

Study in Portugal Network (SiPN)

SiPN Summer Application Package

Enclosed in this packet you will find all the documentation that you need to complete your SiPN Summer Application. These forms are editable, try to complete as much as possible electronically before you print out the entire packet for appropriate signatures.

We have **7 required documents** that we need to have on our end to complete your Summer application.

1. Copy of student transcript
2. Copy of Passport
3. Passport Style Photo
4. Letter of Financial Responsibility
5. Statement of Responsibility
6. Health and Special Needs
7. Student Disclosure and Approval of Participation (requires signature from your study abroad advisor)

Note: If you are seeking course/credit equivalences for the course(s)/internship that you will be performing in Portugal, don't forget to work those out with your academic advisor, or whoever deals with these matters at your school. For these purposes you can use SiPN's template "[SiPN Pre-Approval Course Plan Form](#)".

Once you have gathered and completed ALL the steps please send the entire packet at once – applications@studyinportugalnwork.com.

It is important that you are submit these materials as soon as possible so we can guarantee you a spot in SiPN's Summer Program.

1. Student Transcript

A copy of your student transcript of records is a required document.

Submit a PDF copy of your transcript (an unofficial version works just as fine) to applications@studyinportugalnnetwork.com

2. Student Passport

In order to process your application, we need to see a copy of your passport with a validity date that is at least 6 months beyond the end date of your expected departure from Portugal.

The copy should be legible and show the inside with your photo and other vital details.

Submit this document by scanning to your computer or phone and send it to us as a pdf at: applications@studyinportugalnnetwork.com

3. Passport Style Photo

One of the amenities that we want to give you as soon as you arrive and settle in is your personal transportation card. This card will provide you with full integrated access to the entire Lisbon public transportation network (metro, buses, trolley, and train until a certain radius). You will just need to “tap and go”!

In order to make this happen you need to send us via email a photo of you with “passport style” standards.

The photo must be: in color; 2x2 inches; taken in front of a plain white or off-white background; taken in full-face view directly facing the camera. (yes, they really do require all this).

Submit a JPEG copy of your passport style photo to applications@studyinportugalnnetwork.com

4. Letter of Financial Responsibility

This document is REQUIRED in order to participate in the SiPN Program

This *Letter of Financial Responsibility* is designed to be completed by whomever is handling your financial matters. Although your home institution may be forwarding payment on your behalf; the student and/or his/her family are ultimately responsible for any payment not received.

This Letter of Financial Responsibility also extends to debt incurred abroad, when payment is due to SiPN.

A Student or Parent or Guardian can be named as the individual responsible for finances.

A Social Security number is required and is necessary for collecting any past-due debts.

International students enrolled at a U.S. institution are issued a Social Security number.

International students should identify themselves as the person responsible for finances.

International students not enrolled in a U.S. institution and without a Social Security number should complete the attached form, and mark N/A (not applicable) in the field for Social Security number.

*(Fill out and submit this document by printing, signing, and scanning to your computer.
Once completed, please send this package to applications@studyinportugalnetwork.com)*

4. Letter of Financial Responsibility (continuation)

Student's Name:

Social Security Number:

Name of College or University:

Name of Parent or Guardian:

Address:

City: State/Province: Zip: Country:

Name of person responsible for finances (may be student named above):

SSN:

Address:

City: State/Province: Zip: Country:

The person signing below as the financially responsible party agrees to assume joint liability with the student for any debt incurred during his/her session of attendance at Study in Portugal Network.

The terms of payment, adjustment and withdrawal set forth in the SiPN website are incorporated herein and hereby accepted.

In the event of a delinquency, I promise to pay all attorney fees and other reasonable collection costs necessary for the collection of any amount not paid when due.

This document needs to be sent back as soon as possible.

