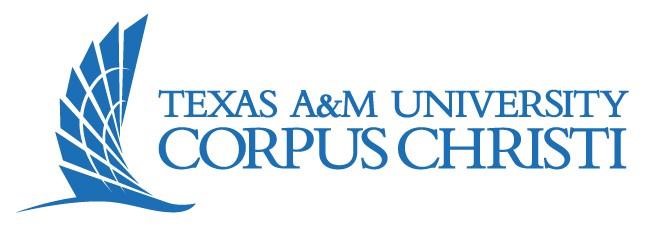
Read the Application guidelines carefully before completing this form. Additional application materials may be turned in as they are completed. Type or print all information. Return this form to: **Study Abroad Office, Corpus Christi Hall (CCH), 115**. You can scan/email the forms to: Study.Abroad@tamucc.edu



**Nursing Faculty-Led Study Abroad Application**



**For SAO Use only:**



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



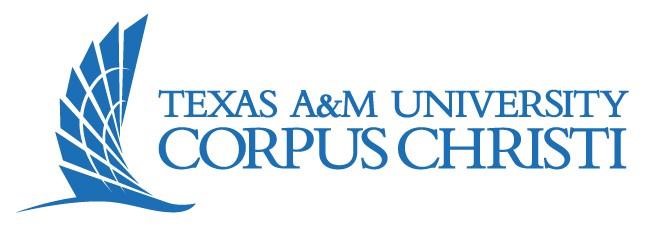
Date Entered into Database: \_\_\_



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

***(Note: Students who have completed NURS 4660 face-to-face or E-Line in Spring 2025 are eligible to participate..)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Legal Name**: (As it appears on your birth certificate or passport)  **First Middle Last** | | | | **A#/Islander/Banner ID:** | | |
| **Gender**: | **Date of Birth:**  (MM/DD/YYYY) | **Place of Birth:** (City, State, Country) | | | | |
| **U.S. Citizen:** \_\_\_Yes \_\_\_No  If no, list country of citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Islander Email Address:** | | | **Alternate Email Address:** | | | |
| **Campus/Current Mailing Address:** | | | **Permanent Home Address:** | | | |
| **Local Telephone:**   **Cellphone (If Different):**  **(\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Major:** | | **Minor:** | **GPA:** |
| **\*Students may/will participate in field work assignments that consist of one-on-one interaction with Spanish speaking clients and families.** | | | | | | |
| **Do you speak Spanish?**  **\_\_\_\_\_Yes**  **\_\_\_\_\_ No**  **If yes, please select the level that applies.**  **\_\_\_\_\_ Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced**  **\*Students will be selected into the program at the discretion of the faculty leader for the program.** | | | | | | |

**Nursing Faculty-Led Study Abroad Application**

|  |
| --- |
| **Terms of Agreement and Release of Information:**   * I understand that this application and payment of any application-related fees does not guarantee acceptance to a study abroad program or awarding of credit. * I understand that application fees, required by TAMUCC, an institutional partner, or a study abroad provider, are nonrefundable. * I understand that upon acceptance into any study abroad program, I must confirm my participation by submitting a Student Code of Conduct Agreement form, Agreement/Risk Waiver Form, and Emergency Contact Information Form, which constitutes my formal agreement to participate in the program. * I understand that I may be required to submit program deposits prior to my program start dates in order to secure my participation in the program. The confirmation deposits will be applied towards overall program costs. My program confirmation may not be processed further until this deposit has been paid. * I understand that a full refund of either the application fee or the confirmation deposit is not guaranteed if I withdraw from the program, regardless of the reason for withdrawal. * I understand that withdrawals must be made in writing to the Office of International Education. I understand that I may be charged for any additional costs that may have been expended or committed on my behalf that cannot be recovered, dependent on the date I withdraw from the program. * I certify that the information provided in this application is complete and correct to the best of my knowledge. In accordance with Section 438 of the Family Education Rights and Privacy Act (Public Law 90-427), I hereby authorize the release of materials and academic records to the TAMUCC Office of International Education faculty leaders, institutional partners, or program providers, on an as needed basis, for processing my candidacy for study abroad. |
| **Applicant Signature**  **Date** |
| **Signature of Parent/Guardian** (If applicant is under 18 years of age.) **Date** |

**MASS TALENT RELEASE STATEMENT (OPTIONAL)**

(Permission for audio/photo/video capture/editing/distribution)

I grant Texas A&M University-Corpus Christi and its employees and agents the irrevocable right to use my likeness (still or moving) or words (written or spoken) for purposes related to the educational mission of A&M-Corpus Christi, including publicity, marketing, and promotion of A&M-Corpus Christi, in any medium. I waive any right that I may have to inspect or approve the finished product in which my image or words are used. I do not expect compensation for the use of my likeness or words. I release A&M-Corpus Christi and its employees and agents from any liability related to the use of my likeness or words. I understand that by signing this release I am releasing certain of my legal rights, and that if I have any questions about these rights or this release, I should consult my own attorney before signing. I am at least 18 years old, or if I am under 18 years old my parent or legal guardian has signed below.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature Date**

|  |  |
| --- | --- |
| **Signature of Parent/Guardian (If applicant is under 18 years of age.)** | **Date** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**