



## Ireland Outdoor Photography Course September 18<sup>th</sup> – 25<sup>th</sup> 2019

### Application Instructions

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#### I. Application deadline: **March 1, 2019**

\* Depending upon available space late applications *might* be accepted after March 1<sup>st</sup>. Applicants who submit an application after this date are not guaranteed a spot on the program and might be required to pay slightly higher program fee due to rate fluctuation in transportation costs. Rate increases are typically not significant.

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#### II. Application Materials (Check off as completed and include this page with your application)

**\$400 Enrollment Deposit: Due with application.** This deposit is put toward your program fees. It should be made payable to DCB via check or money order. DCB also accepts payment by Visa or MasterCard by calling the business office during normal business hours. (701) 228-5430 Do not forget to include your name on the payment. The total estimated fees for this trip are \$3100 (this price may vary due to airfare)

An additional \$1200 is due by June 1<sup>st</sup> and the remaining balance for airfare and insurance (up to \$1500) is due by August 1<sup>st</sup>. (Students flying on their own will only need to pay for the insurance at this time.)

**Insurance is mandatory for all participants.** The insurance fees will be as follows: Applicants under the age of 25 years at the time of travel, add \$53, between ages of 26-30 years at time of travel, add \$75, between ages of 31-40 years at time of travel, add \$112, between ages of 41-50 years at time of travel, add \$123, between ages of 51-60 years at time of travel, add \$237, applicants age 61 and above at time of travel, add \$354. Please see the “payment” section of the website for more detailed information.

**DCB Application Form:** Print clearly using black or blue ink.

**Photocopy of Passport:** Due to strict regulations, your passport must be valid for at least six months beyond the conclusion of the program. If you do not yet have a passport, please write “in progress” in the appropriate spot on the application form and apply for your passport immediately. Submit a photocopy of your passport to the Photography Studio once you have it in hand. (*due by June 1st*)

**One Letter of Intent:** Please submit a letter of intent for this trip Please explain why you want to take this trip, what you hope to get out of it, and include information about your character. (we don’t want people getting into trouble in Ireland)

**Program Provider Information:** The logistical aspects of this program are being facilitated by the Institute of Study Abroad Ireland. Where there is a discrepancy, DCB program rules, cancellation and refund policies override the Institute of Study Abroad Ireland policies.

**Return all of the materials listed above in one packet to:**

**Dakota College at Bottineau – Photography Program**

**105 Simrall Blvd.**

**Bottineau, ND 58318**



## Ireland Outdoor Photography Course September 18<sup>th</sup> – 25<sup>th</sup> 2019

### Application Form

All sections of this application must be fully completed before your application will be considered for acceptance into DCB Photo Study Abroad program. **Missing information will delay your acceptance.** Please type or print neatly using black or blue ink.

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#### I. Personal Information

Last Name (s): \_\_\_\_\_ First Name(s): \_\_\_\_\_  
(exactly as shown on passport)

Student ID# \_\_\_\_\_ Gender:  F  M Age: \_\_\_\_\_

Academic status:  Freshman  Sophomore  Junior  Senior  Graduate  Community Ed.

Major: \_\_\_\_\_ GPA (cum): \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Temporary Address (while in school): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**If you do not already have a passport, you must apply for one immediately! Due by April 15<sup>th</sup>**

#### Financial Information

Do you receive Financial Aid?  Yes  No

Do you receive any scholarships?  Yes  No If yes, please list: \_\_\_\_\_

Do you plan to apply for Financial Aid, loans or scholarships for your study abroad program?  
 Yes  No

**Important!** Be advised that you are responsible to report to DCB's Financial Aid Office any scholarships or grants you receive from external sources, including those from your program provider.

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**II. Academic Coursework:** Participants of this study tour will be automatically enrolled in the following course:

***PHOT 296: Outdoor Photography Study Abroad***

**Financial Aid Considerations:** (For photo majors taking the class for college credit.) In order to be eligible for fall term federal financial aid, students must be enrolled in a minimum of 12 credits. At least 3 of these credits **must** be from the course listed above.

