

**KCAI TRAVEL/STUDY ABROAD PROGRAM**  
**A MOVEABLE FEAST: STUDY ABROAD IN PARIS**

Travel Dates: June 1<sup>st</sup> – June 30<sup>th</sup>, 2010

**DEADLINES AND COSTS**

**DECEMBER 1, 2009**                      Application and accompanying required documents are due in the Special Programs Office located in Mineral Hall at 4340 Oak Street.

\$250.00 non-refundable deposit due in the Business Office, located on the second floor of Vanderslice Hall. If the student is not accepted into the program, this money will be refunded.

**FEBRUARY 15, 2010**                      One-half of the program fee is due in the Business Office.

**MARCH 1, 2010**                      In order to qualify for federal funding, students must complete the Free Application for Federal Student Aid (FAFSA) form and submit it to the Department of Education by this date. The form may be completed and submitted online, or you may get the forms from the Financial Aid Office and fill them out there. Other, alternative loans are also available to KCAI students. In order to apply for these loans, see the Financial Aid Office. The deadline for these and all other loans is March 1, 2010.

**MARCH 15, 2010**                      Full payment for the program is due in the Business Office. If you are applying for federal financial assistance through the school, you must have all required documentation on file. There are no exceptions.

If KCAI cancels this Study Abroad Program, all monies paid will be refunded. Once accepted into the program, no refunds on deposits or program payments will be made after March 15, 2010.

**COURSES:**    Dr. Reed Anderson, ARTHI 3828-01 A Moveable Feast: French Art and Culture  
                    Dr. Phyllis Moore, LITR 3800-04, Creative Nonfiction Workshop: Travel Writing

**COSTS:**

6 credit hours: \$4,350\*

3 credit hours: \$3,775\*

0 credit hours if associated with KCAI: \$2,800\*

0 credit hours if not associated with KCAI: \$3,200\*

\*This includes: lodging for one month at Cité Universitaire, from June 1<sup>st</sup> through June 30<sup>th</sup>; a Navigo metro pass; a museum pass; a first-night welcome cruise along the Seine aboard a bateau-mouche and a farewell Sunday brunch; ground transportation and lodging for a four-day, three-night excursion to the south of France to Aix-en-Provence to see Cézanne's studio, to Hauterives to see Ferdinand Cheval's Palais Idéal, and to St. Raphaël on the French Riviera. (Please note: this price does not include airfare.)

If you have any questions, large or small, about this program, please feel free to contact:

Dr. Reed Anderson, Special Instructor of Art History, 816.802.3341, [sanderson@kcai.edu](mailto:sanderson@kcai.edu), or  
Dr. Phyllis Moore, Director, The School of Liberal Arts, 816.802.3388, [pmoore@kcai.edu](mailto:pmoore@kcai.edu)

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**ELIGIBILITY CRITERIA**

Space in this course is limited:

- Since the number of students who can participate in this course is limited, it is in the best interest of all applying students to do their best work in filling out their application. ALL application materials must be turned in to the Special Programs Office by the deadline. Course deposit must be paid to the Business Office, or financial arrangements made, by the deadline. There will be NO EXCEPTIONS to the above.
- 2.0 GPA
- As representatives of KCAI, students are expected to conduct themselves in a mature and respectful manner. Students must be in good standing and not currently on Disciplinary Probation to qualify for any KCAI study abroad program. Students with questions or concerns may contact Dr. Bambi Burgard, Associate Vice President for Student Achievement.
- All applications will be reviewed by the Trip Facilitators (in this case, Dr. Phyllis Moore and Dr. Reed Anderson), the Director of Academic Resources (Andrea Khan), and the Associate Vice President for Student Achievement (Dr. Bambi Burgard). Students will be notified of their acceptance status within ten days of the application deadline.
- If the applicant's academic or behavioral record is such that it would not be appropriate for the applicant to participate, the applicant's deposit will be refunded to them. If there is still space available in the course, the declined applicant may petition through the Vice President for Academic Affairs (Dr. Mark Salmon) with a final decision being made in two weeks from the petition date. The decision of the Vice President for Academic Affairs is final.

**FINANCIAL AID OPPORTUNITIES**

The Kansas City Art Institute is pleased to announce the opportunity for you to study abroad. As a participant you may receive a total of six (6) credit hours.

Federal financial aid is available for this program. You must be admitted to the KCAI B.F.A. degree program in order to qualify. Funding is limited. Federal funding is available for this program through the Federal Stafford Loan Program. In addition, private alternative loans are available to those who qualify.

In order to qualify for federal funding, you must complete the Free Application for Federal Student Aid (FAFSA) by March 1.

KCAI scholarships are not applicable toward the cost of this program.

For more information or details, stop by the Financial Aid Office, or call Kim Warren at 816.802.3449.

