

LEWIS & CLARK COLLEGE

Overseas & Off-Campus Programs

0615 SW PALATINE HILL ROAD MSC 11 | PORTLAND, OR 97219 | P:503.768.7295 F:503.768.7300 | OVERSEAS@LCLARK.EDU

ACCEPTANCE CONFIRMATION | Due 30 days from acceptance

Student:

Student ID:

Program:

Semester:

Decision Confirmation:

_____ Yes, I will participate on this program and will submit my deposit

_____ No, I will not participate on this program. Please remove my name from the list of participants.

Reason for not participating (optional)_____

Accommodations:

Overseas & Off Campus Programs is committed to providing students with the most successful experience possible. If you have a disability for which you'll be requesting accommodations, please request that Student Support Services send us your Notice/Letter of Disability by initialing below. Once we have this information, together we can facilitate accommodations you might need while overseas.

_____ (if applicable) I have requested my Letter of Disability from Student Support Services to be sent to Overseas office.

Please use this space to inform us of anything that you feel we should know in order to help you be successful on the program.

Lewis & Clark Photo Model Release Form:

The undersigned agrees to participate in photography for promoting the work of Lewis & Clark (Lewis & Clark College, Lewis & Clark Graduate School of Education and Counseling, Lewis & Clark Law School). The undersigned hereby authorizes the use and reproduction by Lewis & Clark College, or anyone authorized by the College, of any and all photographs or other images taken of the undersigned, for purposes deemed appropriate by the College without compensation. The undersigned understands that these images may appear in any of the wide variety of formats and media now available to the College or that may be available in the future, including but not limited to print, electronic/online media, and video. The undersigned acknowledges that all images are the property of Lewis & Clark College.

Student Signature_____ Date _____

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SPECIAL CONSIDERATIONS | Due 30 days from acceptance

Please note that we will consult with others regarding the information below if we believe there may be an effect on your program participation.

Note any allergies or restrictions on physical activity or diet.

Please use additional paper if needed.

Do you suffer from any chronic illness (asthma, diabetes, seizure disorder, eating disorder, etc.)? ☐ Yes

☐ No

If you checked "yes," please give details of onset and current treatment.

What is the prescribed plan in the event this condition becomes an acute or emergency situation while abroad?

Do you have a history of substance use or abuse?

☐ Yes

☐ No

If you checked "yes," please describe.

Have you been, or are currently on, academic or disciplinary probation?

☐ Yes

☐ No

If you checked "yes," please describe.

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Have you ever experienced or been treated for a mental health issue? ☐ Yes
☐ No

If checked "yes," please provide details about when and how you were treated, current symptoms and/or treatment, hospitalization, etc.

Are you currently taking any medications? ☐ Yes
☐ No

If checked "yes," please list and indicate the medical conditions related to each medication. How do you plan to obtain an appropriate supply of this medication for the duration of your program?

Please indicate the most recent date you have had the following immunizations:

Tetanus (DT, DTap, DTP, Td, Tdap all variations acceptable) ____/____/____

MMR (measles, mumps, rubella) ____/____/____

Polio ____/____/____

Hepatitis A ____/____/____

Hepatitis B ____/____/____

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HEALTH INSURANCE VERIFICATION | Due 30 days from acceptance

Please provide the following information about your insurance provider to verify that you have adequate coverage during your participation on an Overseas & Off-campus Program:

Primary Insurance Company

Primary Insurance Phone Number

Policy Number

Group Number

Subscriber's Name

Subscriber's Relationship to Student

Effective Date of Coverage

By signing below you agree to confirm your participation in the program, that our office has given you an opportunity to acknowledge any disability you may have, and that all of the special consideration information you have given us is accurate to the best of your knowledge. Please contact our office if you have any additional information or a change in circumstances between now and the start of your program.

Student Signature _____ Date _____

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FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT) RELEASE

FERPA protects the rights of students by guaranteeing access to their educational records while prohibiting unauthorized access by others. This form is optional.

Should you wish someone to receive information about you, your program, your academic progress, your financial situation, etc. while you are gone, you should designate someone on this form. Without this official designation, we will not share any personal information about you or your program with any outside party.

I authorize the Lewis & Clark Overseas & Off-Campus Programs Office to release information concerning my account (billing, payments, financial aid distributions) and/or other items related to my overseas program by phone or mail to the following people:

Name(s) of Designee(s): _____

Relation to Student: _____

Your Printed Name: _____

Student Signature: _____

Overseas or Off-Campus Program: _____