Part A: Application Checklist, Agreement, and Release Form

Please submit the following materials in support of this application:

1. This Completed and Signed Application Checklist, Agreement, and Release Form
2. Completed Personal/Academic Data Form
3. Completed and Signed Enrollment Form
4. 2 Completed and Signed Reference Forms
5. Signed Off-Campus Travel Program Agreement
6. Completed and Signed Business Office Verification
7. Signed Liability/Loss Release
8. Signed Medical Release and Authorization Form
9. Completed and Signed Disclosure of Special Needs Form
10. A one-page typed essay in which you tell us about yourself, clearly stating your reasons for applying for a travel program, and what you hope to gain from the experience
11. One copy of your health insurance card
12. One copy of your current passport OR, a receipt of purchase for passport OR explain what are your plans/schedule is for obtaining a passport below. It takes 4-6 weeks to get a passport and can be expensive to expedite if not given enough time to allow for processing.

_____________________________________________________________________________________

I understand that if my application for participation is accepted, I am contractually bound by all program expectations, including timely payment of all tuition/fees associated with participation in this program. I understand that the course cost may be subject to change.

_____________________________________________________________________________________

Signature

Date
### Part B: Personal/Academic Data Form

**Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

**Current Address:**

<table>
<thead>
<tr>
<th>Number and Street Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Daytime Phone #**

<table>
<thead>
<tr>
<th>(<strong><strong>)</strong></strong> - ________</th>
</tr>
</thead>
</table>

**Evening Phone #**

<table>
<thead>
<tr>
<th>(<strong><strong>)</strong></strong> - ________</th>
</tr>
</thead>
</table>

**Email Address:**

<table>
<thead>
<tr>
<th>______________________</th>
</tr>
</thead>
</table>

**Date of Birth:**

<table>
<thead>
<tr>
<th>_______ / ______ / ______</th>
</tr>
</thead>
</table>

**Sex** (circle one):

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
<th>Other</th>
</tr>
</thead>
</table>

**Permanent Address:**

<table>
<thead>
<tr>
<th>Number and Street Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Name of Parent or Guardian:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

**Parent Daytime Phone #**

<table>
<thead>
<tr>
<th>(<strong><strong>)</strong></strong> - ________</th>
</tr>
</thead>
</table>

**Parent Evening Phone #**

<table>
<thead>
<tr>
<th>(<strong><strong>)</strong></strong> - ________</th>
</tr>
</thead>
</table>

**Parent Address (if different from Permanent Address):**

<table>
<thead>
<tr>
<th>Number and Street Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Are you currently enrolled at the Kansas City Art Institute?** (circle one):

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**If “yes,” what is your Student ID #: If “no,” are you an alumnus of KCAI?** :

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**What is your current level?** (circle one):

<table>
<thead>
<tr>
<th>Foundation</th>
<th>SOPH</th>
<th>JR</th>
<th>SR</th>
<th>SR+</th>
<th>GPA:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Will you complete your degree while participating in this program?** (circle one):

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
Part C: Enrollment Form

Composition, Form and Content From the City of Florence  
3 Credit Hours

Students’ choice from curriculum at SACI  
3 Credit Hours

1. If I am accepted into this program, I will be taking Composition, Form and Content From the City of Florence, for 3 credit hours.

2. If I am accepted into this program, I will be taking Students’ choice from curriculum at SACI, for 3 credit hours.

3. Because of the nature of this program there is not an option for students to enroll in only a 3-credit program or to audit either course.

________________________________________  __________________________________________
Student’s Printed Name Student ID Number

________________________________________  ______________________________
Student’s Signature Date
Part D: Reference Form 1

**To be Completed by the Applicant:**

Name: ___________________________ Date ___________________________

Student’s Signature: ____________________________________________

Faculty Recommender’s Name: ________________________________

Department: _____________________________________________

How do you know the recommender?: ______________________________

Other/optional information
..............................................................................................................
..............................................................................................................
..............................................................................................................
..............................................................................................................

**To be Completed by the Faculty Recommender: Please send this form to Nancy Noble**

Please note: We no longer require a letter or reference for students wishing to apply for a FLTP. Instead we ask that you provide your preferred contact info so the FLTP Instructor/s can reach you with any questions they may have about the applicant. If you would like to include written information or a request for contact please use the space below.

