

VSC 272 Applied Practice with Visual Communications- Orlando  
 2019 Study Away Enrollment Application  
 Travel Dates: March 11-15, 2019  
 Study Abroad Travel Expense: \$1750.00  
 Faculty Leader/Email: Patti Bishop, [patti.bishop@dtcc.edu](mailto:patti.bishop@dtcc.edu)  
 Application Deadline: Friday, November 30, 2018\*



**PARTICIPANT INFORMATION**

Name <i>(as it appears on passport)</i>		First:	Middle:	Last:
Address:				
City:		State:		Zip Code:
Home Phone:		Cell Phone:		E-mail:
DELAWARE TECH ID #:			Current GPA:	
Campus Location: <input type="checkbox"/> Wilmington <input type="checkbox"/> Stanton <input type="checkbox"/> Dover <input type="checkbox"/> Georgetown <input type="checkbox"/> Other				
I currently have a valid govt. issued ID: <input type="checkbox"/> Yes <input type="checkbox"/> No			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Degree Seeking Student: Y/N If yes, major::				DOB (mm/dd/yyyy):

\*\* (include a copy of the photo page of your government issued photo identification with this application)

**EMERGENCY CONTACT INFORMATION (1<sup>st</sup> CONTACT)**

Name	First:	Middle:	Last:	
Relationship:		Cell Phone:		
Home Phone:		Work Phone:		E-mail:
Address:				
City:		State:		Zip Code:

**EMERGENCY CONTACT INFORMATION (2<sup>nd</sup> CONTACT)**

Name	First:	Middle:	Last:	
Relationship:		Cell Phone:		
Home Phone:		Work Phone:		E-mail:
Address:				
City:		State:		Zip Code:

\*Applications may be accepted after the application deadline, pending availability.

## WAIVER OF BUCKLEY AMENDMENT RIGHTS (FERPA WAIVER)

I, \_\_\_\_\_, give my permission to administrators and faculty in study away leadership positions at Delaware Technical Community College to speak with my emergency contacts listed on the course application regarding aspects of my participation in a study away course, including medical emergencies, legal incidents, and disciplinary issues.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**IMPORTANT FINANCIAL AND ACADEMIC INFORMATION (please read carefully)**

**Study Away Travel Expense: \$1750.00**

**Refund Cut-Off Date: Sunday, December 11, 2018 (90 days prior to departure)**

Payment	Due on or before	Amount Due	Total Due
Non-Refundable Deposit	Friday, Nov. 30, 2018	\$200.00	\$200.00
2	Friday, Dec. 14, 2018	\$550.00	\$750.00
3	Friday, Jan. 18, 2019	\$500.00	\$1250.00
Final Payment	Friday, Feb. 15, 2019	\$500.00	\$1750.00

- Failure to make a payment on time may result in the participant being removed from the course without a refund if it is 90 days or less prior to departure. Students with unpaid balances at the time of travel will not be permitted to participate in the travel portion of the program.
- The Study Away Travel Expense does not include the following: books, airline and baggage fees, personal expenses, tuition/student service/registration/technology fee, and anything not specified as included in the course brochure.

**Cancellation and Refund Policy**

Participants must inform the College in writing via e-mail at [taryn.tangpricha@dtcc.edu](mailto:taryn.tangpricha@dtcc.edu) if they choose to cancel their participation in the course. All correspondence should be addressed to Taryn Tangpricha, International Education Director. **Participants are not considered to be cancelled from the course until the date that the above communication is received.**

Applicants must understand that Delaware Tech is required to make early deposits to reserve accommodations, air tickets, and other logistical arrangements. **For this reason, prior to the 90-day cut-off date, participants will be refunded Study Away Travel Expense payments made minus the \$200 non-refundable deposit and any expenses already paid by the College on the participant’s behalf. After the 90-day cut-off, no refunds will be given, and participants are responsible for the full balance due.** Please refer to the Tuition/Fee Adjustment policy located in the Student Handbook for information regarding course withdrawals.

DTCC will periodically assess enrollment, safety, and other factors. **Students acknowledge that Delaware Tech has the right, at any time and without liability or cost therefore, to cancel the course.**

I certify that all information submitted on this application is true and complete to the best of my knowledge, and that I have read and understand the payment, refund, and cancellation information on the following pages. I consent for Delaware Technical and Community College and/or the faculty leader to speak with my emergency contacts listed on the application regarding aspects of my participation including medical emergencies and legal incidents.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

## Study Away Additional Information Form

Please complete the information below. All answers are confidential and will be destroyed at the conclusion of the program year.

