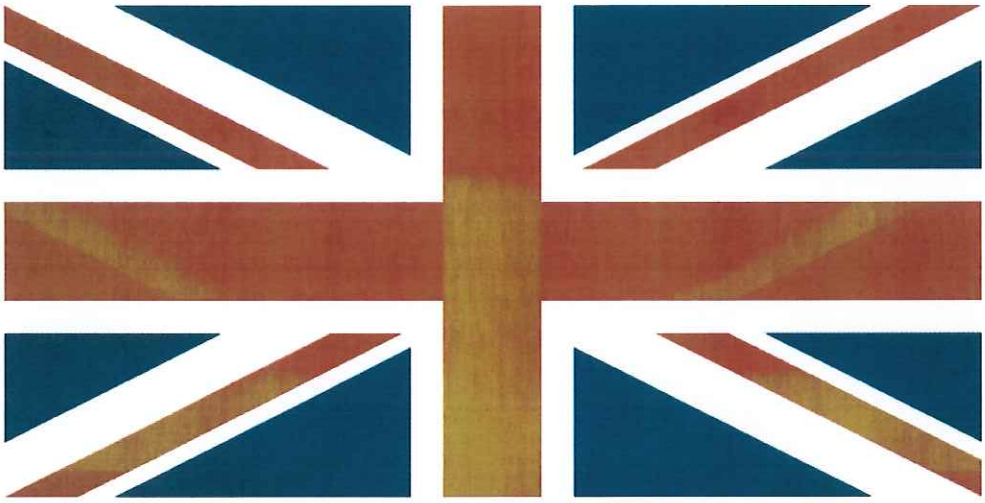
SAINT MARY'S UNIVERSITY OF MINNESOTA

Short Term Study Abroad Application

PH388: Talking Tolkien in England



SPRING 2026

Saint Mary's University of MINNESOTA

Saint Mary's University of MINNESOTA

STUDY ABROAD REQUIREMENTS & APPLICATION PROCEDURES

Eligibility:

All students who wish to participate in PH388: Talking Tolkien in England need to have a minimum cumulative GPA of 2.0 (2.5 preferred) and to be of sophomore status or higher. Eligibility will also be based on recommendations & record of behavior at SMU. **Failure to complete and submit ALL application materials to the Study Abroad Office (Heights #103) by December 5 will exclude the student from eligibility.**

Application Procedure:

1. Submit the entire program application booklet by **December 5, 2025**.
_____ Complete Off Campus Study Registration Form
_____ Application
_____ Assumption of Risk and Release Form
_____ Insurance Verification
_____ Health Information Form
_____Student Conduct Agreement

2. Ensure that your two reference forms are submitted by program deadline. Two are attached or you can share the Google form using the QR code.
_____ 1) Your Academic Advisor
_____ 2) Another Faculty Member

Acceptance is contingent on a thorough review of the student's application. A letter will be emailed to you regarding your acceptance/non-acceptance into the program.

Upon Acceptance:

1. You will be enrolled in PH388: Talking Tolkien in England and charged a course fee of $3,100 - $3,700. Course fee covers housing, some in-country meals, most activities and in-country transportation. Cost of airfare, passport, U.K. Electronic Travel Authorization (ETA) and some meals are not included in the course fee and are the responsibility of the student.
2. Complete all course requirements.
3. Obtain a passport. Submit copy of first page of passport to Study Abroad Office.
4. Arrange travel plans. Once obtained, submit a copy of your flight itinerary to the Study Abroad Office.

It should be understood by all who are accepted into this program that they will comply with the local laws of England and the rules and policies of Saint Mary's University of Minnesota.

IMPORTANT DATES:
Application Deadline: December 5, 2025
Acceptance Letters: emailed week of December 8-12, 2025
Short-Term Course Registration: sent to Registrar week of December 8-12, 2025
*Last Day to Withdraw (and not have to pay course fee): January 6, 2026 by 4p.m.*Course Fee Set or Cancellation Notice Communicated by January 9, 2026

OFF CAMPUS STUDY REGISTRATION

Please Print All Information

last name	*first name*	*middle initial*	*SMU ID #*

class year	*major*

FOREIGN STUDY

3 # of credits England *Location* Saint Mary's University of Minnesota *University/program* Spring 2026 *Term*

Course # PH 388 course title Talking Tolkien in England

I understand that my enrollment in this course will be confirmed only after a completed application is submitted, I am accepted by the Study Abroad Office, and the program has been confirmed as running based on meeting the minimum number of students required. Registration will occur by the end of the fall semester term.

