

**GERMAN STUDY ABROAD
APPLICATION AND AGREEMENT**

Date: _____

Full Name of Student (as listed on Passport): _____

Preferred Name: _____

Home Address: _____

E-mail Address: _____ Mobile Number: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Alternate Phone: _____

PASSPORT INFORMATION

*Passport Number: _____ Issuance Date: _____ Expiration Date: _____

DOB: _____ Place of Birth: _____ Country of Citizenship: _____

Do you hold a passport in more than one country? If yes, list: _____

Are you a current green card holder? (yes or no) _____
**INCLUDE A COPY OF YOUR PASSPORT (AND GREEN CARD, IF APPLICABLE) WITH THIS FORM*

EDUCATION

Current School: _____

Year of Study: _____ Undergraduate Graduate Student

Mailing Address at School: _____

Academic Studies: _____

German Language Previous Experience: _____

Primary Language and Other Languages Spoken: _____

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Name: _____

MEDICAL HISTORY

List any medical conditions for which you are currently under treatment: _____

Have you ever been treated or are currently being treated for any physical, psychological, or emotional problems of which Reading Institute should be informed? If yes, explain:

List any medications you are currently taking:

List any allergies and the reactions:

Health Insurance Information:

Name of Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

AGREEMENT, ACKNOWLEDGEMENT AND CONSENT

(INITIAL EACH LINE)

_____ I acknowledge, understand, and appreciate that despite the most careful planning and supervision, participation in this program involves risks to which I may be exposed, including the risk of serious physical injury, disability, and death, as well as economic A property loss. The dangers, hazards, and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I voluntarily accept and assume all risks and responsibility for my health, safety, and property while participating in this program.

_____ I hereby for myself and on behalf of my heirs, family members, assigns, executors, personal representatives, and next of kin, agree to release, indemnify and hold harmless, Reading Institute Private Institute of Higher Education UG (haftungsbeschränkt), hereafter referred to as Reading Institute, its respective officers, agents, volunteers, and employees from any liabilities, damages, expenses, causes of action, claims, or demands of any nature whatsoever, including any claims of negligence, on account of personal injury, property damage, death, or accident of any kind, related to my participation in this program.

_____ In the event of an accident or serious illness, I hereby authorize representatives of Reading Institute to obtain medical treatment for me, on my behalf. I hereby hold harmless and agree to indemnify Reading Institute

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Name: _____

from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries that may occur during my participation in the program.

_____ I understand that Reading Institute, does not provide any accident or medical insurance, and I am expected to provide my own health insurance. I hereby agree that I am financially responsible for all such expenses. I will be responsible for the supply and use of my prescribed medications while in Germany.

_____ I declare that I am in good academic standing with my current institution of higher education and meet its eligibility requirements to study abroad.

_____ I declare that I am in good disciplinary standing with my current institution of higher education and am not under disciplinary probation as a result of any Code of Conduct violations. Furthermore, I understand that while traveling and while in Germany I am subject to and agree to abide by the Student Conduct Code of my institution of higher education, laws of the United States, laws of the Commonwealth of Pennsylvania, laws of Saxony, Germany and laws of any other areas I am visiting; and that in the event of violation of these, or behavior which is considered to be detrimental to myself or other participants, Reading Institute shall have the right to dismiss me as a participant of this program while retaining all payments.

_____ I understand that withdrawal from Reading Institute must be submitted either by a signed letter or email. The student may be eligible for a full refund if cancellation is received within two weeks after the deadline for registration. Any cancellation after the two weeks following the deadline will be processed at 50% refund. Refund amounts for cancellation due to exceptional circumstances will be considered by Reading Institute on an individual basis. Refunds are not possible after the second week of classes; however, if there are extenuating circumstances, petition can be made for a partial refund at the discretion of Reading Institute.

_____ I declare that the information given in this Application is complete, true, and correct. I understand that if any of the information on this form is found to be false or omitted, it will result in immediate dismissal from the program while retaining all payments. I agree that if any of the information on this form changes, I will provide updated information to Reading Institute within 7 days.

I have read and understand the terms of this Application and Agreement and agree to all terms and conditions, initialing each line above. I further state that I am of lawful age and legally competent, and I have signed this document of my own free will.

Signature of Applicant_____
Printed Name of Applicant_____
Date

(1) Email Application and Agreement to info@reading-institute.org for processing
(2) Mail original to the United States address at the top of the page for permanent record

ACCEPTANCE (FOR OFFICE USE)_____
Dr. Nilson J. Assis, Academic Dean_____
Date_____
Course Assignment

Reading Institute

Private Institute of Higher Education UG (haftungsbeschränkt)