

Study Abroad - Application

Thank you for your interest in the Study Abroad Program! To apply, please fill out and submit the following forms. Please be sure to speak to the Director of International Studies or attend a study abroad interest meeting before filling out this application.

A non-refundable study abroad fee (SAF) in the amount of \$200 must be paid at Student Financial Services before your application is processed. Please advise Tanya Jackson at jackson@obu.edu as soon as you have paid your SAF.

Personal Information

ID #:

First Name: Middle Name: Last Name:

Classification: Cum GPA:

1st Major: 2nd Major: 3rd Major:

1st Minor: 2nd Minor:

Years at OBU:

Gender: Birth Date: Race:

Soc Sec #: Marital Status:

Number of Children:

Contact Information

OBU Box: Student Phone During School: Email:

Home Address:

Home Address 2:

Home City: Home State: Home Zip:

Home Phone: Home Cell Phone: Home Work Phone:

Parent or Guardian Information:(Emergency contact information)

Name:

Address 1:

Address 2:

City: State: Zip:

Phone: Cell:

Medical Information

Present Health:

Do you have any of the following medical conditions?

Asthma

Diabetes

Heart Problems

Migraine Headaches

Nervous Disorder

Counseling

Stomach Problems

Tuberculosis

Seizure

Physical Disability Physical Disability Explanation:

Other Medical Problem Explanation:

Prescriptions:

Financial, Activities, Experience, and Skills

Financial Aid Received:

Organizations and Honors:

Service Activities:

Travel Abroad:

Foreign Language:

Academic Advisor and Additional References

Please identify the school in which your major is held, academic advisor and two other references, which are university personnel. Upon submission of this form, your references will receive an email to fill out the reference form. Without a completed reference your application will not be accepted.

School:

Advisor:

1st Reference Name:

2nd Reference Name:

Please explain two or three of your most compelling reasons for applying to study abroad.

Program Selection

Select the program to which you are applying:

Agreement & Waiver and Release of Liability

OUACHITA BAPTIST UNIVERSITY

AGREEMENT & WAIVER AND RELEASE OF LIABILITY
FOR VOLUNTARY PARTICIPATION IN
STUDY ABROAD

In consideration of my (my child's) participation in the above referenced international travel and study experience, as part of Ouachita Baptist University's Daniel R. Grant International Studies program, I, the undersigned, for myself, my heirs, executors, administrators and assigns, hereby waive and release any and all claims for damages, for death, personal injury, loss of property or property damage that may subsequently accrue to me or to my heirs, executors, administrators or assigns, as a result of my (my child's) participation in the aforementioned events, including, but not limited to, travel to and from Ouachita's campus and the accompanying activities. This waiver includes any related events and activities (including any extra-curricular activities in which I choose (my child chooses)) to participate.

I, the undersigned, release, waive, discharge and covenant not to sue Ouachita Baptist University, its employees, agents, and other representatives and any promoters, sponsors, volunteers, promoting clubs, event officials, and any other persons involved, without limitation, from and any and all liability arising out of or connected in any way with my (my child's) participation in this international travel and study experience and all related activities.

Study Abroad Pledge

I certify that all information which I have given as any part of this application is correct and accurate. If I participate in the program, I pledge I will fulfill my responsibilities to Ouachita Baptist University and I will conduct myself in a manner which honors the ideals of that university. I understand that if I do not conduct myself in a manner that honors the ideals of Ouachita Baptist University, I may be asked to discontinue my participation in this program and thus forfeit all academic credit and all payments made to Ouachita. I further understand that if I discontinue my participation in the program prior to the completion date, I may forfeit all or part of the academic credit offered through this program. Furthermore, all financial obligations to Ouachita Baptist University must be fulfilled.

I understand it is a privilege to Study Abroad and the scholarships that Ouachita allows me to use in our exchange schools are given to me in good faith that I will continue my college career at Ouachita Baptist University.

I have read and agree to the Agreement & Waiver and Release of Liability and the Study Abroad Pledge printed above.

Click "Submit" to complete your application.

You must click this box, "I have read and agree to the Agreement & Waiver Release of Liability and the Study Abroad Pledge printed above."