

JAPAN CENTER FOR MICHIGAN UNIVERSITIES

APPLICATION

INSTRUCTIONS

Please complete this form and submit it along with:

- 1) An OFFICIAL copy of your academic transcript through the previous term (An official copy is obtained through the Registrar's Office and placed in a sealed envelope.)
- 2) Two letters of recommendation (in a sealed envelopes with signature across the seal or sent independently). Please use the enclosed forms, unless your home university has similar forms.
- 3) A photocopy of your passport (If you do not have one that will be valid for the duration of your study in Japan, please apply for one immediately!) Passport applications are available at your local post office or courthouse. If you have applied for a passport and it has not arrived by the application deadline, please turn in your application regardless.
- 4) Six passport photos (*Academic Program Only*) or two passport photos (*Summer Program Only*) (Non-U.S. Citizens/International Students need six photos for the Summer Program) Note: Use "real" passport photos, available at most photography studios. Computer-produced photos are NOT acceptable.
- 5) A check in the amount of \$100 payable to Michigan State University. (This non-refundable deposit will be applied towards your program fee.)
- 6) An essay explaining your reasons for studying in Japan and your plans upon completion of the program.

NOTES

Students must be in good academic standing, with a grade point average of at least 2.5 at the time of application. Meeting this minimum grade point average does not, however, guarantee admission. JCMU accepts applicants on a rolling admission process and we recommend students turn in applications early. Illegible and incomplete applications **will not** be considered for acceptance.

American and Canadian citizens do not need visas to enter Japan to participate only in the Summer Intensive Japanese Language Program. Other nationalities should consult the JCMU Program Office or the nearest Japanese consulate for visa information. All students intending to stay in Japan beyond 90 days will need to apply for a visa. A separate packet of visa-related forms will be sent to students admitted to the JCMU program.

Application DEADLINE: March 1 (October 1 for Spring Semester Students). If you attend an institution that belongs to the JCMU consortium, please submit a copy of the completed application to the local JCMU representative (see list on the reverse side or consult your study abroad advisor). Non-consortium students are asked to send the completed application to the JCMU office at Michigan State University:

Japan Center for Michigan Universities
MSU International Center
East Lansing, MI 48824-1035
Tel: (517) 355-4654 Fax: (517) 353-8727
JCMU@msu.edu
www.isp.msu.edu/JCMU

Be sure to retain this first page for future reference and for use as a checklist to ensure that you have provided all the necessary information and documents to complete your application. Check the JCMU web site frequently for updated information.

STUDENT CONTACTS

If you are a degree-seeking student at one of the Michigan public universities listed below, please contact the appropriate person listed below for information about enrollment in the JCMU academic programs. All others should contact the JCMU office at MSU. Call (517) 355-4654 or e-mail JCMU@msu.edu for more information.

Central Michigan University

Dianne DeSalvo, Asst. Director
Office of International Education
106 Bovee University Center
Tel: (517) 774-4308
Email: dianne.desalvo@cmich.edu

Eastern Michigan University

Justin Meilgaard, Advisor
World College
Academic Programs
103 Boone Hall
Tel: (734) 487-0312
Email: jmeilgaard@online.emich.edu

Ferris State University

Deborah Carley, Study Abroad
Office of International Affairs
1349 Cramer Circle BIS 303
Tel: (231) 591-3921
Email: Deborah_Carley@ferris.edu

Grand Valley State University

Rebecca Chomos, Director Study Abroad
104 Student Services Bldg.
Tel: (616) 895-3898
Email: chomosr@gvsu.edu

Lake Superior State University

James Moody, Professor
Arts and Letters
Tel: (906) 635-2120
Email: jmoody@gw.lssu.edu

Michigan State University

Mandy Brookins, JCMU Coord.
110 International Center
Tel: (517) 355-4654
Email: JCMU@pilot.msu.edu

Michigan Technological University

James Cross, Director
Center for International Education
Tel: (906) 487-2160
Email: JPCross@mtu.edu

Northern Michigan University

Susan Morgan, Study Abroad Coordinator
International Affairs
Tel: (906) 227-2510
Email: smorgan@nmu.edu