Faculty Recommender’s Signature __________________________ Date _________________

Phone #: (___) ____-__________ Preferential email: ________________________________

Other/optional information
..............................................................................................................
..............................................................................................................
..............................................................................................................
..............................................................................................................
..............................................................................................................
..............................................................................................................
Part D: Reference Form 2

**To be Completed by the Applicant:**

Name: ____________________________ Date ____________________________

Student’s Signature: ____________________________

Faculty Recommender’s Name: ____________________________

Department: ____________________________

How do you know the recommender?: ____________________________

Other/optional information

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---------------------------------------------------------------------

**To be Completed by the Faculty Recommender: Please send this form to Nancy Noble**

Please note: We no longer require a letter or reference for students wishing to apply for a FLTP. Instead we ask that you provide your preferred contact info so the FLTP Instructor/s can reach you with any questions they may have about the applicant. If you would like to include written information or a request for contact please use the space below.

Faculty Recommender’s Signature ____________________________ Date ____________________________

Phone #: (____) _____-___________ Preferential email: ____________________________

Other/optional information

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Part E: Off-Campus Travel Program Agreement

- Student agrees to be governed by the policies in the Student Handbook of the Kansas City Art Institute while on this travel program. **This includes KCAI’s policy on underage alcohol consumption.**
  - First violation will result in a verbal warning.
  - Second violation will result in a written warning that will be signed by the student and the program leader(s).
  - Third violation may result in the student’s dismissal from the program.

- Student agrees to conduct him/herself in a mature and respectful manner when visiting another country.
  - To qualify for KCAI’s Faculty Led Travel Program, students must be in good standing and not currently on disciplinary probation.
  - If student is in good standing when accepted into the program but jeopardizes that status through inappropriate conduct prior to the start of the program, the student may be precluded from participating in the program. This prohibition may include forfeiture of all program fees previously paid.


Student’s Signature ___________________________ Date __________

Part F: Business Office Verification

- In order to be eligible to participate in a Faculty Led Travel Program, the student’s account balance with the Business Office must be current.
- If the student’s balance has not been paid in full, or TMS payments are not being made on time, this can jeopardize the student’s eligibility to participate in the Faculty Led Travel Program.

**To Be Completed by the Business Office Staff:**

Please check the student’s account and current balance, and check the appropriate box below:

€ I verify that the student’s account is current and all monies paid by them can be applied directly toward their participation in the Faculty Led Travel Program.

€ I verify that the student’s account is **not** current. Before funds paid by the student can be applied towards their participation in the Faculty Led Travel Program they must make appropriate payment arrangements to make their account current.

Business Office Staff Member’s Signature ___________________________ Date __________

Part G: Liability/Loss Release
I, for myself, my parents and spouse (if any), legal representatives, heirs and assigns, hereby release the Kansas City Art Institute and all of the Kansas City Art Institute’s past, present and future affiliates, subsidiaries, parents, joint ventures, assigns and successors and all of their respective past, present and future officers, directors, members, shareholders, trustees, agents, employees, representatives, attorneys, fiduciaries, affiliates, assigns, predecessors, successors and all of their respective insurers (collectively referred to as the “Released Parties”) from any and all claims, demands, losses, damages, compensation, costs, rights, obligations, injuries, liabilities, actions and causes of action that I may have, whether known or unknown, contingent or liquidated, that relate to, or arise from, or are incurred in connection with, my participation in the Faculty Led Travel Program.

I agree that in the absence of the gross negligence on the part of the Kansas City Art Institute, the Kansas City Art Institute is not responsible for the personal injury, property damage, or any other activities while I am on the Faculty Led Travel Program even if not arising out of or related to or incurred in connection with the Faculty Led Travel Program. The Kansas City Art Institute is not responsible for personal injury, property damage or any other loss, claim or damage related to or arising out of or incurred in connection with, in whole or in part, the acts or omission of any direct air or ground carrier, hotel, or other persons not its direct employee or not under its exclusive and direct control. The Kansas City Art Institute is not responsible for personal injury, property damage or any other loss, claim or damage arising out of, relating to or incurred in connection with, in whole or in part, acts or God, weather, labor strife, government actions, mechanical breakdowns, war-like acts, terrorist activities or other causes reasonably beyond the control of the Kansas City Art Institute. The Kansas City Art Institute is not responsible for incidental or consequential losses or damages.

I agree to indemnify each of the Released Parties from any loss, liability, damage or costs including reasonable attorney’s fees (except for those costs to be incurred by the Kansas City Art Institute pursuant to the Faculty Led Travel Program Agreement) I or any Released Party may incur directly or indirectly due to my participation in the Faculty Led Travel Program, whether caused by the negligence of myself or otherwise.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. This Release shall be governed by and interpreted under the laws of the State of Missouri, without reference to its choice of law provisions.

