to participate in it.

____ I understand that my likeness from photographs submitted to the Study Abroad Program by myself or other participants may be used for various marketing activities, publications, and/or on the web for the purpose of promoting study abroad through HGTC.