I understand that by enrolling in this course there will be a course fee of $3,100-$3,700 charged to my tuition bill for the spring semester of 2026. Specific course fee to be determined on January 9, 2026.

I understand that due to the special nature of this course, an exception to the Saint Mary's refund policy related to withdrawal from the course or the university is in place. **I will be charged the non-refundable course fee if I am enrolled in the course on January 6, 2026 at 4:00 p.m., even if I later decide to drop or withdraw from the course or withdraw from the university.** In order to drop this course prior to the January 6th deadline, I will need to notify the Study Abroad Office.

The course may be canceled if there are not a sufficient number of students enrolled in the course. Cancellation would occur on January 9, 2026. Students will be notified via e-mail if the decision to cancel the course has been made so that they may adjust their schedules as needed. No course fee will apply if the course is canceled.

I agree to abide by the rules and policies of Saint Mary's University.

I agree to be a positive representative of Saint Mary's University of Minnesota and to abide by the laws of England during the trip.

Signature of student date

Signature of SMUMN Coordinator of Study Abroad date

Office Use Only: *course #*_____ *course #*_____ *date entered*_____ Late registration fee? ____NO ____YES

Any identifying information is for internal use only and will not be released without your written consent.

Saint Mary's University of MINNESOTA

STUDY ABROAD APPLICATION

Student Information

Study Abroad Program: _____

Name: _____ Student ID # _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Campus Box # _____

Cell Phone # _____ Date of Birth: _____

Sex: Male_____ Female _____ U.S. Citizen: Yes _____ No_____

Do you have a valid passport? Yes _____ No_____ If yes, passport # _____

Class standing: Freshman _____ Sophomore _____ Junior_____ Senior_____

GPA_____

Major(s) _____ Minor(s) _____

In <u>an emergency</u>, parents/guardians may be reached as follows:

Father/Guardian: _____ Mother/Guardian: _____

Address: _____ Address: _____

Home Phone # _____ Home Phone # _____
(Include area code) (Include area code)

Work Phone # _____ Work Phone # _____
(Include area code) (Include area code)

Cell Phone # _____ Cell Phone # _____

Email: _____ Email: _____

In the case that parents/guardians are not available, please list the name of someone else to contact:

Name: _____ Relationship to Student: _____

Address: _____

Home Phone # _____ Work Phone # _____
(include area code) (include area code)

Cell Phone # _____ Email: _____

Do you have any special needs which Saint Mary's needs to be aware of in order to determine appropriate academic accommodations? If yes, please explain:

Please attach a brief essay stating the following:

1) Describe why you selected the program you did and how it fits your academic and personal goals.

2) Describe any previous experiences you had living, traveling, or studying abroad.

3) Summarize how you have been involved on campus and any internships/jobs you have had.

References

Your advisor, a faculty member, and/or a hall director you indicate below need to complete a "reference form." Two are included in this application packet for you to distribute.

Academic Advisor

Name: _____

Other Faculty Member

Name: _____

- I certify that the statements I have made on this application are true and correct and I will contact the Study Abroad Office with any changes or be subject to potential dismissal.
- I understand that the program deposit is not refundable under any circumstances if I am accepted into the program.
- Once the program begins, the amount of the deposit will then be credited to my tuition account.
- I agree to abide by the rules and policies of Saint Mary's University as well as host institution.
- I agree to abide by the laws of the country where the study abroad program is located.
- I hereby authorize my name, address, and telephone number to be distributed to other participants.

SIGNATURE:_____ DATE: _____

Return all completed application materials to:

Saint Mary's University of Minnesota
Study Abroad Office
International Center, the Heights
700 Terrace Heights #51
Winona, MN 55987-1399
Phone: (507) 457-6996
studyabroad@smumn.edu

Saint Mary's University of MINNESOTA

STUDY ABROAD
ASSUMPTION of RISK and RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS B READ AND UNDERSTAND BEFORE SIGNING.