Oakland University

Bonnie Abiko, Professor
Dept. of Art & Art History
Tel: (248) 370-3382
Email: Abiko@Oakland.edu

Saginaw Valley State University

Barb Cohen, Advisor
International Programs
Tel: (517) 790-4473
Email: bcohen@svsu.edu

University of Michigan-Ann Arbor

Jordan Pollack, Asst. Director
Office of International Programs
G-513 Michigan Union
Tel: (734) 764-4311
Email: jipol@umich.edu

University of Michigan-Dearborn

Ron Morash, Associate Dean
College of Arts, Science & Letters
4901 Evergreen Road
Dearborn, MI 48128
Tel: (313) 593-5490
Email: rmorash@umd.umich.edu

University of Michigan-Flint

Roy Hanashiro, Professor
History Department
322 French Hall
Flint, MI 48502-2186
Tel: (810) 762-3366
Email: okuma@spruce.flint.umich.edu

Wayne State University

Kelli Pugh
2 East Helen Newberry
Detroit, MI 48202
Email: Ab6179@wayne.edu

Western Michigan University

Wendy Williamson
Assistant Director of Study Abroad
B-200 Ellsworth Hall
1201 Oliver St.
Kalamazoo, MI 49008
Tel: (616) 387-5890
Fax: (616) 387-3950
Email: wendy.williamson@wmich.edu

Updated: 3/29/02

Please check all that apply, indicating year(s):

_____ **Academic Program in Japanese Language and Culture:**

_____ **Fall Semester**

_____ **Spring (Winter) Semester**

_____ **Environmental Sciences in Japan (ESJ) Program (Spring/Winter Semester)**

_____ **Summer Intensive Japanese Language Program**

_____ **May Short Course (Specify: _____)**

Please print or type your responses.

Name: _____ University: _____

E-Mail Address: _____ Major: _____

MSU students only: _____
PID#

Campus Address: _____

Telephone: _____ Fax: _____

Date you will no longer be at your school address: _____

Permanent Address: _____

Permanent Telephone Number: _____

Gender: _____ M _____ F

Birth date: _____ (Mo/Day/Yr)

Social Security Number: _____ - _____ - _____

Are you a United States citizen? ___ Yes ___ No

If not, what is your present visa status and citizenship? _____

Passport Information

What is your passport number?: _____

_____ Country of Issue

_____ Date Issued

_____ Expiration Date

NOTE: If you do not have a valid passport, obtain one immediately.

Personal History

(Note: This information is necessary to obtain a visa to enter Japan)

Name: _____ Date of Birth: _____

Gender: _____ Male _____ Female

Elementary School

Name: _____

City/State: _____

Entered: _____
Month/year

Graduated: _____
Month/year

Middle School

Name: _____

City/State: _____

Entered: _____
Month/year

Graduated: _____
Month/year

High School

Name: _____

City/State: _____

Entered: _____
Month/year

Graduated: _____
Month/year

College

Name: _____

City/State: _____

Entered: _____
Month/year

Graduated: _____
Month/year

Other institutions (e.g. additional colleges)

Name: _____

City/State: _____

Entered: _____
Month/year

Graduated: _____
Month/year

I certify that the above is true and correct.

Signature

Date

Print Name

Racial/Ethnic Group (optional):

___ **American Indian or Alaskan Native** (having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition);

___ **Asian/Pacific Islander** (having origins in any of the original peoples of East Asia, Southeast Asia, South Asia, or the Pacific Islands);

___ **African-American** [not of Hispanic origin] (having origins in any of the Black racial groups);

___ **Hispanic** (having origins in Mexico, Puerto Rico, Cuba, or Central or South America--regardless of race);

___ **European-American** (having origins in any of the original peoples of Europe)

___ **Other** (please specify: _____)

How did you hear about the Japan Center for Michigan Universities?

What are your hobbies or non-academic interests?

List any job experience you may have.

Please briefly describe your career goals.

If you have ever visited Japan, please briefly list the specific areas, prefectures, or cities you visited.

What is your native or "first" language?

