BRAZIL STUDY ABROAD PROGRAM APPLICATION  
SPRING/SUMMER 2014  
MAY 19 - JUNE 1, 2014

Students will engage via distance with a Brazilian classroom from Goiania, Brazil throughout the spring semester in one of the three spring courses below. Following the end of the spring semester, both NOVA classes will travel to Brazil with their faculty leaders where they will spend two weeks traveling through the state of Goiás and interacting with their Brazilian counterparts while applying what they have learned in the classroom. Activities may vary depending on the class. A more detailed itinerary will be made available prior to the trip. Please contact the appropriate professor for more details about specific class objectives. You must be enrolled in one of the below NOVA Spring 2014 courses in order to be eligible to apply for the matching study abroad program during Summer 2014. Please submit your completed application packet by **November 15, 2013** to Prof. Jill Caporale (jcaporale@nvcc.edu) in AN office CS 122B for ENV or Dr. Laura Franklin (lfranklin@nvcc.edu) in AL office AA 252 for POR.

You must choose **either** the Environmental or Portuguese track.

### Environmental Track

**SPRING 2014**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
<th>Location</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENV 136</td>
<td>Survey of Environmental Concerns</td>
<td>3 cr.</td>
<td>Annandale</td>
<td>Prof. Jill Caporale</td>
</tr>
<tr>
<td></td>
<td>Studies the relationship of man to his physical environment; ecological principles; public health; topics of current importance including air pollution, potable water, waste disposal, communicable disease, poisoning and toxicity, radiation, with particular emphasis on community action programs. This class will also integrate a comparative Brazilian context.</td>
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**SUMMER 2014 STUDY ABROAD**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>ENV 195</td>
<td>Topics in Environmental Field Study in Brazil</td>
<td>2 cr.</td>
<td>Annandale</td>
<td>Prof. Jill Caporale and Prof. Kirk Goolsby</td>
</tr>
<tr>
<td></td>
<td>This is the complementary field portion class to the ENV 136 Survey of Environmental Concerns</td>
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### Portuguese Track

**SPRING 2014 (Enroll in one)**

<table>
<thead>
<tr>
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<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>POR 104</td>
<td>Basic Spoken Portuguese II</td>
<td>3 cr.</td>
<td>Alexandria</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>Prerequisite for POR 104 is POR 103. Teaches oral communication and introduces cultural mores and customs to students with no prior instruction in the language.</td>
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<tbody>
<tr>
<td>POR 195</td>
<td>Topics in Brazilian Language and Culture I</td>
<td>2 cr.</td>
<td>Alexandria</td>
<td>Dr. Laura Franklin</td>
</tr>
<tr>
<td></td>
<td>Introduction to Brazilian culture and conversational Portuguese for the purpose of travel and personal enrichment</td>
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**SUMMER 2014 STUDY ABROAD**

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<tbody>
<tr>
<td>POR 195</td>
<td>Topics in Brazilian Language and Culture II</td>
<td>1 cr.</td>
<td>Alexandria</td>
<td>Dr. Laura Franklin</td>
</tr>
<tr>
<td></td>
<td>Experience Brazilian culture and practice conversational Portuguese as part of NOVA’s study abroad program</td>
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### Application Packet Submission Checklist

- Completed Application form
- Personal Statement
- Copy of Passport page (if available)
- 2 Letters of Recommendation (in sealed/signed envelopes or email to faculty leader)
- Medical Form (#125-095)
In order to participate in a Northern Virginia Community College (NOVA) Study Abroad Program, a completed application form, and **NOVA form 125-95 Medical Agreement and Release** must be submitted to the Faculty Leader prior to the application deadline. Once your completed application and medical release form are received, the Faculty Leaders will notify you of your approved participation in the program you have requested and inform you of payment deadlines and other forms that must be completed and turned in prior to departure. **Incomplete applications will not be accepted.**

This program is being sponsored in part by a grant awarded to NOVA by the U.S. Department of State’s Bureau of Educational and Cultural Affairs. As participants on this study abroad program students will not only be a representative of NOVA but also cultural ambassadors on behalf of the U.S. government.

The Faculty Leaders and Coordinator of Study Abroad Programs at Northern Virginia Community College reserve the right to accept or decline participants in the Program at any time should a participant’s actions be determined to impede or obstruct the progress of the Program in any way. Applications will be reviewed by a NOVA faculty committee and selections will be made based on a variety of factors.