**Community Ed Course:** Financial aid is not available to students signing up through the community education program.

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### III. Consent to Release Information

**Financial & Academic Release** All employees of Dakota College at Bottineau are required to abide by the policies governing review and release of student educational records. The Family Educational Rights and Privacy Act (FERPA) of 1974 mandates that information contained in a student's educational records must be kept confidential unless consent is otherwise given. Additional FERPA information is available on pages 12-14 in the *Catalog*.

If you wish for DCB Photo faculty or administration to be able to discuss any of the topics listed below with your parents/guardians or other designated individuals, you must provide permission for us to do so in writing.

I give my consent to Dakota College at Bottineau administration and photo faculty to release the following personally identifiable information from my education record to the persons listed below, for the purpose of keeping these persons advised of my financial, health and academic affairs while I am abroad. (*Check all that apply*):

- Student Account information
- Financial Aid information
- Health information (in the event of a serious mental or physical health condition or emergency)
- Information pertaining to registration for the semester I return to DCB
- Disciplinary information
- Study Abroad program information

**Name of individuals to whom such information may be released (REQUIRED & Please Print)**

Name	Relationship	D.O.B.
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

By signing below, I also give my consent to the Office of Student Affairs at DCB to release my disciplinary records to the DCB Photo Dept. Chair for the purpose of determining my eligibility for Study Abroad. I understand that this information will not be released to the host institution without my written consent.

This consent will remain in effect for three years from the date of signature unless I provide DCB with a written revocation of this consent.

_____ Signature	_____ Student	_____ ID #	_____ Date
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Please see the study abroad advisor if you need further explanation of this information.

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**News & Promotional Materials**

From time to time, DCB Study Abroad Programs will use names and photos of study abroad participants in newspaper and magazine articles, brochures, bulletin boards and posters, and on its web site. Also, students planning to study abroad sometimes ask to speak to former participants about their experiences. **Please check the box to indicate whether or not you agree to the following statements.**

- 1)    I agree    I do not agree   to allow my name and photos to be used for the above purposes.
- 2)    I agree    I do not agree   to allow my name and email address to be sent to future study abroad participants.

_____ Signature	_____ Date
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**IV. Health Information**

Last Name (s): \_\_\_\_\_ First Name(s): \_\_\_\_\_  
 (exactly as shown on passport)  
 Student ID# \_\_\_\_\_ Gender:  F  M Age: \_\_\_\_\_

Travel Dates: Sept. 18 - 25, 2019 Country desired: Ireland

Program Name/ DCB Photo Study Abroad - Faculty Leader: Clint Saunders

**Student Health Privacy Practices** Under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) DCB is required to maintain the privacy of your protected health information. Your medical information will be kept confidential. Providing the following information will help us determine any special needs or arrangements that should be made in advance and assist us in advising you about possible situations you may encounter abroad. Do not assume your host country will automatically be able to provide you with the same care you receive at home without advance notice.

1) Rate your overall health:  Excellent  Good  Fair  Poor

2) Have you ever had any of the following? If yes, give dates of illness and detailed information in the space provided below.

	<u>YES</u>	<u>NO</u>	<u>DATE</u>		<u>YES</u>	<u>NO</u>	<u>DATE</u>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Cough (persistent)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____	Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	_____	Headache (persistent)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____	Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention Deficit Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____

If answered **Yes** to any of the above, please provide details and current status. Attach an additional sheet if needed: \_\_\_\_\_

3) Have you experienced disease, impairment or abnormality of any of the following?

	<u>YES</u>	<u>NO</u>	<u>DATE</u>		<u>YES</u>	<u>NO</u>	<u>DATE</u>
Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>	_____	Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bones, Joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart or Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood, Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lungs, Respiratory Sys.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brain, Nervous Sys.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears or Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tonsils, Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Comments: \_\_\_\_\_

4) Do you have any special dietary needs (vegetarian, low sodium, etc.)?