Languages you have studied:

Years of study in high school: Years of study in college:

What level do you expect to be placed into in Japan? (There will be a placement test given in Japan and you will be placed in an appropriate level) _____

What is your current grade point average in Japanese? _____

What is your current overall grade point average? _____

ESSAY: Explain your reasons for applying to study in Japan; what it means to be a representative from your campus and what should be expected of you; what you can give to the program; what is the value of a study-abroad program in general and the JCMU program specifically; how would you apply your JCMU experience when you return? (Please attach a separate sheet with this essay)

I certify that all information in all sections of this application is complete and accurate to the best of my knowledge. I understand that the program reserves the right to drop any student, at any time, who does not meet the requirements of academic standards and general behavior (which includes submitting false statements on this application form). I understand that signing this application means that I am giving permission for the financial aid office and the registrar's office at my school to release pertinent financial and grade information, if requested by my campus JCMU representative or the program coordinator at MSU. I also understand that a student who is dropped or withdraws for any reason is not entitled to any refund. The program also reserves the right to cancel or revise any aspects of the program as necessary.

Signature of Applicant

Date

DEAN OF STUDENTS REFERENCE FORM

TO BE COMPLETED BY THE STUDENT

Name: _____ Student Number: _____

Home Address: _____

Home Institution: _____

What is your anticipated date of graduation? _____

Please indicate your status at your home university during the term of your participation in the Japan Center for Michigan Universities program.

Circle: FR SO JR SR MA Ph.D.

Japan Center for Michigan Universities to be held in Shiga, Japan during
_____ **Summer 20**___ and/or _____ **AY 20**___ - **20**

TO BE COMPLETED BY THE DEAN OF STUDENTS OFFICE

Is this student in a degree-seeking program at your university?	Yes	No	
Is this student in good standing?		Yes	No
Has this student been suspended/dismissed from your institution?		Yes	No
If yes, please comment:			

Signed: _____ (Dean's Signature)

Title: _____

JAPAN CENTER FOR MICHIGAN UNIVERSITIES

RECOMMENDATION FORM

Name of Applicant: _____ University: _____

INSTRUCTIONS TO APPLICANT: If you have studied Japanese previously, please obtain at least one recommendation from a former or current Japanese-language instructor, if possible. Other students should ask any college instructor capable of evaluating their work.

STUDENT WAIVER STATEMENT: In accordance with the "Family Educational Rights and Privacy Act of 1974," JCMU recognizes that students 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 93-380.513 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 University, at which time this document will be removed from my file and returned to the author, or until this recommendation is destroyed.

Signature of Applicant _____
Date

INSTRUCTIONS TO THE INDIVIDUAL WRITING THIS REFERENCE:

Please return the completed recommendation form **to the applicant in a sealed envelope, with your signature across the sealed flap.**

The above student has applied for admission to an academic program of the Japan Center for Michigan Universities in Hikone, Shiga Prefecture, Japan. Overseas study places unusual demands on a student, requiring a greater degree of adaptability, maturity, sensitivity, academic concentration and self-discipline than is usually necessary on campus. We would benefit greatly from your insights about this student's traits and abilities. If the student has **signed** the release above, the confidentiality of your comments will be strictly maintained.

1. How long have you known the applicant?
2. In what context have you known the applicant?
3. Please rank the applicant on the traits below; circle the most appropriate ranking for each trait using the following scale: (U = Unknown; 1 = Poor; 2 = Fair; 3 = Good; 4 = Excellent).

Academic Ability	U	1	2	3		Intellectual Curiosity	U	1	2	3	4		
4						Linguistic Ability				U	1	2	3
Adaptability		U	1	2	3	4							
Ability to Communicate		U	1	2	3	4	Dedication & Seriousness		U	1	2	3	4
Ability to Cooperate		U	1	2	3	4	Self-reliance & Independence		U	1	2	3	4
Emotional Stability		U	1	2	3	4	Ability to Withstand Stress		U	1	2	3	4

4. What is the applicant's strongest attribute?

5. What characteristic of the applicant might be a liability?

6. Please indicate your opinion of this individual and of his/her chances of success in the Japan Center for Michigan Universities Program.

