APPLICATION FORM
International Experience in Energy, Environmental and Chemical Engineering
An Elective Class for Undergraduate Students
(Freshmen, Sophomores, and Juniors)
E33 EECE 401, 3 credits

The Department of Energy, Environmental and Chemical Engineering is pleased to announce an Undergraduate International Experience Class. This class will be offered in the Fall Semester and will involve attending a few orientation meetings and seminars in the preceding Spring Semester. The highlight of the class is a Summer visit (prior to the Fall Semester) to a city where partner schools of the McDonnell Academy are located under the supervision of a WUSTL faculty member. Students will engage in classroom lectures, technical projects and other visits. In 2016, the class will be visiting Budapest University of Technology and Economics, Budapest, Hungary

APPLICATION INSTRUCTIONS

ELIGIBILITY
These instructions pertain to students from any WU College or School applying to register and participate in this class offered by the Department of Energy, Environmental and Chemical Engineering. General qualifications include a sound academic purpose relevant to the program of choice, appropriate academic preparation, minimum overall GPA of 3.0, and no behavioral concerns.

DEADLINE*
October 31, 2015  *Early application is strongly recommended.
Selected students will be notified by December 1, 2015.

APPLICATION CHECKLIST
A COMPLETE APPLICATION MUST INCLUDE THE ATTACHED FORMS (can also be downloaded from www.eece.wustl.edu):

♦ Data Sheet (Due October 31, 2015)
♦ Copy of Transcript (Due October 31, 2015)
♦ Student Risk and Personal Responsibility (Due October 35, 2015)
♦ Parental Approval and Deposit (Due by December 12, 2015 – for those selected)
♦ One page essay indicating motives and reasons for applying to International Experience (Due October 31, 2015)

Submit all application materials to:
Attn: Mr. Ray Ehrhard (REHRHARD@WUSTL.EDU)
Brauer 3021
Department of Energy, Environmental and Chemical Engineering
Washington University in St. Louis
Campus Box 1180
One Brookings Drive
St. Louis, MO 63130-4899
Personal Data:

Last Name: _____________________________________________________________

First Name: ___________________________ Middle Name: __________________

_____ Female _____ Male WU Student number: (SSN for non-WU): _______________

Birthdate (mm/dd/yr): ____/____/____ U.S. citizen? ____ Yes ____ No

Place of birth (U.S. city, state or foreign city, country): ___________________________

If not U.S. citizen, nationality: ______________ and residency/visa status: __________

Campus telephone number: ______________; Cell phone number: ________________

“edu” e-mail: _____________________________@_____________.wustl.edu

“gmail” email: ___________________________@gmail.com

Passport number: ___________________________ Passport expiration date: ______________

Permanent (home) address:

_________________________ ___________________________
Street (Address Line 1) ___________________________
(Address Line 2)

_________________________ ___________________________ ___________________________
City State Zip Country

Parents:  Mother (full name) ___________________________

Father (full name) ___________________________

Mailing Address (complete):

_________________________ ___________________________
_________________________ ___________________________
_________________________ ___________________________

Home Telephone number: ______________; Work Telephone Number: _________________

Mother’s Cell Phone number: _______________; E-mail address: ________________
Father’s Cell Phone number: _______________; E-mail address: ________________
Educational Information:
WU College or School:
___ Arts & Sciences  ___ Social Work  ___ Business  ___ Engineering  ___ Medicine
Other: _____________________________________________________________

Major(s) for which you intend to receive credit for coursework abroad:
____________________________________________________________________

Name of academic advisor(s): ___________________________________________

Overall GPA: ____  Major GPA: ____  Class standing: ____  
Freshman    □  Sophomore □  Junior    □

On-campus activities and other interests: Please list the organizations, teams, or clubs in which you are actively involved:
____________________________________________________________________
____________________________________________________________________

Financial Requirements:
I understand that there will be expenses incurred for the travel and visit to Hungary. It is anticipated that the total expenses will be in the $3,000 range.

I will pay the $3,000 or the entire expenses that will be incurred on this trip.

______________________________
Signature / Date

I have financial hardship and will not be able to cover the entire amount of the expenses.

