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**Registration Instructions**

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**I. Application Deadlines**

- Priority Registration: **May 11, 2018** (current MSU students)
- Late Registration: **September 14, 2018** (new MSU students who started fall '18, & alumni)

Applicants who sign up for the program after September 15, 2018 are not guaranteed a spot and might be required to pay slightly higher program fee due to cost fluctuations.

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

**\$300 Registration Deposit:** This deposit is put towards the overall program fee. Payment should be made to Minot State University via check or money order. MSU also accepts payment by Visa or MasterCard. See page 5 of the application for more information about payment deadlines and other program fee details.

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

**Photocopy of Passport:** 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. The MSU Office of International Programs will organize a clinic during the fall semester 2018 to assist travelers with the process of applying for a passport.

**Music Division Endorsement Form:** Complete and sign the top of the form before you give it to the MSU Choir Director for approval to join the program.

**Alumni:** Must also complete an online registration form for professional development graduate credit. The registration link will be sent to you at a later date and payment of \$50 for the graduate credit must be submitted at the same time.

**Tour Agency Information:** The logistical aspects of this program are being facilitated by Brekke Tours and Travel: [www.brekketours.com](http://www.brekketours.com). Where there is a discrepancy, MSU program rules, cancellation and refund policies override Brekke Tours policies.

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

**Director of International Programs  
Minot State University  
1<sup>st</sup> Floor of the Student Center  
500 University Avenue West  
Minot, ND 58707**



**Application Form**

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

**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  Continuing 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 \_\_\_\_\_

**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 MSU's Financial Aid Office any scholarships or grants you receive from external sources, including those from your program provider.

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

**Current MSU students:** Music 496 - Choir experience in Norway (1 credit)

**Alumni:** Music 2000 – Professional development graduate credit (1 credit)

**Financial Aid Considerations:** In order to be eligible for summer term federal financial aid, students must be enrolled in a minimum of 6 credits, including the course listed above.



**IV. Health Information**

Last Name (s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

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

Program Dates: May 13-25, 2019 Country desired: Norway

Program Name/Faculty Leader: \_\_\_\_\_ Concert Choir program

**Student Health Privacy Practices**

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) MSU 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 Office of International Programs should an emergency situation occur during your program.

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

**Medical Release Consent**

I hereby authorize Minot State University, 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 Minot State University 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 Minot State University 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:

\$300 Non-refundable deposit due with the application

Date	Payment Amount Due
July 6, 2018	\$350
September 14, 2018	\$1,000
December 4, 2018	\$1,000
February 1, 2019	Remaining balance of the program fee is due. This amount will be calculated after group fundraising activities are concluded.
June 1, 2019	Tuition due to MSU cashier's window

Note that the program fee of \$4,350 is an estimate and subject to availability. The tour price is based on a minimum of 25 participants. The trip will be feasible with fewer than the minimum, but if the minimum number of participants is not reached, the price may increase or services may be modified to accommodate a smaller group. All rates are based on tariffs in effect at the time the tour was planned and are subject to increase in the event of currency fluctuation.

There is also an additional cost for mandatory international medical and emergency insurance for travelers over 30 years of age. Applicants 31- 40 years at time of travel add \$40; 41 – 50 years at time of travel add \$50; aged 51 – 60 years at time of travel add \$165; applicants age 61 and above at time of travel add \$285.

### Late Payments:

- If a payment is received 10 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, if applicable.

### Payment Policies:

- Under no circumstances will a participant be allowed to depart on the program unless the program fees are paid in full.
- MSU 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 Minot. Any deviations or special requests (such as early departure or late returns) could incur an additional booking fee.

### Cancellation & Refunds

Withdrawal from the program is effective on the date that written notification is received by MSU's Office of International Programs.