Name of Student: _____
Date of Birth: _____
(If Student is under 18 years of age, a parent or legal guardian must also read and sign this form.)
Program: _____

In consideration of being allowed to participate in the Program specified above, I hereby agree as follows:

1. **Risks of Study Abroad.** I understand that participation in the Saint Mary's University of Minnesota Study Abroad Program specified above (the "Program") is voluntary and involves risk not found in study at Saint Mary's University of Minnesota (the "University"). These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters described on US Department of State's Travel.State.Gov. Website. I have read the country specific information, travel advisories and alerts for the country I plan to visit. Link here: https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html. I understand that the University cannot guarantee my absolute safety during the program, cannot monitor my daily personal decisions, choices, and activities, cannot prevent me from engaging in illegal or risky activities if I ignore rules and advice from the University, cannot represent my interests if I am accused of illegal activities, and cannot ensure local adherence to United States norms of individual rights, political correctness and sensitivity, relationships between the sexes, and relations among racial, cultural, and ethnic groups. I have made my own investigation and am willing to accept these risks.

2. **Institutional Arrangements.** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, apartment building, apartment manager, or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

3. **Independent Activity.** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities. I understand that I will travel independently to and from the Program without supervision from any university employee. I accept all risks associated

with this independent travel and release the university from any and all liability associated with it.

4. **Health and Safety.**

A. I have consulted with a medical doctor about my personal medical needs. No health-related reasons or problems exist which preclude or restrict my participation in this Program.

B. I am aware of all applicable personal medical needs. I am and will be covered, during the Program, by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses I sustain or experience while studying abroad. Said insurance will specifically provide coverage for injuries or illnesses sustained or experienced in the countries in which I will be living and/or traveling during the Program.

I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I require medical treatment or hospital care, in a foreign country or in the United States, during the Program, the University is not responsible for the cost or quality of such treatment or care.

C. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions. I specifically grant the University permission to authorize emergency medical treatment for me, if necessary. I release the University from all responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

5. **Standards of Conduct.**

A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University=s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.

B. I will comply with the University=s rules, standards and instructions for student behavior in the Program. I will also comply with the University=s general rules, standards, policies and procedures for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

C. I agree that the University has the right to enforce, in its sole judgment, the standards of conduct described above. I agree that the University may impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, or other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. I understand that if I am expelled from the Program, the University may refer me to the

appropriate University officials for further disciplinary or other action. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

D. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

6. **Program Changes.** The University reserves the right to make cancellations, substitutions or changes to the Program at any time for any reason, with or without notice. I understand that the University=s fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays, delayed or changed departure or arrival times, fare changes, dishonors of hotels, airline or vehicle rental reservations, missed carrier connections, sickness, injuries, weather, strikes, acts of God, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, bankruptcies of airlines or other service providers, unforeseen causes, and circumstances beyond the University=s control. If weather, flight schedules or other uncontrollable factors require me to incur additional hotel, meal, airline, or other expenses, I will be responsible for said expenses. My baggage and personal property are my sole responsibility.

If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

The University reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to departure and, in its sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States, if the University determines or believes that any participant is or will be in danger if the Program or any aspect thereof is continued.

7. **Assumption of Risk and Release of Claims**. Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Saint Mary=s University of Minnesota, its trustees, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart form the foregoing written statement, have been made.

This agreement will become effective only upon receipt of my application for the Program by the Saint Mary=s University of Minnesota at its offices in Minnesota and will be governed by the laws of the state of Minnesota, which will be the forum for any lawsuits filed under or incident to this agreement or to the Program.

_____

Signature of Student Date

I (A) am the parent or legal guardian of the above Student, (B) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility), (C) am and will be legally responsible for the obligations and acts of the Student as described in this Release Form, and (D) agree, for myself and for the Student, to be bound by its terms.

_____

Signature of Parent/Guardian Date
(If Student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

Return all completed application materials to:

Saint Mary's University of Minnesota
Study Abroad Office
International Center, the Heights
700 Terrace Heights #51
Winona, MN 55987-1399
Phone: (507) 457-6996
studyabroad@smumn.edu

Saint Mary's University of MINNESOTA

STUDY ABROAD
INSURANCE VERIFICATION

Student Name: _____

NOTE: All students are required to have adequate medical coverage while overseas. When traveling outside of the United States, it is recommended that you take health insurance claim forms with you in the event of an illness or accident. If medical attention is required, the claim form should be completed by the physician and/or hospital staff. A receipt for billing, written in American dollars, should also be obtained. Should you not have a claim form, a complete billing statement indicating the specific illness diagnosed, specific medical services performed, and a detailed cost breakdown is needed. You should check with your health insurance company for particulars:

- Emergency Medical Evacuation
- Emergency Family Bedside Visit
- Repatriation of Remains

If you don't have these insurance coverages, or cannot obtain a rider for the existing policy, please contact the Study Abroad Office.

