Fisher College of Business
MBA
International Exchange Program

Preliminary OSU Enrollment Form
MBA International Exchange Program
THE OHIO STATE UNIVERSITY

PLEASE PRINT

Contact and Enrollment Information:

Applicant’s Name: ___________________________________________ SS#: ________/________/_______

E-mail Address (official notifications will be sent to this address): ______________________________________

Mailing Address:
(Number and Street)

(City/State/Zip)

Local Phone: ______________________________

Date of Birth                              Sex:    M        F
MO/DAY/YEAR                  (Circle One)

Are you (please check) :  US citizen ____  US Permanent Resident____  International Student____

If you are an international Student at OSU, what is your citizenship?
__________________________________________

For tuition purposes, are you an Ohio resident _______ or non-resident _______

Are you a dependent of an OSU employee and eligible for a dependent fee waiver? Yes No (circle one)
Are you a student athlete receiving NCAA scholarship funds? Yes No (circle one)
Do you anticipate using a graduate student fee waiver to provide funding for this program? Yes No (circle one)

OSU Cumulative GPA:_______________ Expected Quarter/Year of Graduation: _____________________

Quarter/Year Abroad:_______________

Exchange Institution Choices:

Please Rank Exchange Institution Preference
1.___________________________ 2.___________________________ 3.____________________________ 4.____________________________

FOR OFFICE USE ONLY:

Host Institution Assigned:_____________ Program Dates ______________

Program Fee:______________________ Tuition Credit YES or NO
STUDENT AGREEMENT FOR PARTICIPATION IN A STUDY ABROAD PROGRAM

This agreement is between the undersigned Student and The Ohio State University (OSU). The student has enrolled in the __________________________ Program. Both Ohio State and the Student hereby agree as follows:

1. OSU has determined that this is an academically sound program and that it will be available for credit. OSU or its agents has selected living facilities appropriate to the standards of the foreign country for participants.

2. The Student agrees that, in order to achieve the objectives of the program, s/he will maintain her/his full course load, attend all classes, speak in the foreign language of the program (if this is an expectation), and obey the rules of the institution where the program is held, including all instructions about behavior both on and off the premises of the school. The Student recognizes that as a representative of both The Ohio State University and the United States of America, s/he will usually be expected to maintain standards of personal conduct higher than in the United States. Disruptive behavior either in or out of classes may lead to disenrollment from the program.

3. Damages caused by the Student to any property in the foreign country are the responsibility of the Student.

4. Any early withdrawal from the program, whether by decision of the student or as a consequence of disenrollment, shall not entitle the Student to any refund of the payments required for the program. Any extra expenses associated with early withdrawal from the program are the responsibility of the Student.

This agreement will be retained as a part of the Student's file in the Office of International Education.

Student's Signature

Date

INFORMATION RELEASE FORM

Federal and state law prohibit the University from revealing information about its students. These laws would prevent the University from revealing information about your whereabouts, health and safety while you are studying abroad, even to your own family. The following release would permit the University to notify specified persons about your whereabouts and condition, in the event of an emergency. The second paragraph would permit the University, if an emergency occurs, to confirm or deny media reports, in order to prevent the dissemination of false information and to shield your family and friends from press inquiries.

RELEASE

In the event of any emergency during the time that I am a participant in the __________________________ program, (for example if I should suffer any physical injury or other threat to my mental or physical well-being), I hereby give permission to representatives of The Ohio State University and this program to notify the following named persons of my whereabouts and/or my condition:

Name: ___________________________________________ Phone: ___________________________
Name: ___________________________________________ Phone: ___________________________
Name: ___________________________________________ Phone: ___________________________

__________________________________________ Date

Signature

In the event of an emergency during the time that I am a participant in the __________________________ program, I give permission to representatives of The Ohio State University and this program to provide the following information to the news media: to confirm or deny my status as a student of The Ohio State University; to confirm or deny my status as a participant in the above specified study abroad program; and to confirm or deny information concerning my whereabouts, health and safety.

__________________________________________ Date

Signature
RELEASE OF ALL CLAIMS

The Ohio State University recognizes the __________ program during the ________ quarter(s) of 20____ as a proper educational extracurricular activity for those students desiring to participate. This is an activity which is expected will require travel to locations off the campus of The Ohio State University with the usual potential for risk of personal injury or damage to property associated with such travel.

As a condition of participating in this activity I agree to the following:

In consideration of being granted the opportunity to participate in this activity and the use of services and facilities furnished by or made available by The Ohio State University as well as the help, assistance, and advisory services rendered by members of the faculty and employees of the University, I do release and forever discharge for myself and my heirs, executors, administrators and assigns, all officers, fellow members, employees, and agents of The Ohio State University who arranged, advised or supervised the scheduling, travel, or any other function of this activity, from all claims, demands, actions, and causes of action for personal injury or any other damage now existing or which may arise out of or be in any way related to their negligence or other conduct associated with this activity.

I understand that if I should violate the laws and regulations of any country visited as part of this educational program, The Ohio State University may not be held liable for such conduct and reserves the right (to be exercised by the Resident Director or the administrative official responsible for the program) to terminate my participation in the program and to return me to the United States without remission of any unused portion of fees paid. I understand that if I should confront a legal problem, The Ohio State University cannot officially represent me or my legal interests in dealing with a foreign legal system; nor can the University assume any direct responsibility for the actions of a foreign government.

Dated: ______________, 20__

Signature

Name (Please Print)

__/__/____

Social Security # Date of Birth

AUTHORIZATION FOR EMERGENCY SURGERY

We understand that because students enrolled in The Ohio State University's Study Abroad Programs are out of the United States for prolonged periods, occasions may arise when sickness or accident require routine or emergency medical or surgical treatment.

We further understand that a physician or medical or surgical treatment facility often will require that some adult person be in a position to give an authorization to render the medical or surgical service, and to give reliable assurance that payment for such services will be made.

Accordingly, to help assure that the student identified below is not precluded from receiving needed treatment, each of us (the student and the student's parent[s] or guardian[s]) desires to authorize The Ohio State University and its agents and employees to obtain for the student needed medical and surgical services. Also, we desire to assure Ohio State University that we will see to it that the charges for such services that may be arranged for by the University, or its Resident Director, will be paid by us if medical insurance provided by the program does not fully cover all such charges.

THEREFORE,

1. Each of us (student and parent[s] or guardian[s]) authorizes The Ohio State University and any agent or employee thereof to provide or arrange for the providing of such medical and surgical services as may seem to it necessary and proper during such time as the student is enrolled in the identified Study Abroad Program. Each of us also authorizes release of the student's appropriate medical records to attending physicians.

2. Each of us (student and parent[s] or guardian[s]) agrees to pay such fees and charges as may result from the provision of such medical and surgical services and to reimburse Ohio State University, its agents and employees, for any fees or other expenses it or they might reasonably incur should it or they be required to pay any such fees or charges or other costs incidental to the providing of such services.

We understand that normally the University will notify the parents in advance of any unusual medical or surgical procedure that may be required by the student, but agree that no such advance notice is expected unless it may be practically and conveniently given.

This authorization shall be effective during such time as the student is enrolled in the Study Abroad Program in

Parent(s), Guardian(s), Or Next Of Kin

Student's Signature

Address

Student's Home Address

Telephone Number(s) Date

Telephone Number Date