If you withdraw:	The cancellation penalty will be:
After Application is submitted	\$300
After February 1, 2019	\$2,100
After March 15, 2019	\$2,700
After April 13, 2019	Refund of tuition fees only, per MSU business office policies.
After departure	No refund

Please Note:

- MSU will not alter its payment and/or cancellation policies for any reason.
- Brekke Tours highly recommends that each traveler purchase trip cancellation/interruption coverage for an additional fee, which can be added at any time prior to departure. This insurance can protect you in the event you need to cancel your trip or leave your tour unexpectedly due to an emergency. Depending upon the level chosen, coverage includes: trip cancellation & interruption protection; medical & accident protection; and baggage & property protection. For more information, visit [www.brekketours.com/resources/travel-insurance](http://www.brekketours.com/resources/travel-insurance).

Acknowledgement: I agree to, and accept the above payment deadlines, cost information and cancellation policies:

\_\_\_\_\_  
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 Minot State University study abroad program.

Minot State University, its agents, affiliates, officers, directors, staff, regional and local representatives (collectively “MSU”) and the undersigned participant, understand and agree to the terms and conditions stated in the below Agreement relating to the participation in MSU’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 Minot State University study abroad program, I am subject to the student conduct regulations described in the Student Handbook (available from the Director of Student Life and Housing, Dakota Hall, Lower Level, and on the internet at [http://www.minotstateu.edu/student\\_handbook.pdf](http://www.minotstateu.edu/student_handbook.pdf)). I further understand that, if I am attending a foreign university as part of a Minot State University study abroad program, I am also subject to the conduct regulations of the host institution. Furthermore, I understand that as a Minot State University 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 MSU 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 Office of International Programs 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.

**E. Disciplinary Procedures/Program Dismissal:** I acknowledge that MSU 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 Office of International Programs, 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 MSU reserves the right to cancel programs in the case of insufficient participation or for other reasons deemed appropriate. MSU 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, MSU shall have no responsibility beyond the refund of all deposits made and monies paid to MSU by participants. Minor alterations in the programs will not result in refunds. I agree that neither MSU, 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 Minot State University has for participants on a MSU 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 Minot State University 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 Minot State University 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 Minot State University 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 Minot State University 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, Minot State University, 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 Minot State University 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 Minot State University concerning MSU's responsibility and liability for my participation in the Program, supersedes all previous or contemporaneous understanding I may have had with MSU on this subject, whether written or oral, and cannot be changed or amended in any way without my written consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Music Division Endorsement**

**I. TO BE COMPLETED BY STUDENT**

Please note that in order to be eligible to join the choir study tour to Norway, you must receive approval from both the MSU Choral Director, Dr. Kenneth Bowles, and the Chair of the MSU Music Division, Dr. Erik Anderson. Please complete the top portion of this form and submit it to Dr. Bowles for consideration.

Student/Alumnus' Name: \_\_\_\_\_

MSU Major/ Year of Graduation: \_\_\_\_\_

**II. FERPA**

**Student Waiver Statement:** In accordance with the "Family Education Rights and Privacy Act of 1974", Minot State University recognizes that students enrolled in its Study Abroad Programs have the right to inspect and review all materials in their files, unless they sign the following statement:

*I understand my right under the provisions of PL 39-380.513 to inspect letters of recommendation on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under the aforesaid statute and affirm that I shall not do so in the future. This waiver will remain in effect until I notify, in writing, the Office of International Programs, at which time this document will be removed from my file and returned to the author, or until the OIP destroys this recommendation.*

\_\_\_\_\_  
Signature of student/ alumnus

\_\_\_\_\_  
Date

**III. INSTRUCTIONS TO CHORAL DIRECTOR:**

Please check the statement that you think most accurately reflects your opinion as to this individual's suitability for the program:

- This individual has my highest recommendation.
- I recommend this individual with slight reservations, but I expect him/her to be successful.  
(Please provide further explain in an attached letter)
- I cannot recommend this individual for the program.

MSU Choral Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MSU Chair of Music Division Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN TO THE STUDENT/ALUMNUS IN A SEALED ENVELOPE**

*Thank you!*