



Food as Medicine

SHORT-TERM STUDY ABROAD APPLICATION

FRANCE – SUMMER 2025



SHORT-TERM STUDY ABROAD
FRANCE – SUMMER 2025
REQUIREMENTS & APPLICATION PROCEDURES

Eligibility:

All students who wish to participate in the Short-Term Study Abroad France – Summer 2025 program need to have a GPA of 2.0 (2.5 preferred), junior status or above. Failure to complete and submit all application materials by February 3rd will exclude the student from eligibility.

Application Procedure:

1. Submit the following application items by February 3, 2025 to the Study Abroad Office, the Heights.

- _____ UniLasalle Application
- _____ UniLasalle Learning Agreement
- _____ Transcript
- _____ Resume
- _____ Personal statement of interest: what motivates you to come to this program?
(250 words)
- _____ 1 copy of passport ID
- _____ 1 photo – ID format for your future student ID card
- _____ Proof of International Health Insurance coverage covering you during your whole stay in France.
- _____ Proof of Liability Insurance coverage covering you during your whole stay in France. It covers you against property damage or bodily injury that you are held legally responsible for.

Acceptance is contingent on a thorough review of the student's application by UniLasalle. Program costs are paid by you directly to UniLasalle upon acceptance.

APPLICATION FORM – ACADEMIC YEAR 2024-2025
FOOD AS MEDICINE

SEND TO: incoming@unilasalle.fr

DEADLINE: March 03, 2025

STUDENT INFORMATION (PLEASE PRINT):

First name(s) :

LAST name(s):

Date of birth (D, M, Y):

City / Country:

Nationality:

Native language:

Current address:

Street & number:

City: Postal code:

Country:

Preferred e-mail:

Phone number:

Person to contact in case of emergency (name, phone number and e-mail address):

Contact person to send the transcript of records (if different from contact above) (name, tel., fax, e-mail address, faculty)

Health information:

- Do you have a chronic condition other than food-related?
.....
- Do you have any allergies, including food allergies?
.....
- Do you have any dietary restrictions based on cultural or religious reasons?
.....

Dietary restrictions for cultural or religious reasons:

French cuisine has been declared "world intangible heritage by" UNESCO. It is based on a variety of fresh, seasonal ingredients that include meat (including pork and poultry), shellfish, (non-pasteurized) dairy products, soy, nuts and alcohol.

Please be aware that during this program, and especially during a restaurant internship, you will be expected to work with recipes that may contain these food items.

I have read and understand the above statement and agree to abide by its terms while I am participating in the short program.

Signature:

ACADEMIC INFORMATION (PLEASE PRINT) :

Home university (full name):

Erasmus+ code (for European Universities):.....

Faculty / College:

Institutional contact person at home university (name, tel., e-mail address, department):

Last degree obtained (name, year, level and location):

Current major and -minor in your home university:

Current year at time of application and cumulative GPA:

Have you studied in France before? ☐ Yes ☐ No

If yes:

- Academic institution & Town:
- Degree/Major:
- Dates:

LANGUAGE SKILLS:

FRENCH: ☐ Advanced ☐ Intermediate ☐ Basic ☐ none

OTHER: ☐ Advanced ☐ Intermediate ☐ Basic ☐ none

ESL TEST SCORE: (If applicable):

OTHER RELEVANT SKILLS:

International Driving License: ☐ YES ☐ NO

PLEASE JOIN THESE ADDITIONAL DOCUMENTS:

- ☐ **Learning Agreement** - Duly completed & signed by both your home coordinator and yourself)
- ☐ **Unofficial transcript** of records for the last 2 years (in English or French)
- ☐ For **non-native speakers of English**: proof of English language proficiency:
 - o **proof** of at least two years of study entirely taught in English within the last three years
 - o **OR**: 90 TOEFL IBT (or an equivalent test result)

- ☐ **1 résumé** (Curriculum Vitae)
- ☐ **A personal statement** of interest: what motivates you to come to this program? If applicable, what do you expect from a work placement? (250-words)

- ☐ **1 copy of passport ID page** (the one with your picture)
- ☐ **1 photo – ID format** for your future student card

- ☐ **Proof of international Health Insurance coverage**
 - o For non-European students, you have to subscribe a special health insurance in your country covering you during your whole stay in France.
 - o For European students, you need to send us a copy of your European Health Insurance Card.

- ☐ **Proof of Liability Insurance coverage**
 - o Students must show proof of personal liability insurance in their home country. A liability insurance covers the student against property damage or bodily injury that they may be held legally responsible for. A liability insurance is usually included in a home owner's or renter's insurance plan.

LEARNING AGREEMENT

ACADEMIC YEAR 2024-2025

Admission will not be granted unless this section is fully completed

First / Last name:

Home institution:

Major:

Currently enrolled in diploma/degree program:	Number of years in higher education prior to UniLaSalle:
Major/minor/specialization:	

Food as Medicine		Credits*
Program dates:	Modules	
June 11 – July 09	<ol style="list-style-type: none"> 1. From milk to yoghurt and cheese 2. From flour to French bread and pastries 3. French cuisine adapted to chronic conditions 4. Food sourcing 5. Designing Food for the dependent adult 6. Diet and therapeutic care 	<input type="checkbox"/> 6 US <input type="checkbox"/> 12 ECTS
*ECTS transfer credits - 2 ECTS credits =1 US credit <div>TOTAL ECTS CREDITS</div>		<input type="checkbox"/> 6 US <input type="checkbox"/> 12 ECTS

Additional comments (if applicable):

I agree to take all evaluations related to the course.	Student signature:	Date:
I hereby approve the above plan of study / learning agreement:	Home Institution – coordinator's signature:	Date:
I hereby approve the above plan of study /learning agreement:	UniLaSalle – academic supervisor's signature:	Date:



**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 an emergency, 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:

- I certify that the statements I have made on this application are true and correct and I will contact the program leaders with any changes or be subject to potential dismissal.
- I agree to abide by the rules and policies of Saint Mary's University of MN.
- 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: _____



**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 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 from 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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International Center, the Heights
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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:

- ☐ Without reservations
- ☐ With minor reservations
- ☐ With major reservations
- ☐ 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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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:

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:

- ☐ Without reservations
- ☐ With minor reservations
- ☐ With major reservations
- ☐ 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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