**I. WHICH SUMMER STUDY ABROAD PROGRAM ARE YOU APPLYING FOR?**

__ POR 195   1 CR.   Topics in Brazilian Language and Culture II

__ ENV 195   2 CR.   Topics in Environmental Field Study in Brazil

How did you find out about this program? Professor _____ Email _____  Friend _____  Other ______

**II. PERSONAL INFORMATION**

Print your name as it appears or will appear on your passport.

First _______________________ Middle___________________ Last______________________________

Address ______________________________________________________________________________

City __________________________________________________ State ______ Zip _________________

Home phone: ________________________________ Work:_____________________________________

Cell: ___________________________ E-mail:  ______________________________________________

Date of Birth (MM/DD/YYYY): ___________________      Gender:  Male _______ Female _______

Country of Citizenship _________________________________________________________________

If you are not a U.S. citizen, please indicate if you are a:

U.S. Permanent Resident ____   Temporary Alien (indicate current visa status) _____  Other ______

Are you a currently enrolled NOVA student? ____YES  ____NO    if yes please provide,

NOVA Student ID # _________________

Enrolled NOVA degree program ________________________________

Current Overall GPA* __________________

(*To participate, student must be in good standing at NOVA or with permission of the faculty leader)
III. PASSPORT and BRAZILIAN VISA

U.S. Passport

All applicants must provide a copy of the identification page of their unexpired passport to the Faculty Leader prior to ticket issuance and/or trip departure. The Faculty Leader must register your passport number with the U.S. Embassy. Check statement that applies:

____ I do not currently have a passport.*

____ I do not currently have a passport, but my passport application is in progress.

____ I do have a current valid passport that is valid for at least six months after the travel end date.**

*If accepted, participants must provide proof they have applied for a passport within two weeks of initial acceptance notification from faculty leader in order to secure their spot in the program.

**My passport information is indicated below:

Passport Number ________________________________ Passport Country of Issue _______________

Passport Date of Issue ________________________ Passport Date of Expiration ____________________

Brazilian Visa

All participants will be required to obtain a Brazilian travel visa one month prior to program departure. Specific instructions will be provided by the faculty leaders in advance of the trip. Please be aware that once the visa application is submitted approval by the Brazilian consulate office can take up to two weeks to process.

I understand that I am responsible for securing a valid passport and Brazilian visa for travel prior to the departure of the program I have been selected to participate in. I understand that the College assumes no responsibility for the passport and visa application process. I also understand that failure to secure a valid passport and visa will result in the forfeiture of monies paid.

Applicant Signature ________________________________________________   Date _________________

IV. EMERGENCY CONTACT INFORMATION (person not traveling with you)

This information is confidential and will only be used in case of an emergency and is limited to your participation in a NOVA Study Abroad Program. Please print clearly.

Primary Emergency Contact Person

Name ___________________________________________________ Relationship ___________________

Address _______________________________________________________________________________

Home Phone _______________________  Work Phone ____________________  Cell _________________

Alternate Emergency Contact Person

Name __________________________________________________  Relationship ___________________

Address _______________________________________________________________________________

Home Phone _______________________  Work Phone ____________________  Cell _________________
V. PROGRAM COSTS, ACCOMMODATIONS and DEPOSIT

Accommodations during the study abroad program will be based on double occupancy. Participants will be placed in rooms with the same gender with double bed accommodation.

Students on both Brazil study abroad programs will be required to pay out of pocket the following expenses related to the trip. Final student costs may vary.

- International airfare to/from Brasilia, Brazil
- Brazilian visa
- US passport fees (if applicable)
- Comprehensive Travel Insurance for 14 days
- Partial Meal per diem (to supplement NOVA portion)*
- NOVA tuition (1 or 2 credits)
- Vaccinations (if any required by CDC or faculty leader)
- Miscellaneous personal expenses related to program

NOVA will cover the following expenses related to the trip:
- Double Occupancy lodging for 12 nights
- Local transportation while in Brazil
- Meal Per Diem for 13 days
- All program related Entry fees

*Deposit
If selected, students will be required to pay a $150 deposit to NOVA by December 13th in order to hold their spot on the program. This money will be put towards the student’s travel meal per diem which will be given to each student as a lump sum upon arrival to Brazil. Deposits will be non-refundable after March 14, 2014

I understand the above costs and deposit that I will be required to cover as part of this trip.

