

ROLLINS COLLEGE INTERNATIONAL PROGRAMS

APPLICATION GUIDELINES Rollins Affiliated Programs

ADMISSIONS

The minimum requirements for admission are: 3.0 gpa, good academic and college standing, an excellent record of personal responsibility (e.g. judicial record, service to the Rollins community, employment history) and high level of maturity. Applicants must have the endorsement of the program advisor, meet the admission criteria of the affiliate program and be accepted by the affiliate program. Applications meeting the minimum requirements for admission will be forwarded to the program sponsors.

Applicants not meeting the criteria stated above will be considered on a space available basis.

APPLICATION DEADLINE

Spring Semester: October 1

Fall Semester: February 1

CHECKLIST FOR APPLICATION

I am applying for: Fall 200__ Spring 200__

- Lancaster University
- Intercollegiate Center for Classical Studies in Rome
- College Year in Athens
- Global Partners Program in Turkey
- Washington Semester
- Hollins University in Paris
- Hong Kong Baptist University

APPLICATION INSTRUCTIONS

Only complete applications are accepted. Your application will be complete when the following items have been received:

- This application, endorsed by the program's academic advisor (see below)

- Completed Dean's Statement
- The affiliate program application and attachments, plus any required application fee. (For Rome Classics Center, College Year in Athens and Washington Semester, submit a photocopy of your application. The faculty sponsor will submit your original directly to the program.)
- Official transcript(s) of all your college level work.
- Two small photos with your name printed on the back. Photos must be recent, full face, and approximately 1½" by 1½". (Photo booths that take strips of four photos are the most economical way to obtain these.) **Hong Kong Baptist University applicants need four photos.**
- Submit the photo page from your valid passport or a receipt indicating that you have applied for a passport

ACADEMIC ADVISORS

College Year in Athens, Rome Classics Center, Global Partners: Dr. Elise Friedland
Washington Semester: Dr. Mike Gunter
Hollins University in Paris: Dr. Richard Lima
Lancaster, Hong Kong Baptist University: Donna O'Connor

Please submit the completed application to:

International Programs Office

Rollins College
International House
1000 Holt Avenue - 2759
Winter Park, FL 32789-4499
Tel: (407) 646-2466 Fax: (407) 646-2595
E-mail: intprog@rollins.edu

Name as it appears on your passport. You must have a valid passport to apply.

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Last/First/Middle

R#

Social Security Number

Current standing:

