



INTERNATIONAL HEALTHY AGING COURSE APPLICATION

PORTO, PORTUGAL

Full Name _____ Male _____ Female _____ Student ID# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Date of Birth _____ Citizenship _____ Major _____

Name of Faculty member providing reference: _____

Passport Number _____ Exp. Date _____ Not US Citizen (ck visa requirements)

Emergency Contact _____ Phone _____ Relationship _____

COURSE REQUIREMENTS:

- All participants are to complete the university Medical/Emergency Information Form. All forms will be kept confidential by the course director.
- All participants are to complete the University Related Non-Curricular Student Excursion Waiver of Liability and Hold harmless Agreement form.
- Participants must be capable of carrying their own luggage over uneven terrain and up and down stairways. Participants should be relatively fit being able to walk least a mile at a time over uneven terrain. Handicapped accommodations are not readily available.
- Participants must be capable of adjusting their personal and social behavior to accommodate the needs of the travel group. **Participants will be expected to conduct themselves in a culturally-sensitive manner that is conducive to group learning and to be a credit to FRANU and the FRANU community.**
- Participants will be responsible for any spending money for souvenirs or for any outing that is not a part of the course.



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- Participants are responsible for exchanging their currency for travel overseas and securing their phones for travel.
- Participants should be aware that they will room with the family of a Porto student (when available). When not available, the student is responsible for the cost of a hotel if they do not want to stay with a host family.
- Participants must possess a valid passport which will not expire in the time frame of travel. Please submit to the course director a copy of your passport.
- Course director must receive a letter of recommendation from faculty for the student (see attached).
- If for any reason, participants cannot follow the policies of the course leaders or director, or exhibit behaviors which are deemed unacceptable by the Advisors, participants will be asked to end their journey. The participant will be required to contact their responsible party (parents/guardian) and arrange financially for the immediate return to the United States.

I confirm that I understand the program requirements , withdrawal policy and that I am aware that confidential information may be shared with the FRANU Campus Ministry Office, Dean of Student Affairs, and program director. I guarantee my timely submission of all necessary forms and passport information. Class and / or student photos and videos may be used for future FRANU print materials and websites.

Name of Applicant (Please Print)

Applicant Signature

Date (MM/DD/YY)

Parent/Guardian (Please Print if under 21)

Parent/Gaurdian Signature

Date (MM/DD/YY)



LETTER OF RECOMMENDATION

Student Name

Name of faculty completing letter:

Course:

Date:

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

	No basis	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
Academic achievement								
Intellectual promise								
Quality of writing								
Creative, original thought								
Productive class discussion								
Respect accorded by faculty								
Disciplined work habits								
Maturity								
Motivation								
Leadership								
Integrity								
Reaction to setbacks								
Concern for others								
Self-confidence								
Initiative, independence								
OVERALL								

Additional Comments (optional):

Faculty member to submit completed Letter of Recommendation via email to Dr. Lindsay Mullins (lindsay.mullins@fran.edu) or faculty may drop off completed form to the front desk at the School of Nursing.