Signature of Person Responsible for finances

Date

(may be student)

*(Fill out and submit this document by printing, signing, and scanning to your computer.
Once completed, please send this package to applications@studyinportugalnwork.com)*

5. Statement of Responsibility

Release and Indemnification Agreement

I, the undersigned, have agreed to participate in the Study in Portugal Network (SiPN) Program identified below (the “Program”). In consideration of SiPN Study Abroad’s agreement to permit me to participate in the program, the receipt and sufficiency of which is hereby acknowledged, I hereby agree as follows:

1. I understand that my participation is wholly voluntary. I certify that I am 18 years of age or older.
2. I have read and understood the general requirements for the Program, found at www.studyinportugalnepwork.com, (b) the U.S. State Department Consular Information concerning travel to, in and around my Program country - Portugal (the “Travel Advisory”), found at <http://travel.state.gov/content/passports/english/country/Portugal.html>
3. Though SiPN makes every reasonable effort to assure students’ health and safety while participating in the Program, there are unavoidable risks in travel overseas, including (a) those identified in the general health guidelines, and the Travel Advisory, and (b) those associated with strikes, civil unrest, terrorism, war, criminal activity, force majeure, weather conditions, public health risks, acts of God, and other possibly dangerous conditions beyond the control of SiPN. I am aware of and understand the risks and dangers of travel to, in and around my Program country/countries, including the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence. I hereby assume, knowingly and voluntarily, each of the risks described above and all of the other risks which could arise out of or occur during my travel to, from, in or around my Program country.
4. I, individually and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge SiPN, their employees, agents, officers, trustees and representatives (in their official and individual capacities) (the “SiPN Representatives”) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both (“Losses”), including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney’s fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program, including any program sponsored travel to or from any country where the Program is being conducted, any related or independent travel, any activities or excursions, irrespective of whether they are sponsored, supervised or controlled by SiPN, except for such Losses as may be caused by the gross negligence or willful misconduct of the SiPN Representatives. I also agree to indemnify and hold harmless the SiPN Representatives from and against any Losses.

5. Statement of Responsibility *(continuation)*

5. This Agreement and the Conditions of Participation represent the complete understanding with Study in Portugal Network's responsibility and liability for my participation in the Program. This Agreement and the Conditions of Participation supersede any previous or contemporaneous understandings with SiPN, whether written or oral, and cannot be changed or amended except in writing and signed by an authorized officer or agent of SiPN. Should any provision or aspect of this Agreement or the Conditions of Participation be found unenforceable, all remaining provisions of the Agreement or the Conditions of Participation will remain in full force and effect. Should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such dispute or lawsuit must be filed only in a court in Tribunal Cível da Comarca da Lisboa, to the exclusion of any other court or jurisdiction. This Agreement and the Conditions of Participation shall be governed by the laws of the Portuguese State (without regard to its conflicts of laws rules).
6. I have shared the above information with those other parties responsible for payment or with related interest and understand that, before signing this Agreement, I have the right to consult with the advisor, counselor, or attorney of my choice.

Student's Signature

Date

*(Fill out and submit this document by printing, signing, and scanning to your computer.
Once completed, please send this package to applications@studyinportugalnwork.com)*

6. Health and Special Needs Form

The study abroad experience is one that takes planning and preparation. It is important that health and/or special needs information is provided well in advance. The following information will remain confidential and will not affect your eligibility for scholarships or any other aspect of the Study in Portugal Network (SiPN) program.

1. Are you currently receiving any medical treatment or taking prescribed medications? If yes, please name the medication and briefly describe the condition. Note: some medications may not be legal in your study abroad location.

Yes No

If Yes, please describe:

2. Have you ever or are you currently receiving counseling or psychotherapy treatment for any psychological or mental condition? If yes, please state approximate dates and briefly describe the reason.

Yes No

If Yes, please describe:

3. Do you have a documented learning disability on file with your homeschool? If yes, please describe your disability and the accommodations you would like to have during your study abroad experience. You should make an appointment with the disability coordinator on your campus to obtain necessary documentation for your study abroad experience. Note: some accommodations may not be available through our program, but we will endeavor to inform you of these once we receive this document.

Yes No

If Yes, please describe:

6. Health and Special Needs Form (continuation)

4. Do you have any disabilities or dietary restrictions?

Yes No

If yes, please describe.

