



Application

for designation as a

Brad Henry International Scholar

and participation in the

Semester of Study Abroad

The Oklahoma State Regents for Higher Education (OSRHE) and the University of Wales, Swansea (Swansea University) are seeking undergraduate students from Oklahoma regional universities who have excellent academic qualifications, outstanding writing and communication skills, exemplary character, demonstrated leadership qualities, maturity and judgment for participation in an exciting student exchange program in Wales in the United Kingdom

- **Semester of Study Abroad Program**—Participants will spend either a fall or spring academic term, the dates of which approximately coincide with U.S. fall and spring academic semesters, as students at Swansea University on its campus in Swansea, Wales.

QUALIFICATIONS

Recipients of this award must meet the following criteria at the time of nomination and at the time of participation:

- Be at least 18 years of age;
- Be an undergraduate student at the time of their study abroad;
- Be an Oklahoma resident;
- Be enrolled full-time at the nominating institution;
- Be in good academic standing at the nominating institution;
- Have completed at least 30 hours of college coursework/credits at the nominating institution or through transfer from another institution of higher education (does not include credit hours earned through concurrent enrollment or AP coursework/testing); and
- Have submitted information, documents, acknowledgments, releases and authorizations as required by the State Regents.

Academic credit for these programs will be awarded by Oklahoma regional universities. Please contact your institutional representative for the Brad Henry International Scholar Program for more information.

Overseas Travel: List countries, dates, and purpose.

Internship Experience: Give brief details, i.e., sponsoring organization, dates, and duties.

Work Experience: Give brief details, i.e., employer, dates, duties.

Additional Information: Please provide any additional information or commentary you think should be considered.

4. References

Please list the names and positions of at least **two** persons you've asked to write a recommendation. Preferably, they should be persons familiar with your academic work.

Reference 1

Name	Relationship	Email Address		
Address	Street	City	State	Zip
() _____				
Phone				

Reference 2

Name	Relationship	Email		
Address	Street	City	State	Zip
() _____				
Phone				

5. Health Information

Health information is required for your safety and well-being should you need medical assistance during your time abroad. It is important that program staff be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context so that they can use their best efforts to reasonably accommodate your individual needs or circumstances. As with other student records, the information will remain confidential and be shared only as needed with program staff, faculty or appropriate healthcare professionals if pertinent to your well-being. By submitting this application, you agree to this described use of your medical and health information. Please attach additional sheets if necessary to respond to the questions which follow.

Are you generally in good physical condition? (If no, please explain)

Have you been treated or are you currently being treated for any physical, psychological or emotional conditions? (If yes, please explain)

Do you have any allergies? (If yes, please explain)

Are you taking any medications? (If yes, please explain and list)

Are you on a restricted diet? (If yes, please explain)

Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program staff to know during your study abroad? (If yes, please explain)

6. Medical Treatment Authorization

By submitting this application and participating in any program which results from it, you agree that in the event of any illness or injury to you while so participating, you have and do authorize any official representative of the OSRHE, the institution in which you are enrolled, or Swansea University, to secure medical treatment on your behalf, including surgery and the administration of an anesthetic, and accept all financial responsibility for such treatment. **Please note that in order to participate in the Brad Henry International Scholars program, you must initial this authorization or your application will be considered ineligible.**

*I have read and understood the above requirements (Please initial)*_____

7. Required Insurance

You are required to have appropriate health and accident insurance coverage during your participation in any program which results from this application. Required coverage includes basic medical, accidental death and dismemberment, emergency evacuation and repatriation of remains. Such insurance is readily available commercially, may be obtained on-line and generally offers coverage for a specific period of time, which should include both your participation in this program and any international travel before or after the program. You will be required to submit proof of insurance as a condition of participation in the program.