Applicant Signature ______________________________ Date ________________

VI. MEDICAL AGREEMENT AND RELEASE (attached)

In order to participate in a Northern Virginia Community College (NOVA) Study Abroad Program, a completed NOVA form 125-95 Medical Agreement and Release must be submitted to the Faculty Leader with the application package.

VII. LETTERS OF RECOMMENDATION (2)

Attached to this application please include two letters of recommendation from professors or supervisors that can speak to your academic performance and personal character stating why you would be a good candidate for this study abroad program.

Letters of recommendation may be either
(a) Sealed in an envelope with recommender’s signature across the seal of the envelope and submitted with application or
(b) Emailed directly to the appropriate faculty leader.

VIII. STATEMENT OF INTEREST

On a separate sheet of paper, explain in a minimum of 200 words (12 pt. font, double-spaced) why you are interested in participating in this study abroad program and how this experience will impact your overall academic goals.
IX. COMPREHENSIVE TRAVEL INSURANCE

**Comprehensive Travel insurance will be purchased for you by NOVA with funds from your program deposit one month prior to departure**

All participants in a Northern Virginia Community College study abroad program must have comprehensive travel insurance for the exact dates of travel. Comprehensive travel insurance is not the same as individual health insurance that you may already have.

You must also confirm and provide proof of your primary health insurance coverage is valid overseas. If not you should make sure you have the appropriate level of travel insurance coverage which may be beyond the suggested minimums below.

You must have comprehensive travel insurance coverage purchased one month prior to trip departure (April 19th, 2014) with at least the below minimum amounts:

- Emergency Accident and Emergency Sickness Medical Expense: $25,000
- Emergency Medical Evacuation and Medically Necessary Repatriation: $500,000
- Repatriation of Remains: $50,000
- Accidental Death and Dismemberment: $10,000

Optional coverage may include:
- Baggage Delay
- Lost Passport or Visa Replacement
- Trip Interruption
- Trip Delay

**Possible Travel Insurance Companies**
- Travel Guard: [www.travelguard.com](http://www.travelguard.com)
- FrontierMedex: [www.medexassist.com](http://www.medexassist.com)
- I-Next: [www.inext.com](http://www.inext.com)
- Travelex: [www.travelex-insurance.com](http://www.travelex-insurance.com)

To learn more about travel insurance and compare policies:
- [www.quotewright.com](http://www.quotewright.com)
- [www sqr e mouth.com](http://www.squremouth.com)
- [www.travelinsurancereview.net](http://www.travelinsurancereview.net)

_I acknowledge that I am aware that Northern Virginia Community College requires that all individuals participating in a NOVA study abroad program be covered by comprehensive travel insurance. I understand that each participant may have additional and somewhat different needs for insurance while participating in a program which includes international travel. I understand that if I elect not to purchase any part of the recommended comprehensive travel insurance, I am responsible for paying out of pocket any additional fees incurred due to trip cancellation/interruption, operator default, lost baggage, and any other benefits included in a comprehensive travel insurance policy. I also understand that should I cancel my participation in the study abroad program after the cancellation deadline, I will be responsible for repaying any travel funds disbursed on my behalf, and for paying any cancellation fees._

Signature ___________________________________________________ Date ______________________

*Some insurance policies must be purchased at time of deposit for operator default and pre-existing conditions coverage.*

X. PRE-DEPARTURE ORIENTATION AND FACULTY MEETINGS

All participating students are required to attend any pre-departure orientation provided by the Study Abroad Coordinator and Faculty Leader, as well as any pre-departure meetings, classes and/or workshops scheduled by Faculty Leaders. The orientations are scheduled based on the semester in which the program departs. Participants will be notified of the specific time and place of these mandatory orientations and meetings.

Signature ___________________________________________________ Date ______________________
XI DRUG AND ALCOHOL ABUSE POLICY

Northern Virginia Community College takes a zero tolerance stand towards the excessive consumption of alcohol and the behavior arising out of the excessive consumption of alcohol by any individual participating in a NOVA program abroad. Northern Virginia Community College also takes a zero tolerance stand towards the possession of drugs of any kind by any individual participating in a NOVA Study Abroad Program or short-term trip.