Communication Approval:

It is important that you communicate information to your parents/guardians about the study abroad program details, academics, financial components, as well as your health and wellness arrangements that may need to be made before, during, or after your time abroad. There may be circumstances where a representative of SIPN needs to discuss a variety of matters with your parents or guardians. Please read the following statements and check the box regarding what information we can discuss with parents/guardians.

Please sign below once you have checked and filled out the appropriate box.

Yes, I authorize the SiPN Program and/or my university officials to communicate with my parents/guardians/other (referenced below) regarding all issues involving my study abroad experience. This may include, but is not limited to, student account information, student conduct issues, health and safety, or academics. I expressly waive any privacy rights I may otherwise have under FERPA and HIPAA. Such contact may occur before, during or after the program ends.

No, I do not wish to wave my privacy rights under FERPA and HIPAA.

I understand that means that the SiPN Program and its constituents may be unable to help me in certain circumstances.

Student's Signature

Date

7. Student Disclosure and Approval of Participation

7.1 To be completed by the student:

Please review the following statements very carefully, check the boxes to indicate your agreement, and sign at the bottom of this section.

(check boxes below)

I have spoken with my study abroad advisor, academic advisor, and/or dean about my plan to participate in the Study in Portugal Network (SiPN) Study Abroad program.

I am aware of my home institution's policy on transferring credit for this study abroad program.

I understand that I am expected to participate fully in all program lectures and activities while enrolled in SiPN regardless of whether my home institution will be transferring credit for the program.

I understand that if I do not participate fully, I may be put on academic probation or be required to leave the program.

I understand that if my behavior fails to comply with SiPN guidelines for participants, I may be placed on behavioral probation or dismissed from the Program. If dismissed, I understand that SiPN will not be held financially responsible for any change fees to my return flight ticket, nor will I necessarily be permitted to stay in the SiPN housing for which I pre-paid.

I authorize SiPN and my home institution to release my educational records to each other. Credits earned through SiPN are transferable only at the discretion of the receiving school. All credits come from accredited Portuguese universities.

I understand that SiPN will place a hold on the release of my transcript should I fail to complete and submit the Final Program Evaluation.

I certify that the information disclosed on this document is true to the best of my knowledge.

Student's Signature

Date

Student Disclosure and Approval of Participation *(continuation)*

7.2 To be completed by study abroad professional or dean:

Student Name:

Student ID # :

This student has applied to the Study in Portugal Network (SiPN) summer program, a third party program funded by the Luso-American Development Foundation and accredited by the Portuguese government, among other key US and Portuguese partners.

This candidate's application is not considered complete until we receive this form.

The consortium partner universities of the SiPN program will grant ECTS credits upon successful completion of the program. Please refer to the credit Pre-Approval Form that was given to the student, as well as the SiPN website for information on courses.

7.2.1 Upon completion of the program, SiPN should send transcript and related materials to:

(This is usually your college registrar or study abroad office. Each student receives a separate grade report at his/her permanent address.)

Name:

(of the person that the transcript should be addressed to)

Title:

(if applicable)

School:

Department:

(if applicable)

Street:

City:

State/province:

ZIP:

Country:

Prior to send the Transcript package to the address indicated above, SiPN also sends and e-version via e-mail.

Please provide the most accurate e-mail for these matters:

E-mail:

Student Disclosure and Approval of Participation *(continuation)*

7.2.2 Please review the following statements very carefully, check the boxes to indicate your agreement, and sign at the bottom of this section.

This student's application has the approval of this institution.

I have verified the institutional address above where the transcript should be sent.

I understand that SiPN will place a hold on the release of the student's transcript should he/she fail to complete the Final Program Evaluation

To the best of my knowledge, this student has never been on academic or disciplinary probation.

Comments:

Signature Name:

Printed Name:

Title:

Name of Institution/Department:

Email:

7.2.3 In the event of a student/program emergency, please specify the name and contact information of the most appropriate institutional contact:

(fillable boxes on the section below)

Signature Name:

Printed Name:

Title:

Name of Institution/Department:

Phone (ideally 24/7 service):

Email: