

Study Abroad Application

Program & Destination Country:			
Exchange Host School Overseas:			
Field School Location Abroad:			
NIC Department:			
Practicum or Internship Location Abroad:			
Expected Dates Abroad:			
First & Last Names (EXACTLY as they will appear on your passport):			Date of Birth:
First Name:		Last Name:	
Gender: M F Other			
NIC Student Number:		Contact Information:	
NIC Email:		Correct Mailing Address on MyNIC?	Yes No
Personal Email:		Correct Phone Number on MyNIC?	Yes No
Start at NIC: Year		I have provided an alternate phone number or cell on MyNIC?	
Fall Winter		Yes Yes No No	
Program:		I understand that all email correspondence will come through MyNIC student email	
		Yes No	
Will you be travelling on a Canadian passport? Yes No If no, from which country?			
Do you currently have a passport? Yes No			
If yes, list the passport number and the expiry date:			
If no, list the date you expect to apply:			
<i>Passports must be valid for six months past your intended date of return. We require a copy of the information page for our files. If you do not have a valid passport, submit the application form and provide us with a copy of the information page of your passport when you receive it.</i>			
Have you ever been convicted of a criminal offence for which you have not been pardoned? (This may affect your ability to travel to, or transit in some countries).			Yes No
May we release your name and email address to present or potential participants?			Yes No

Health and Medical Self-Assessment

Your health and safety are important to us. The information you provide will be used as a guide and will only preclude participation if essential care is not available at the foreign site, or, for students registered with the Department of Accessible Learning Services (DALs), if appropriate accommodations cannot be made by the partner institution/organization or while travelling.

Medical:	YES	NO
Do you have any pre-existing conditions, or history of medical or psychological conditions?		
Do you have any potentially life-threatening allergies?		
Do you currently receive any treatments or medications on a regular basis? (You do not need to report routine prescriptions such as birth control, skin care or allergy medication).		
Have you recently had any major surgery, or been advised to have one?		
Do you have any dietary restrictions that might impact your participation in this program? (You may be in a country that may not have foods to meet your dietary needs).		

Access:		
Do you have any physical limitations or disabilities?		
Will your fitness level impact your ability to fully participate in the program? (You may need to climb stairs, walk long distances on uneven road surfaces, carry luggage, etc.).		

Learning:		
Do you have any struggles or barriers to learning that may impact your ability to access the learning outcomes associated with the program?		

Other:		
Are you currently registered with the DALs at NIC? If yes, by signing this form you are authorizing DALs to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE.		
Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor?		

Please add any relevant comments below:

Please read the following before signing this document

1. I understand vaccinations may be required by the college or by the country to which I am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended.
2. I understand that I am responsible for ensuring I follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time I am away from British Columbia and that I must provide evidence of this to the OGE.
3. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these rules while I am a student at the college.
4. I certify that all statements made on this application form are true and correct. I understand that misrepresentation of this information in any material way may result in my being withdrawn from the Study Abroad/Field School Program.

The information on this form is collected under the authority of the College and Institute Act. The use of this information will be in compliance with the Freedom of Information and Protection Privacy Act. Any questions concerning the collection and use of this information should be directed to the Office of Global Engagement.

I have completed this application to the best of my abilities and understand that any inaccuracies or omissions may result in the cancellation of my participation in the Study Abroad program.

Full Name: _____ **Signature:** _____ **Date:** _____

Once completed, please submit the full application to istudyabroad@nic.bc.ca. Partial application will not be accepted.

Office use only:
 Approved: _____ Pending: _____ Date: _____