*I have read and understood the above requirements (Please initial)*_____

8. Conditions of Participation

By making this application for the Brad Henry International Scholars program, you agree to participate fully and completely in all aspects of the program, including orientation, instruction, internship work assignments, excursions and evaluation. Among the conditions of participation, without limitation, are the following:

Personal Conduct: As a Brad Henry International Scholar, you will be a representative of the U.S., the State of Oklahoma, the OSRHE, and the university in which you are enrolled and you therefore agree to conduct yourself in a manner which will reflect favorably on these entities, your family and yourself. The OSRHE, Swansea University and the university in which you are enrolled may establish rules of conduct appropriate for the operation of the program by which you must abide both in the United States and while abroad. Should you violate these rules, or the laws of the host country, demonstrate disruptive behavior, or through your conduct bring the program or its participants into disrepute or legal or physical jeopardy, you may be removed from the program and/or face other sanctions. If you are dismissed from the program, you may lose all academic credit and will be responsible for any continuing or additional costs which arise as a result of the dismissal.

*I have read and understood the above requirements (Please initial)*_____

Financial Responsibility and Withdrawal: The OSRHE will transfer the full amount of any grant awarded pursuant to this program to the university in which you are enrolled, and your university will pay to Swansea University the full agreed amount of any charge for tuition, housing and other program costs. You will be provided with an accounting showing the amount of the grant and the amount of any payment made on your behalf. Your university will pay to you any balance remaining from the original grant proceeds to defray your costs of participation. You will be responsible for any and all other expenses and costs of participation in the program, including, without limitation, transportation and travel expenses, required insurance, food, passport and required visas, and any miscellaneous personal expenses.

*I have read and understood the above requirements (Please initial)*_____

If you choose to withdraw from the program for any reason, you must provide adequate actual notice of your intention to the Program Coordinator. If you withdraw for non-medical reasons, or if you are removed for disciplinary reasons, you will be responsible for return of any grant proceeds paid to you. If you withdraw for medical reasons, you must provide certification from a medical doctor that your withdrawal was a medical necessity. If your medical withdrawal occurs prior to departure from the U.S., you will be responsible for return of any portion of the grant proceeds not expended, or for which a refund can be obtained. If your medical withdrawal occurs after departure from the U.S., you will be excused from repayment.

I have read and understood the above requirements (Please initial)_____

Independent Travel: Should you elect to travel independently before, during or after any program in which you participate, you acknowledge and agree that such travel shall be at your own expense, and that you further agree to inform the designated representative of the OSRHE, your university or Swansea University, in writing, of your travel plans. You further acknowledge and agree that neither the OSRHE/your university nor Swansea University is responsible for you while you are traveling independently.

I have read and understood the above requirements (Please initial)_____

Permission to Share Information: You agree that the OSRHE, your university, and Swansea University may communicate internally, with their representatives, with your parents or guardians, and/or any emergency contact person specified in this application or elsewhere, regarding all issues arising from your participation in any program resulting from this application. Included, without limitation, in the information which may be shared are financial account information, conduct, grades or academic performance, and health and safety information. You agree that such information may be shared before, during or after the program.

I have read and understood the above requirements (Please initial)_____

Photo Release: You agree that the OSRHE, your university and Swansea University may photograph you and use your image in any format or medium for any public information, news, educational or non-commercial promotion.

I have read and understood the above requirements (Please initial)_____

General Release and Waiver: You agree to release, and by executing this application do release, OSRHE, your university, and Swansea University and the staff and representatives of these stated entities, from any and all liability for damage to or loss of property, injury, illness or death during the period of the program, arising on the part of fellow participants, any host family members, agencies and education organizations, persons or groups with which any of these named entities contracts for the provision of services for the program, or which have been suggested by program faculty as resources for regional or independent study projects.

I have read and understood the above requirements (Please initial)_____

Certification and Agreement: By signing and submitting this application, you certify that you are at least eighteen (18) years of age at the time of this application and competent to enter into an agreement, that you have read and understand the contents and terms of the application, including, without limitation, the provisions for medical treatment authorization, release and sharing of medical and student records information, and the General Release and Waiver, and agree to be bound by each of the terms of this application if you are selected for participation in either of the programs. You further certify that all responses made on this application are true, accurate and complete.

Printed Name of Applicant

Signature of Applicant

Date

PARTICIPATION DATE:

Fall 2016

Spring 2017