Amount that I can pay: $________________________

______________________________
Signature / Date

Note: By applying for scholarship, it is implied that you give the Department of Energy, Environmental and Chemical Engineering permission to review your financial aid record from WUSTL.
International Experience in Energy, Environmental and Chemical Engineering
An Elective Class for Undergraduate Students; E33 EECE 401
VISIT TO BUDAPEST UNIVERSITY OF TECHNOLOGY AND ECONOMICS,
Budapest, Hungary: Summer of 2016
REGISTRATION FOR CLASS IN FALL 2016
Instructors: Mr. Ray Ehrhard and Professor John Fortner
(Due: October 31, 2015)

STATEMENT OF PERSONAL RESPONSIBILITY AND ASSUMPTION OF RISK

Behavioral and academic standards: Admission to the program may be denied or rescinded due to behavioral or academic concerns. Your WU judicial and academic records will be subject to review. As a participant, you will be expected to behave in a manner that is consistent with the behavioral standards of the WU Judicial Code. Disruptive behavior, academic dishonesty, and other improprieties will not be tolerated. Also, you must comply with the rules and regulations of any host institution and with the local laws and regulations in the foreign country or countries where you reside or travel during the program; including times when you are engaged in independent activities. Your participation in the program may be terminated by WU for violation of these standards, along with forfeiture of program fees and loss of academic credit for the program. You may have to return to WU at your own expense to appeal a disciplinary decision.

Drug use and other illegal activities: The possession or use of any quantity of marijuana, cocaine, or other illegal substance is strictly prohibited for the duration of the program. This prohibition applies not only while you are in the company of fellow participants, but also while you are alone or with people not associated with the program. The consequences of substance abuse or other illegal activity at any time during the program include immediate expulsion from the program, forfeiture of all program fees, and loss of academic credit for the program. Furthermore, U.S. citizens in a foreign country are subject to the laws of that country. Neither the U.S. Embassy nor Washington University can obtain your release from jail; they can only aid in obtaining legal assistance for you.

Inherent conditions, hazards, and risks: Washington University acts only to provide the opportunity for foreign visits and does not guarantee your satisfaction with the program or your well-being. You will not be closely supervised while you are abroad. You are responsible for using good judgment to ensure your own health, safety, and welfare. There are certain inherent conditions, hazards, and risks associated with international travel and living abroad for which the University cannot and will not assume responsibility. These include, but are not limited to, inclement weather, natural disasters, labor disputes, riots, terrorism, delays or disruption of travel or accommodations, accidents, and disease. During the period of your participation in the program, and while you are en route to or returning from the program, WU will not be responsible for any injury or damage to you or your property or for any personal liability sustained or incurred by you.

Medical needs and health insurance: You are responsible for assessing your own medical needs. Physical or emotional problems may be exacerbated by stresses associated with study abroad. You must be medically able and prepared to participate in the program, including appropriate immunizations. Some foreign institutions and/or national health systems provide limited health care for visiting students, but access to free or low cost medical care is not assured and may not be readily available. You are responsible for verifying that you will have adequate health insurance coverage and that it will remain effective for the duration of the program. Also, you are responsible for complying with the appropriate claims procedures and deadlines. Students participating in summer
visit abroad programs are covered by mandatory WU student health insurance, which provides worldwide coverage for partial reimbursement of medical expenses plus the services of Assist America, including medical evacuation and repatriation of remains. Simultaneously, you may be covered by a family or private health insurance plan and/or by mandatory host country student health insurance.

**Authorization for emergency medical treatment:** Washington University representation is not available at all program sites. Nevertheless, by signing the following statement, you are granting permission to WU and any person acting on behalf of the University to authorize emergency medical treatment for you when deemed necessary, and you are agreeing that neither the University nor the person acting on behalf of the University can be held responsible for any injury or damage that may arise out of or in connection with such authorization.

**Statement:** I understand and accept the stated conditions of participation in a WU sponsored or approved visit abroad program. I understand and accept my responsibilities, and I understand and assume the potential risks, as described above. I authorize WU to contact my parent or guardian about my physical or mental health while I am abroad if deemed advisable to do so. I am at least eighteen years of age and fully competent to sign this statement and I am signing it as my own free act.