Question:	Answer (Please Complete):
<p><b>Please describe any medical or mental health services/accommodations might you require while on the travel portion of the programs?</b></p>	
<p><b>List any medications you are currently taking, or will be taking during the travel portion of the program:</b></p> <p><b>(if none check here <input type="checkbox"/>):</b></p>	
<p><b>List any allergies you have to medication:</b></p> <p><b>(if none check here <input type="checkbox"/>):</b></p>	

I understand the essential elements of participating in the program and have read the course itinerary. I represent that I am able to fully take part in the essential elements of the course, including the travel portion of the course. If I believe that I am in need of reasonable accommodation in order to fully take part in the essential elements of the program, I will contact Delaware Tech's campus [Disabilities Support Coordinator](#) and complete an accommodation evaluation in such a reasonable time-frame so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. I will consult with and inform the International Education Director of any accommodation to be requested as a result of that evaluation. I will disclose to Delaware Tech any health condition, to the extent that it may affect my safety and welfare or that of other program participants. Any information provided to Delaware Tech with respect to my health shall be used solely for the purposes of my involvement with this specific education program and shall be treated confidentially, except to the extent that disclosure is needed to secure health care or disability accommodation. If in the course of the program, the International Education Director and/or the Delaware Tech employee(s) leading the course should determine in his/her good faith judgment that my or others' health, safety, or welfare, or the integrity of the program is jeopardized by my health condition, I agree to withdraw from the program or any portion thereof. If necessary, I will return home at my expense.

I understand that providing this information does not obligate Delaware Tech to provide any medication and/or services.

**Participant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## **APPLICATION STEPS CHECKLIST:**

All additional information and resources for parents and students preparing for study away are located on the study away website at [go.dtcc.edu/studyaway](http://go.dtcc.edu/studyaway).

1. Contact the course faculty leader to schedule an applicant/instructor interview.
2. Schedule an appointment for an advising session with your campus IEC. Complete and sign this application prior to the session. Please bring your \$200 non-refundable deposit to this appointment, and be prepared to register for the course and make the deposit payment for the Study Away Travel Expense. At this appointment, you will:
  - a. Participate in a 20 minute interview regarding the study away experience and expectations. Review the application materials, and submit your signed application. \*NOTE: Include a clear photocopy of your driver's license or other government-issued identification with the application.
  - b. Obtain the drop/add form and payment vouchers for the course.
  - c. Visit the Registrar's Office (IEC will accompany you) to enroll in the course.
  - d. Visit the campus Business Office to make \$200 non-refundable deposit.
3. After completing steps 1 and 2, you are now considered an enrolled participant in the study away course. Submit your study away travel expense payments at the Business Office according to deadlines listed below. You may make payment arrangements at the Business Office (choose from the following options: pay in full, installment plan, 3<sup>rd</sup> party, or financial aid authorization).
4. Attend one of the mandatory Health and Safety Orientations (in February 2019) and all required classes scheduled for your course. You must fulfill all requirements of your course and complete assignments and coursework on time, or you may jeopardize your ability to travel with the group. Remember to communicate regularly with your instructor(s) and campus international education coordinator.

### **Study Away Travel Expense: \$1750.00**

**Refund Cut-Off Date: Sunday, December 11, 2018 (90 days prior to departure)**

<b>Payment</b>	<b>Due on or before</b>	<b>Amount Due</b>	<b>Total Due</b>
Non-Refundable Deposit	Friday, Nov. 30, 2018	\$200.00	\$200.00
2	Friday, Dec. 14, 2018	\$550.00	\$750.00
3	Friday, Jan. 18, 2019	\$500.00	\$1250.00
Final Payment	Friday, Feb. 15, 2019	\$500.00	\$1750.00

**Ask us if you need help! For questions or additional information, please contact:**

**Jack Bradley (Wilmington Campus)**

[john.bradley@dtcc.edu](mailto:john.bradley@dtcc.edu)

(302)552-5953 / Office Location: E 123

**Victoria Chang (Dover Campus)**

[victoria.chang@dtcc.edu](mailto:victoria.chang@dtcc.edu)

(302)857-1349/ Office Location: Terry Building 122F

**Dan Kasper (Stanton Campus)**

[dkasper@dtcc.edu](mailto:dkasper@dtcc.edu)

(302)292-3806 / Office Location: F116

**Amy Russell (Georgetown Campus)**

[amy.russell@dtcc.edu](mailto:amy.russell@dtcc.edu)

(302)259-6589/Office Location: ASC 303

**Taryn Tangpricha (International Education Director- all campuses)**

[taryn.tangpricha@dtcc.edu](mailto:taryn.tangpricha@dtcc.edu)

(302)857-1829 / Office Location: Office of the President, Suite 300, Office 123, Terry Campus