7. Considering your overall evaluation of this applicant, what is your recommendation with regard to her/his acceptance for participation in this program (circle the best response)?

Do Not Recommend Recommend	Recommend With Reservation	Recommend	Strongly
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Name of Reference: _____

Title: _____

Signature: _____ Date: _____

Address:

Telephone Numbers: Home: (____) _____

Business: (____) _____

Fax: (____) _____

STUDENT HEALTH/EMERGENCY TREATMENT AUTHORIZATION

Japan Center for Michigan Universities · 110 International Center · East Lansing, Michigan 48824-1035
Japan Center for Michigan Universities · 108 International Center · East Lansing, Michigan 48824-1035

The purpose of this form is to help the Japan Center for Michigan Universities (JCMU) provide appropriate assistance to you should the need arise during your study abroad experience. It is important that we be aware of any medical or emotional problems, past or current, which might affect you in a study abroad context. Mild physical or psychological disorders can become serious under the stress of studying abroad. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your well-being.

Name: _____ MSU PID# or student ID number _____

Sex: F M Date of Birth: ____/____/____ Citizenship: _____

Dates of participation: _____

Emergency Contact: *Please list who should be notified in case of emergency.*

Name: _____ Relationship to you: _____

Address: _____ Apt #: _____ Home phone: _____

City _____ State _____ Zip _____

Work phone: _____

Fax (if applicable): _____ E-mail (if applicable): _____

Health Information: *Please list the following or indicate "N/A" if not applicable.*

Food allergies: _____

Dietary restrictions or requirements: _____

Allergies (plants, insects, stings, etc.): _____

Immunizations received in the past 90 days: _____

Medical History: *This is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable.*

Medical allergies: _____

Medication taken on a daily or routine basis and **purpose** for use: _____

Note: Participants should bring an adequate supply of medications that are required on a daily or routine basis.

List any circumstances or health conditions (such as surgery; hospitalization; injuries; chronic condition; physical, psychological, emotional, or mental illness) that may need special consideration before or during your experience or may affect successful and complete participation in this program:

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The following **must** be completed. If you do not have a regular physician, indicate where your medical records are kept.

Physician name: _____

Office phone: (_____) _____ Emergency phone: (_____) _____

Address: _____

Health and Emergency Agreement

I certify that I am in good physical and mental health and that I do not have any special mental or physical condition that would prevent me from successfully taking part in this study abroad program.

I authorize the release of information contained in the Student Health Form for access and review by the program coordinator of Japan Center and the appropriate health and counseling professionals in the MSU Olin Health Center. I give these individuals permission to communicate my health condition with each other and with any physician, psychologist, or counselor who treated me during the past four years. I understand that if this information is pertinent to my well-being abroad, it may be communicated to the MSU Japan Center program coordinator and the JCMU resident director.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Michigan State University, through its representatives, to secure any necessary treatment. If coverage is not provided through the MSU Study Abroad insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Michigan State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, Michigan State University may notify my above-listed emergency contact.

I certify that all responses made on this form are complete, true, and accurate, and I will notify the Japan Center immediately of changes in the state of my health. I understand that approval and participation in this study abroad program is contingent on receipt by the MSU Japan Center of this completed and signed form.

Participant Signature: _____ Date: _____

Parent Signature (if under 18 years of age): _____

If you have any questions regarding medical problems, immunization requirements, or other health issues, call the Olin Health Center Travel Clinic at (517) 353-3161 at least 45 days prior to departure.

JAPAN CENTER FOR MICHIGAN UNIVERSITIES

Information for Apartment Partners

All students initially will be placed in the JCMU apartments. Students may apply for "homestays" with Japanese families, on either a long-term (i.e. whole semester) or short-term (weekend) basis after consulting with the JCMU staff in Japan.

1. Name: _____ Gender: ____ Date of Birth: _____
2. University or College: _____
3. Major field of study: _____

4. List and describe any special traits that you would **like** in an apartment partner.

5. List and describe any special traits that you would **not like** in an apartment partner:

6. Do you smoke? ___ NO ___ YES

7. Would you object to sharing an apartment with someone who smokes?

___ NO ___ YES

8. Would you like to be placed with a Japanese apartment partner if possible?

___ NO ___ YES

9. Is there a participant with whom you would especially like to share an apartment?

___ NO ___ YES Name: _____

Be sure that the person with whom you want to share also puts your name on the form s/he submits--otherwise this request will not be considered.