______________________________
Signature of Applicant / Date

______________________________
Printed Name of Applicant / WU Student Number. (SSN for non-WU)
International Experience in Energy, Environmental and Chemical Engineering
An Elective Class for Undergraduate Students; E33 EECE 401
VISIT TO BUDAPEST UNIVERSITY OF TECHNOLOGY AND ECONOMICS,
Budapest, Hungary: Summer of 2016
REGISTRATION FOR CLASS IN FALL 2016
Instructors: Mr. Ray Ehrhard and Professor John Fortner

PARENTAL AGREEMENT - DUE WITH PAYMENT BY December 12, 2015

Student’s Last Name: ______________________________________________
First Name: ____________________________________Middle Initial: ______

**Behavioral and academic standards:** Selection for the Program can be denied or rescinded due to behavioral or academic concerns. Disruptive behavior, academic dishonesty, and other improprieties will not be tolerated. Participation in the program may be terminated by WU for violation of these standards, along with forfeiture of program fees and loss of academic credit for the program.

**Drug use and other illegal activities:** The possession or use of any quantity of marijuana, cocaine, or other illegal substance is strictly prohibited for the duration of the program. The consequences of substance abuse or other illegal activity at any time during the program include immediate expulsion from the program, forfeiture of all program fees, and loss of academic credit for the program. Furthermore, U.S. citizens in a foreign country are subject to the laws of that country. Neither the U.S. Embassy nor WU can obtain release from jail; they can only aid in obtaining legal assistance.

**Inherent conditions, hazards, and risks:** Washington University acts only to provide the opportunity for foreign visits and does not guarantee satisfaction with the program or a student’s well-being. Students will not be closely supervised while abroad and are responsible for using good judgment to ensure their own health, safety, and welfare. There are certain inherent conditions, hazards, and risks associated with international travel and living abroad for which the University cannot and will not assume responsibility. These include, but are not limited to, inclement weather, natural disasters, labor disputes, riots, terrorism, delays or disruption of travel or accommodations, accidents, and disease. During the period of participation in the program, and during transit to or from the program, WU will not be responsible for any injury or damage or for any personal liability sustained or incurred.

**Medical needs and health insurance:** You and your student are responsible for assessing medical needs. Physical or emotional problems may be exacerbated by stresses associated with study abroad. A student must be medically able and prepared to participate in the program, including appropriate immunizations. You and your student are responsible for verifying that the student will have adequate health insurance coverage and that it will remain effective for the duration of the program. Students participating in this program are covered by mandatory WU student health insurance, which provides worldwide coverage for partial reimbursement of medical expenses plus the services of Assist America, including medical evacuation and repatriation of remains.
Authorization for emergency medical treatment: Washington University representation is not available at all program sites. Nevertheless, by signing the following statement, you are granting permission to WU and any person acting on behalf of the University to authorize emergency medical treatment for your student when deemed necessary, and you are agreeing that neither the University nor the person acting on behalf of the University can be held responsible for any injury or damage that may arise out of or in connection with such authorization.

Billing: There will be an additional fee to participate in the program. It will cover expenses for the travel, stay and other aspects of the program. The amount for the program for this year is anticipated to be approximately $3,000. You agree to pay the full amount understanding that this will not be refunded if the student withdraws from the Program.

A check payable to Washington University should be enclosed with this signed Parental Agreement Form.

Parent/Guardian’s Statement of Consent

The above named student has my permission to participate in the above listed program(s). I agree to the terms and conditions listed above, and will meet the applicant’s expenses, including all travel and other costs incurred.

________________________________________________________________
Parent’s Signature / Date
________________________________________________________________
Printed Name / Telephone Number

Please sign this form and mail it with a check payable to Washington University in the amount of $3,000 to:

International Experience Program
Attn: Mr. Ray Ehrhard (REHRHARD@WUSTL.EDU)
Brauer 3021
Department of Energy, Environmental and Chemical Engineering
Washington University in St. Louis
Campus Box 1180
One Brookings Drive
St. Louis, MO 63130-4899
Tel: 314-935-8589

(Alternatively you may FAX to 314-935-7211 or send electronically to rehrhard@wustl.edu)