Yes  No If yes, please describe below:

\_\_\_\_\_  
 \_\_\_\_\_

5) Do you have allergies (food, medication, plants, animals, insect stings, etc) of which we should be aware?  
 Yes  No If yes, please describe below:

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6) Are you presently under treatment for any psychological or emotional matters?  
 Yes  No If yes, please describe below:

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7) Are you presently taking any prescription drugs on a regular basis?  
 Yes  No If yes, please describe below. Attach a separate sheet if additional room is needed.

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8) Facilities in other countries may not meet American standards of accessibility for persons with disabilities. Please describe any accommodations you may need to perform the essential functions of this study tour.

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**Health Considerations** *(Please Read and Initial Acknowledgement)*

Study and travel abroad involves significant adjustment to a new culture, school, and community, which often causes physical and emotional stress. If you have a physical or psychological condition for which you are currently receiving treatment, or have received in the past, the demands of this program might exacerbate those conditions, even though they may be under control at home. It is important that you discuss your possible participation in a study abroad program with your physician or counselor, including how off campus study could affect your medical condition. Addressing your health issues prior to studying abroad will also help you to identify those resources that will and will not be available at your program site.

Initials: \_\_\_\_\_

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**Emergency Contacts** The following information is intended to be of assistance to the DCB Photo Study Abroad Program should an emergency situation occur during your program.

Name	Relationship	Phone Number(s)
1. _____	_____	_____
2. _____	_____	_____

**Medical Release Consent**

I hereby authorize Dakota College at Bottineau, its representatives, and the host institution, and its representatives, to seek medical attention on my behalf in the event of sickness, accident, or other emergency during the study abroad program. I also authorize any physician to release any information acquired in the course of examination or treatment. I certify that the above information regarding my medical history is correct. This authorization shall be valid for the entire duration of the DCB Study Abroad Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**V. Student Conduct Release**

I understand that in the interest of health, safety, security and the educational goals of Dakota College at Bottineau students, information regarding any violations of the student code of conduct/and or residence hall policies will be forwarded to:

- 1) The Study Abroad Coordinator/Director of International Programs
- 2) The host university/college or program provider
- 3) The faculty leader of this program

I have read and understand the above conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## VI. Payment and Cancellation Policies

### Payment Deadlines:

March 1st: \$400 due with the Application

June 1st: an additional \$1200 is due

August 1st: Airfare and insurance fees are due (up to \$1500) Students traveling on their own will only need to pay the insurance fees at this time.

\* Insurance fees (all students must purchase travel insurance)

The insurance fees will be as follows: Applicants under the age of 25 years at the time of travel, add \$53, between ages of 26-30 years at time of travel, add \$75, between ages of 31-40 years at time of travel, add \$112, between ages of 41-50 years at time of travel, add \$123, between ages of 51-60 years at time of travel, add \$237, applicants age 61 and above at time of travel, add \$354. Please see the "payment" section of the website for more detailed information.

### Late Payments:

- If a payment is received 7 business days or more after the payment due date, your application will be considered withdrawn and you will be responsible for any cancellation penalties.
- If for any reason your payment cannot be processed, a fee of \$50 will be incurred, plus a late payment of \$75 penalty to the Institution of Study Abroad Ireland, if applicable.

### Payment Policies:

- Under no circumstances will a participant be allowed to depart on the trip unless the program fees are paid in full.
- DCB is not responsible for delays caused by late passport applications, late visa applications or visa denials. Any additional costs incurred for such reasons will be the responsibility of the participant.
- Transportation Deviation Fees: Group transportation will be arranged from, and to Bottineau. Any costs due to deviations or special requests (such as early departure or late returns) will be the sole responsibility of the student. Community Education students may make their own travel arrangements if they so desire. They will be responsible for meeting at the Dublin airport on September 6<sup>th</sup> by noon.