Name and address of insurance company: _____

Holder of the policy: _____

Employer (if insured through employer):_____

Policy number: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____
(If the student is under 18 years of age, a parent or legal guardian must also read and sign this form).

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STUDY ABROAD
HEALTH INFORMATION FORM

NAME_____

The purpose of this form is to help the Study Abroad staff be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that staff be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The Study Abroad Program may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

MEDICAL HISTORY

Yes___ No___ 1. Are you generally in good physical condition? (If no, please explain.)

Yes___ No___ 2. Have you ever been treated or are you currently being treated for any psychological, emotional or chemical abuse conditions?
(If yes, please explain.)

Yes___ No___ 3. Do you have any allergies? (If yes, please explain.)

Yes___ No___ 4. Are you taking any medications? (If yes, please explain.) If you are, we encourage you to check with your physician to be certain that you can obtain this medication overseas.

Yes___ No___ 5. Have you had any major injuries, diseases, or illnesses in the past five years? (If yes, please explain.)

Yes___ No___6. Do you have any dietary restrictions or considerations (i.e., diabetic, vegetarian, ulcer)? (If yes, please explain.)

Yes___ No___7. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for staff to be aware of during your study abroad experience? (If yes, please explain.)

Please be advised that all students are required to have adequate medical coverage while overseas. Refer to the Insurance Verification Form enclosed for more information.

I certify that all responses made on this Health Information Form are true and accurate, and I will notify the Study Abroad Office of any relevant changes in my health that occur prior to the start of the program.

Student Signature_____Date_____

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STUDY ABROAD
STUDENT CONDUCT AGREEMENT

I understand that the following conduct is unacceptable, and that engaging in any of this conduct constitutes grounds for dismissal from the program at the sole discretion of the Program Director. In the event of dismissal, I understand I will be returned to the United States at my own expense.

- Any use of and/or any involvement with illegal drugs or abuse of any illegal drugs.
- Behavior that disturbs other students in the program, people near the student's accommodations or people on campus. This behavior may include, but is not limited to, boisterousness, rowdiness, drunkenness, obscene or indecent conduct or appearance, or vulgar, profane, lewd, or unbecoming language.
- Abuse of alcohol.
- Sexual harassment or sexual assault
- Violations of local laws and/or Saint Mary's University of Minnesota Rules & Policies.

In the event I am dismissed from the Study Abroad Program, I will not be entitled to a refund of any monies paid for or in connection with the Program.

_____ _____

Name (Please Print) Date

_____

Signature

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STUDY ABROAD REFERENCE FORM

Applicant's name_____ Date_____

The student named above is applying for the Saint Mary's University of Minnesota Study Abroad Program in _____. The Study Abroad Office appreciate a frank appraisal in regards to the applicant's ability to successfully study in a foreign environment. Thank you for your assistance. Please return to the SMU's Study Abroad Office.

1. How long and in what capacity have you known the applicant?

2. Please rate the applicant on his/her academic attributes:

	Excellent		Good		Fair		Poor	Unknown
Competence in major.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Academic interest & motivation.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Capacity for independent study.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Resourcefulness.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Reliability.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Communication.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)

Comments:

3. Please rate the applicant on his/her non-academic attributes:

	Excellent		Good		Fair		Poor	Unknown
Level of maturity.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Coping skills.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Self-confidence.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Interpersonal skills.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Emotional stability.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Open-mindedness.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)
Integrity.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)

Comments:

OVER

4. Indicate below your evaluation of this applicant's chances for success (both academic and non-academic) in the Study Abroad Program. Include the applicant's strengths and weaknesses.

5. I recommend this applicant for participation in the Study Abroad Program:

- o Without reservations
- o With minor reservations
- o With major reservations
- o I do not recommend the applicant at this time

Comments:

Name of evaluator (please print):_____

Signature of evaluator: _____

Title and Department: _____

Date: _____

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Communication.....	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)

Comments:

3. Please rate the applicant on his/her non-academic attributes:

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Comments:

OVER

4. Indicate below your evaluation of this applicant's chances for success (both academic and non-academic) in the Study Abroad Program. Include the applicant's strengths and weaknesses.

5. I recommend this applicant for participation in the Study Abroad Program:

- o Without reservations
- o With minor reservations
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Comments:

Name of evaluator (please print):_____

Signature of evaluator: _____

Title and Department: _____

Date: _____

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