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Major

Minor

Month/Year of Graduation

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CONDITIONS OF PARTICIPATION

- Program Participation:** I have read and understood all the program information given to me by the Office of International Programs. I agree to fully participate in all portions of the program (instructional, cultural, social) as set out in the program information and by the host institution. I understand that I must be enrolled full-time, that any deviation from the normal class schedule and/or program design must be approved in advance, in writing, by the Director of International Programs, and that I must complete the program in order to receive Rollins College credit. Further, I understand that changes in my academic program for my major must be authorized, in writing, by my department chairperson and that any changes must be authorized, in writing, by Student Records.
- Release of Information:** My signature below authorizes appropriate college officials to release information to:
 Parent's name: _____ Parent's name: _____ Other: _____
- Course Approval:** I understand that if I want to receive credit for courses taken abroad, I must obtain the signature of the Assistant Dean of Student Records on the Academic Clearance form. To receive major or minor credit, I must obtain the signature of the Department Chairperson. Obtaining this approval is mandatory and my responsibility.
- Substance-Free Policy:** I understand that any use of illegal drugs or excessive use of alcohol while enrolled in this program will result in my immediate expulsion from the program, as described in point #11 below.
- Operation of Motorized Vehicles:** I understand that operation of any motorized vehicle is prohibited and will result in my dismissal from the program. This is not subject to the discretion of the Resident Director.
- Rollins College Regulations:** Students are bound by the same college judicial policies off-campus.
- Host Institution Regulations:** I agree to abide by all rules and regulations as set by the program and/or host institution, as well as all local laws pertaining to my student status in the host country.
- Medical Insurance:** I certify that there are no medical conditions that would impede my ability to fully participate in all aspects of the program. I certify that I have health and accident insurance that will cover me while I am abroad. I understand that I will be responsible for the payment of any health care treatment that I receive while I am abroad and that it will be my responsibility to seek reimbursement from my insurance company. I will also be responsible for any additional expenses not covered by insurance.
Name of Insurance Company _____
Policy Number _____
- Payment Deadlines:** I understand that the entire program fee, less the deposit, must be remitted to the Bursar at Rollins College by July 20 for Fall Semester and December 20 for Spring Semester. I understand that if I intend to apply financial aid to the program cost, it is my responsibility to determine how much aid is applicable and to pay the remaining amount by the above dates. I further understand that if I should fail to pay the program fee (or the balance not covered by financial aid) by the above dates, I will forfeit my privilege to participate in the program and my registration for the program will be canceled.
- Refund policy:** All deposits are non-refundable. I understand that should I, for any reason other than medical, withdraw from a Rollins College Study Abroad Program after the first day of the program, my program fee will not be refunded. If I withdraw prior to the first day of the program, the program fee, less any non-recoverable expenses (i.e. housing payments, housing deposits, tuition deposits) beyond the non-refundable deposit will be refunded. If I withdraw from the program for medical reasons, I understand that I must provide that program with a medical doctor's certification of this, and that a refund of my fees will be provided provided that the fees are recoverable to the College.
- Expulsion Policy:** I agree that upon the decision of the Resident Director, in consultation with the Director of International Programs and the Dean of the Faculty, my participation in the program may be terminated if I engage in actions which endanger me or others or jeopardize the success of the program, or if I do not abide by the rules and regulations set forth by the Resident Director or the host institution. I further agree that if expelled from the program, I will be responsible for all additional expenses incurred up to the time of expulsion, and all expenses incurred in returning to my point of origin. In the event of such expulsion, I further agree that no refund of program fees will be given, and I will receive no academic credit.
- Release and Indemnification:** I have read and accepted the Conditions of Participation as stated above. I recognize that studies abroad involve risks and conditions different from those encountered in the United States. I hereby release and hold harmless Rollins College, its Trustees, officers, employees and agents from any and all claims and causes of action resulting from my participation in the program, including but not limited to, loss or destruction of property, personal injury, or death, arising out of my study, travel, or other activities related directly and indirectly to the program. This waiver and release shall bind me, my

estate, heirs, personal representatives, and legal guardians.

Student's name (please print)	Student's signature	Date

INTERNATIONAL PROGRAMS OFFICE
 Rollins College
 1000 Holt Avenue – 2759
 Winter Park, FL 32789-4499
 Tel: 407-646-2466 Fax: 407-646-2595

Dean's Statement

Name of applicant			
Last/First/Middle	Graduation Year	Rollins I.D. Number	Social Security Number
Program Applied for	Campus email address	Campus telephone	

TO THE STUDENT: Please sign the authorization below and submit this form to the Dean of Student Affairs, who will return it to International Programs.

I hereby authorize the completion of this form by the appropriate official. I understand that the information provided will be used only for program admission purposes.

Student's Signature

TO THE DEAN OF STUDENT AFFAIRS: Please complete this form and return to International Programs. The student's application will not be considered until this form is received.

Is the student currently a full time student at your college/university? yes no

Is the student in good academic standing? yes no

Has the student been involved in an infraction while enrolled at your institution? yes no

If yes, please list the infraction, the date, finding and sanction: (use other side if necessary)

Policy Violated	Date	Hearing Outcome	Sanction
Policy Violated	Date	Hearing Outcome	Sanction
Policy Violated	Date	Hearing Outcome	Sanction
Policy Violated	Date	Hearing Outcome	Sanction
Policy Violated	Date	Hearing Outcome	Sanction
Policy Violated	Date	Hearing Outcome	Sanction

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Name (please print)

Signature

Title

Date

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College/University

Address (street/city/state/zip)

Telephone

email