Any individual found engaging in the excessive consumption of alcohol, or in the possession of drugs, other than prescriptions contained in their original packaging with identifying information, or drug paraphernalia will result in the termination of participation in the Program and will require that the individual be sent home at no expense to the college. In the case of a scholarship award/grant monies, the individual will be required to repay Northern Virginia Community College for all funds disbursed on her or his behalf. A grade of "F" will be given for the academic course related to the study abroad course.

I have read the above alcohol and drug policy and I understand Northern Virginia Community College’s zero tolerance towards the excessive consumption of alcohol and the behaviors arising from this activity, and the possession of or drug usage while participating in a study abroad program. I also understand the consequences of engaging in such behavior.

Signature ______________________________________________   Date _________________________

APPROVED AS TO FORM BY ALISON LANDRY, SYSTEM COUNSEL FOR THE VIRGINIA COMMUNITY COLLEGE SYSTEM ON APRIL 01, 2002.

XII. PARTICIPATION AND ASSUMPTION OF RISK

I agree that as a participant in the Study Abroad Program to BRAZIL associated with Northern Virginia Community College (the "College"), scheduled from May 19, 2014 to June 1, 2014, I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to (potential risks of the activities or related to the work environment):

travelling, living and studying to/from and in a foreign country

I understand that in the event of accident or injury, personal judgment may be required by the Program Leader or college personnel regarding what actions would be taken on my behalf. Nevertheless, I acknowledge that the College and/or Program Leader may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the College and Program Leader for my safety or the safety of others, as well as any and all of the College’s and Program Leader’s rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety and welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved. I hereby agree that I am responsible for any resulting personal injury, damage to or loss of, my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College and/or Program Leader. I understand that this Assumption of Risk form will remain in effect during any of my subsequent visits and program related activities, unless a specific revocation of this document is filed in writing with the Office of Global Studies and Programs, at which time my visits to or participation in the program will cease.

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

I represent that I am 18 years of age or older and legally capable of entering into this agreement.

Participant’s signature __________________________________________ Date ________________________

Address
October 2013
If participant is less than 18 years of age, the following section must be completed:

My child/ward is under 18 years of age and I am hereby providing permission for her/him to participate in this program, and agree to be responsible for her/his behavior during this event.

Child’s Name ___________________________________________________________________________

_________________________________________________________     _________________________
Signature of Parent or Legal Guardian            Date

Approved as to form by Rita R. Woltz, System Counsel for the VCCS, on February 9, 2005.

XIII. WAIVER AND RELEASE AGREEMENT FOR INTERNATIONAL TRAVEL
Please initial each paragraph and sign below.

I have applied to participate in Northern Virginia Community College’s academic travel program (“the Program”) in BRAZIL from May 19, 2014 to June 1, 2014. In consideration for being permitted to participate in the Program, I hereby agree and represent that (initial each statement):

___ I understand that, although the College will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the Commonwealth of Virginia, the College, and the employees and agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

___ I understand that the College reserves the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the College, be determined to impede or obstruct the progress of the Program in any way.

___ I understand that, although the College has made every reasonable effort to assure my safety while participating in the Program, that there are unavoidable risks in travel overseas, and I hereby release and promise not to sue the Commonwealth of Virginia, the College or the employees and agents of either, for any damages or injury, including death, cause by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the College.

___ I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

___ I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the adviser, counselor or attorney of my choice.

___ I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of the Commonwealth of Virginia.

___ This agreement represents my complete understanding with the College concerning the College’s responsibility and liability for my participation in the program, and supersedes all previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

___ I represent that I am at least 18 years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

Participant’s Signature ______________________________________         Date _____________________

If under 18 years of age, Parent or Legal Guardian’s Signature       _________________________

APPROVED AS TO FORM BY ALISON LANDRY, SYSTEM COUNSEL FOR THE VIRGINIA COMMUNITY COLLEGE SYSTEM ON APRIL 01, 2002.

XIV. Special Needs
Students with disabilities are encouraged to contact a Counselor for Disability Services at the Counseling Center to discuss possible accommodations. All accommodations must be documented by Disability Services and placed on file with the program faculty leader at the time of program application.