### Cancellation & Refunds

Withdrawal from the program is effective on the date that written notification is received by DCB's Photo Study Abroad Program, and any airline tickets that have been issued on your behalf have been returned.

If you withdraw:	The cancellation penalty will be:
After Application is submitted	\$300
After June 1st	\$1,000
After August 1st	\$1,800
After September 1 <sup>st</sup>	Refund of tuition fees only per DCB business office policies
After departure	No refund

Please Note:

- DCB will not alter its payment and/or cancellation policies for any reason.

Agreed and accepted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## VII. Program Agreement and Liability Waiver

Please read the following sections carefully as they affect any rights you may have if you are injured or otherwise suffer damages on a DCB Photo Study Abroad Program.

Dakota College at Bottineau, its agents, affiliates, officers, directors, staff, regional and local representatives (collectively “DCB”) and the undersigned participant, understand and agree to the terms and conditions stated in the below Agreement relating to the participation in DCB’s Study Abroad Program (“Program”). Students and other participants are referred to collectively as the Participants (“Participants”).

**A. Code of Conduct:** I understand and agree that, as a participant in a DCB Study Abroad Program, I am subject to the student conduct regulations described in the Student Handbook (available from the student services office, and on the internet at [http://www.dakotacollege.edu/files/6914/4051/1685/DCB\\_Residence\\_Life\\_Handbook\\_15-16.pdf](http://www.dakotacollege.edu/files/6914/4051/1685/DCB_Residence_Life_Handbook_15-16.pdf)). I further understand that, if I am attending a foreign university as part of a DCB Study Abroad Program, I am also subject to the conduct regulations of the host institution. Furthermore, I understand that as a DCB Study Abroad Program participant, I will be viewed as a representative of my country and my university. It is my intention to act as a good-will ambassador and conduct myself in a fitting manner.

**B. Laws of the Land:** I understand that as a U.S. citizen in a foreign country, I will be subject to the laws of that country. I agree to conduct myself in a manner that will comply with the regulations of my host country and the United States of America. If I should fall into legal problems with any foreign nationals or government jurisdictions of the host country, I will attend to the matter personally with my own personal funds. It is further understood that DCB may be limited in its ability to provide assistance in the event of arrest and may also institute disciplinary proceedings.

**C. Program Activities:** I agree to participate fully in all portions of the program and agree that any deviation I will make from the program design must be approved in advance in writing by the DCB Study Abroad Program or the on-site program director.

**D. Academic Standards:** I acknowledge and understand that I am responsible for maintaining an adequate standard of academic work while abroad. I am also responsible for communicating with my instructors and course work for all classes I miss while traveling abroad.

**E. Disciplinary Procedures/Program Dismissal:** I acknowledge that DCB has sole discretion to terminate or limit my participation in the program if: (i) I engage in actions endangering to myself or others; or (ii) my conduct is considered to be detrimental or incompatible with the best interest and welfare of the program. I further agree that, if expelled from the program for such reasons, I will be responsible for all expenses incurred in returning to the United States.

**F. Financial Obligations:** I acknowledge that information regarding the financial nature and the cost of the program has been provided to me and I guarantee that all financial obligations will be met.

**G. Independent Travel:** I agree to notify the DCB Study Abroad Program, or the on-site program director (in the case of a faculty-led program), if I am planning to embark upon individual travel during the program. Where possible, I will provide the director with details of the proposed trip including plane, bus, and train schedules. I understand that I am responsible for any additional fees incurred due to independent travel.

**H. Modification/Cancellation:** I understand that DCB reserves the right to cancel programs in the case of insufficient participation or for other reasons deemed appropriate. DCB also reserves the right to make changes to the program or alterations in the program’s proposed schedule and itinerary. I further understand that should the program, or any portion of the program, be cancelled, DCB shall have no responsibility beyond the refund of all deposits made and monies paid to DCB by participants. Minor alterations in the programs will not result in refunds. I agree that neither DCB, the State of North Dakota nor the employees or agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of program modifications or cancellation.