HOMESTAY INFORMATION FORM
(Please complete IF you are interested in a home stay.)

Long-term Home stay: The JCMU boarding fee covers up to 16 meals per week (weekday lunches not included), utilities (except telephone), lodging with the home stay family, and commuting costs. Any other personal expenses are not included in the fee. We encourage students to participate in home stays, however, placement is subject to family availability. Weekend Home stay: One or two night home stays may be arranged.

Placement is subject to family availability.

1. Indicate home stay option(s):

Academic Program: ___ Fall Semester How long would you like to do it? ___ Month(s)
 ___ Weekends Only

2. Name: _____ Male/Female Birth date: _____

3. Permanent Address: _____

4. Name of University or College: _____ Major: _____

5. In the space below, please introduce yourself and your family to your host family:

6. Do you mind if your host family has small children (under 5 years old)? Yes No

7. Do you smoke? Yes No

8. Do you mind if members of your home stay family smoke? If so, what is the level of your discomfort?

9. Do you have any allergies to animals? If yes, please indicate what animals you are allergic to.

10. If "Yes" to #9 above: Do you mind even if your host family keeps animals outside the house?
 Yes No

11. List any food or drink you are allergic to as well as any other dietary restrictions.

12. Please indicate what foods you do not like to eat.

13. Describe any form of medication to you need.

I understand that if I apply for a home stay the JCMU apartments will not be available to me for the period of the home stay unless a compelling problem or need arises.

Signature _____ Date _____

Note: All students initially will be placed in the JCMU apartments. Students may apply for "homestays" with Japanese families, on either a long-term (i.e. whole semester) or short-term (weekend) basis after consulting with the JCMU staff in Japan. Homestay placement is not guaranteed, but every effort will be made to match students with suitable families.

JAPAN CENTER FOR MICHIGAN UNIVERSITIES

CONTACT INFORMATION

Student Name: _____

If someone other than the above student is responsible for payment, indicate name, address, telephone number and their relationship to the student.

Billing address: _____

Telephone: Daytime _____

Evening _____

Fax: _____

Are you planning to receive financial aid?: _____ **Yes** _____ **No**

If "Yes", please indicate where you plan to apply for financial aid:

Institution: _____

Address: _____

Parent(s) Contact Information:

Check if you **do not** authorize us to mail information to your parents or legal guardians.

Telephone: Daytime _____

Evening _____

Fax: _____

Telephone: Daytime _____

Evening _____

Fax: _____

Japan Center for Michigan Universities

AGREEMENT TO PARTICIPATE

In consideration of participation in Michigan State University's study abroad program, I, _____, hereby agree to the following conditions:

1. I understand and will abide by the rules governing student responsibility and behavior as stated in the Michigan State University's General Student Regulations, including the MSU Drug and Alcohol Policy, as published in *Spartan Life* (<http://www.vps.msu.edu/SpLife/index.htm>). I know that Michigan State University has a zero-tolerance policy regarding the possession, use, manufacture, production, sale, exchange or distribution of illegal drugs by students participating in MSU study abroad programs. I also know that it is illegal for a student to possess, consume, furnish, manufacture, sell, exchange or otherwise distribute any alcoholic beverages except as permitted by host country laws and local institutional regulations. I recognize that violations of law and/or MSU regulations or policies may result in (i) immediate dismissal from the program; (ii) academic withdrawal from the University for the semester in progress; and (iii) disciplinary action upon my return to campus.
2. I will become informed about and will comply with the laws, rules and regulations, and customs of my host country, community, institution and program as administered by the faculty or resident director(s), or other representative(s) of Michigan State University. To be acceptable, behavior should show a genuine concern for the mores and social patterns of the host culture, in order that actions not be offensive to the community.
3. The director(s) and the MSU International Studies and Programs Office have the right to dismiss me from the program at any time if (i) my conduct violates Michigan State University's General Student Regulations; (ii) I violate laws, rules and regulations, and customs of my host country, community, institution and program; or (iii) the program director and the MSU International Studies and Programs Office have reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons or property or threatens the future viability of the program. The following behaviors are among those that may result in immediate dismissal from the program: physical or sexual assault; harassment; possession, use or distribution of illegal drugs; alcohol abuse; setting a fire or possession of explosives; possession of a weapon, including BB guns and knives; theft. The program director, with the concurrence of MSU's Office of International Studies and Programs, may temporarily suspend me pending final resolution of the matter.
4. In the event of an infraction which does not cause immediate danger and where there is an allegation of a violation of the laws, regulations, and customs of the host country, community, institution or program or a violation of the MSU General Student Regulations, the procedure described in the *JCMU Pre-Departure Handbook* will be followed. Prior to final removal from the program, I will have an opportunity to explain my conduct to the director(s) as described in the *handbook*. I understand that a decision made to dismiss me from the program will be final and no refund will be made.
5. The University may make changes to the program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers based on operational and/or itinerary charges regardless of whether the participant or the University makes a flight arrangement. I will pay any additional expense resulting from the above. The University may substitute hotels or accommodations or housing at any time. Specific room and housing assignments are within the sole discretion of the University.
6. The University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline, or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, public health risks, criminal activity, terrorism, expense, accident, injuries, or damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier beyond the University's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property is transported at my risk entirely.
7. The University, in its sole discretion, may cancel the program or any aspect of the program prior to departure and, in its discretion the University may cancel the program or any aspect of the program after departure, requiring that all participants return to the United States, if the University believes that any person is or likely will be in danger if the program or any aspect of the program is continue.

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8. The University will not provide any administrative support for an accompanying spouse, partner, or child(ren). Only my health insurance is included in my program fee, and I am responsible for obtaining health insurance for an accompanying spouse, partner, or child(ren).
9. I shall be responsible for my own health care, conduct, financial integrity and travel plans while studying abroad on a University-sponsored study abroad program. In the event of serious illness, accident or emergency, my designated emergency contact, as indicated on the *Student Health/Emergency Treatment Authorization*, may be notified. I shall inform the faculty member-in-residence, on-site director(s), or program assistant(s) representing the Office of International Studies and Programs of problems that arise during my stay abroad so that assistance can be provided.
10. I shall comply with MSU-JCMU course credit requirements, academic policies and procedures, and I will enroll in at least 12 credits for a semester program (unless the particular program requires more) or the minimum number of credits specified for my short-term program.
11. I shall be solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal or dismissal from the program prior to its completion, including withdrawal or dismissal for reasons of health, family emergency, illegal drug use or alcohol abuse, legal detention, etc., or disciplinary action by a representative(s) of the University. Costs incurred on my behalf include, but are not limited to, moneys advanced on my behalf for non-refundable deposits at other institutions, airfare, legal documents, visa and application fees, and housing deposits.
12. If I withdraw, depart or am dismissed from a program for any reason prior to its formal completion, I will not be eligible for any academic credits. Should I receive permission to return home early, I may be eligible to receive a grade of "W" on my University academic transcript. The Program Fee will not be refunded once classes have begun.
13. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all injuries, illnesses, damages, losses (including death) I sustain to my person or property or both, including but not limited to any claims, actions, damages, expenses, and costs, including attorney fees, which arise out of, result from, occur during or are connected in any manner with my participation in the program and/or any travel incident thereto.
14. I, individually, and on behalf of my heirs, successors assigns, and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that they or any of them incur or sustain as a result of any claims, actions, damages, expenses, or costs, including attorney fees, which arise out of, occur during, or are in any way connected with my participation in the program or any related travel.
15. This agreement is to be construed under the laws of the State of Michigan, USA; and if any portion of this Agreement is held invalid, the balance of this Agreement shall, notwithstanding, continue in full legal force and effect.

In signing this document I acknowledge that I have read this entire document, that I have had an opportunity to ask questions, that I understand its terms, that I agree to the terms stated, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Signature: _____ Date: _____

Parent Signature (if under 18 years of age): _____