I DECLARE AND REPRESENT THAT I AM OF LAWFUL AGE AND THAT I HAVE READ THIS RELEASE, AND FULLY UNDERSTAND IT.

I hereby irrevocably release and discharge the Kansas City Art Institute, its trustees, officers, agents, representatives, and employees from any and all claims of whatsoever type, including without limitation claims for personal injury or property damage or loss, and including without limitation claims based on allegations of negligence, arising out of or in connection with participation in the Faculty Led Travel Program of the Kansas City Art Institute.

_____________________________
Student’s Printed Name

_____________________________
Signature of Student

_____________________________
Date (mm/dd/yyyy)
Part H: Medical Release and Authorization Form

The following refers to the ability of Kansas City Art Institute to assist in the facilitation of any necessary medical care and/or treatment that you may require while participating in a travel program, and see that all students receive medical aid when required in the judgment of officials of the school, and upon competent medical advice. If there are objections on religious or other grounds, please return this form with stated reasons.

• I understand that during the Faculty Led Travel Program it may be necessary to receive immediate hospital and/or medical attention without my specific consent in order to protect the health and welfare of myself and other students of the KCAI Faculty Led Travel Program.

• In view of the foregoing, it is agreed that when in the sole opinion of the Kansas City Art Institute, or its representatives, I shall need hospitalization, medical care, or both, that the Kansas City Art Institute shall have the power and is hereby authorized to see that I am hospitalized, receive medical care, or both.

• I understand that by signing this form I, in the event of a medical emergency or hospitalization, grant my permission to attending physicians to discuss my condition with both the faculty leader(s) of the travel program

• I understand and agree that the Kansas City Art Institute shall not be responsible for the cost of such hospitalization or medical care, and that I shall fully indemnify and hold harmless the Kansas City Art Institute, its trustees, officers, agents and employees from any claim or liability resulting from its actions authorized hereunder.

• I authorize the staff of the Kansas City Art Institute to contact the person(s) listed below in case of an emergency while I am participating in this travel program. I understand that personal information may be disclosed to this person(s).

• I further authorize the person(s) listed below to make medical decisions on my behalf if I am in a position where I am unable/incapable of making such decisions.

<table>
<thead>
<tr>
<th>Full Name of Authorized Person #1</th>
<th>Relationship to Student</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Authorized Person #2</td>
<td>Relationship to Student</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

Student’s Full Name

Date

Student’s Signature
Part I: Disclosure of Special Needs Form - CONFIDENTIAL

This form is intended to provide you with the opportunity to communicate in a confidential manner any potential difficulties you believe you could experience participating in a Faculty Led Travel Program, or to disclose special needs: learning, emotional or psychiatric disorders for which you have been diagnosed. This will enable the Academic Affairs Office and the Disabilities Coordinator to coordinate academic and/or psychological support as needed for your success while participating in the program. The information you provide is strictly confidential and remains so unless you indicate by written consent a desire for further disclosure to additional staff and faculty with whom you will work.

Have you been diagnosed with a learning or psychiatric disorder? Yes No

Do you have an IEP filed with KCAI’s Disabilities Coordinator?: Yes No

Please describe any previous learning assistance, disability services, and/or accommodations you have received:

Have recently (within the past 2 years) been hospitalized for a psychological concern or psychiatric disorder, and if so, what was the nature of the hospitalization?:

*Are you currently taking medication for Attention Deficit/Hyperactivity Disorder, Depression, or Anxiety?:
   Yes No

Do you suspect that you have learning difficulties that may need to be addressed, or do you experience problems with attention/concentration, depression or anxiety that could interfere with your academic performance or adjustment? If so, please describe them as best you can:

• I verify that the information given on this form is accurate, true, and correct.
• I understand that the information provided by me on this form will be verified by the Disabilities Coordinator.
• I understand that I will need to submit a separate Accommodations Form for any accommodations I wish/need to request from the Faculty Led Travel Program.
• I understand that foreign countries are not subject to ADA and while the Faculty Leaders will attempt to make every reasonable accommodation, they may be unable to make certain accommodations.

Signature ___________________________ Date ____________

*Certain medications may not be legal in the destination country of the Faculty Led Travel Program. It is important to verify that your medication is legal in your destination country; if it is not, it is recommended that you speak with your doctor regarding alternative medications to treat your condition, which are legal in your destination country.