**I. End of Program:** I understand that any responsibility that Dakota College at Bottineau has for participants on a DCB Study Abroad Program terminates once the program is finished.

**J. Dissimilarities or Differences in the Host Country:** I understand that study abroad program participants are expected to make every effort to adapt to the culture and lifestyle of the host country. There may be significant cultural, economic, and lifestyle differences between the participants home country and host country including those in health care services, living conditions, transportation systems, educational systems, criminal justice, civil liberties, customs, values and acceptable behavior with regards to age and gender. I realize that participants on a DCB Study Abroad Program must make themselves aware of and accept these differences as part of the program, and accept the risks associated with traveling and living in another country. I understand and agree that participants must take responsibility to educate and prepare themselves for the inherent risks associated with foreign travel and living abroad.

In addition, I understand that participants on a DCB Study Abroad Program must be willing to learn about their host cultures and be open to new ideas even though they may be culturally challenging. I am aware that it is both inappropriate and culturally insensitive to use the program as a time to promote religious or political agendas; further, such behavior can cause offense and potentially place me in harm's way. I understand that, while the United States respects the right of freedom of expression, this is not a universal right and may not be protected by law in some countries. Consequently, I will demonstrate a respect for the host culture even though I may not agree with all aspects of that culture, and I understand that behavior that is inconsistent with this statement may lead to my removal from the program.

**K. Insurance:** I understand that international travel insurance coverage is a requisite for participation in a DCB Study Abroad Program. Therefore, I agree to purchase a comprehensive international travel insurance policy for the duration of my program that will cover medical expenses abroad, emergency medical evacuation, repatriation of remains, and accidental death and dismemberment. I agree to familiarize myself with the coverage, exclusions and limitations of my travel insurance policy before the start of the study abroad program to determine what activities are excluded from coverage. I understand that policies may not cover pre-existing conditions, injuries resulting from driving motorized vehicles, certain categories of sports injuries, injuries resulting from the commission of a crime, self-inflicted injuries, or injuries sustained from participation in high-risk (extreme) sports.

**L. Waiver of Liability and Hold Harmless Agreement:** As a condition of my participation in a DCB Study Abroad Program, I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, acknowledge and assume the risk of participation in the program and do hereby RELEASE AND FOREVER DISCHARGE the State of North Dakota, State Board of Higher Education, Dakota College at Bottineau, and all their officers, faculty, or employees, any cooperating institution and agents (hereby referred to as "Releasees") whether accompanying said program or otherwise, from any and all claims, demands, actions or causes of action on account of any injury to me or my property or on account of my death which may occur from any cause during the said study program, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of said bodies or persons on account of any and all such claims, demands, actions or causes of action.

I further AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorney's fees, that they may incur out of my participation in the DCB Study Abroad Program including, but not limited to: (i) any incident beyond the Releasees' reasonable control, including, without limitation, force majeure, crimes of violence, acts of terrorism, natural disasters, acts of war, or government actions and restrictions; (ii) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care, sanitation, transportation, crime, justice, legal systems, customs, and values; (iii) any differences in the living conditions and standards between my home and home country and the host country.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent (if not eighteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such); and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

**M. Arbitration and Venue:** I agree that, should there be any dispute concerning my participation in the program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and determined by the laws of, the State of North Dakota.

**N. Severability:** I concur that in the event any clause, sentence, term or provision of this Agreement shall be held by any court of competent jurisdiction to be illegal, invalid or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force and effect.

**O. Signature:** This agreement represents my complete understanding with Dakota College at Bottineau concerning DCB's responsibility and liability for my participation in the Program, supersedes all previous or contemporaneous understanding I may have had with DCB on this subject, whether written or oral, and cannot be changed or amended in any way without my written consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date