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APPLICATION CHECKLIST FORM

Please submit the following materials in support of this application:

- \_\_\_\_\_ 1. A one-page typed essay in which you tell us about yourself, clearly stating your reasons for applying for study abroad, and what you hope to gain from the experience
- \_\_\_\_\_ 2. Two passport photos of yourself, with your name printed on the backs of each
- \_\_\_\_\_ 3. One copy of the page of your passport that has your photograph and passport number on it
- \_\_\_\_\_ 4. One copy of your health insurance card (or some other proof of health insurance)
- \_\_\_\_\_ 5. Signed Medical Release Form (attached, page 4)
- \_\_\_\_\_ 6. Signed Parent/Guardian Approval Form (for applicants under 18) (attached, page 5)
- \_\_\_\_\_ 7. Signed Liability/Loss Release Form (attached, also on page 5)
- \_\_\_\_\_ 8. Completed Personal/Academic Data Form (attached, page 6)
- \_\_\_\_\_ 9. Two letters of reference (forms attached, pages 7 and 8)—one from your studio faculty and one from the Liberal Arts faculty
- \_\_\_\_\_ 10. Completed Authorization Form (attached, page 9)
- \_\_\_\_\_ 11. Completed Enrollment Form (attached, page 10)
- \_\_\_\_\_ 12. Completed Off-Campus Travel Agreement Form (attached, page 11)
- \_\_\_\_\_ 13. This completed Application Checklist Form (page 3)

**REFERENCES**

I have requested that the following persons submit letters of reference on my behalf. (KCAI students are required to request these references from the KCAI faculty.)

Name \_\_\_\_\_ Department \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ Phone # \_\_\_\_\_

**AGREEMENT AND RELEASE**

I affirm that all of the information given in this application is true and correct to the best of my knowledge. I understand that deliberate submission of false information is grounds for exclusion from this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please return this form, along with all the other required application materials, by December 1, 2009, to Shirley O’Leary, Associate Vice President for Special Programs, in the Special Programs Office, located in Mineral Hall, at the Kansas City Art Institute, 4340 Oak Street, Kansas City, MO; Ms. O’Leary can be contacted either by e-mail at [soleary@kcai.edu](mailto:soleary@kcai.edu) or by phone at 816.802.3445.)

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**MEDICAL RELEASE FORM**

The following refers to the ability of Kansas City Art Institute to see that all students receive medical aid when required in the judgment of officials of the school, and upon competent medical advice. If there are objections on religious or other grounds, please return this form with stated reasons.

\_\_\_\_\_  
Student Name (please print)

The undersigned understands that during the 2010 KCAI Travel/Study Abroad Program, it may be necessary to receive immediate hospital and medical attention without the specific consent of the undersigned in order to protect the health and welfare of myself and other students of the KCAI Travel/Study Abroad Program. In view of the foregoing, it is agreed that when in the sole opinion of Kansas City Art Institute or its representatives, I shall need hospital or medical care, or both, that Kansas City Art Institute shall have the power, and is hereby authorized to see that said student is hospitalized or receives medical care, or both. It is understood and agreed that Kansas City Art Institute shall not be responsible for the cost of such hospital or medical care, and that the undersigned shall fully indemnify and hold harmless Kansas City Art Institute, its trustees, officers, agents and employees from any claim or liability resulting from its actions authorized hereunder.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if student is under 18)

\_\_\_\_\_  
Date

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**PARENT/GUARDIAN APPROVAL FORM**

(for applicants under 18)

I/We, have reviewed and approve of this application, and of our daughter's/son's participation in the Study Abroad Program at the Kansas City Art Institute and all rules, regulations and policies pertaining to the program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Qualified students may be accepted into this program on a first-come, first-served basis, based on their application.

**LIABILITY/LOSS RELEASE FORM**

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if student is under 18)

\_\_\_\_\_  
Date

Student  
Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

This form must be completed and on record in the student's permanent folder prior to formal registration.

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**PERSONAL/ACADEMIC DATA FORM**

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (circle one) M F

Do you have a passport? YES NO If "Yes" Passport # \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ of  
Parent/Guardian \_\_\_\_\_

Parent Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent Evening Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Address (if different from permanent) \_\_\_\_\_

Person(s) to contact in case of emergency \_\_\_\_\_

Emergency Contact Phone #, if different from above (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Currently enrolled at Kansas City Art Institute? YES NO

If "YES," Student ID# \_\_\_\_\_

Total credit hours completed by the start of this program \_\_\_\_\_ GPA \_\_\_\_\_

Do you intend to complete degree requirements while participating in this activity? YES NO

Scholarships, Honors, Extracurricular Activities: \_\_\_\_\_

Do you intend to apply for federal financial aid in order to participate in this program? YES NO

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**REFERENCE LETTER FORM**

**TO BE COMPLETED BY THE APPLICANT:**

Applicant's Name: \_\_\_\_\_ Applicant's Department: \_\_\_\_\_  
Applicant's Phone # \_\_\_\_\_ Applicant's E-mail Address: \_\_\_\_\_  
Faculty Recommender's Name: \_\_\_\_\_ Department: \_\_\_\_\_

**STUDENT WAIVER**

I understand my right under the provision of PL 93-380.513 (Family Education Rights and Privacy Act of 1974) to inspect letters of recommendation written on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under this statute and affirm that concerning the following letter I will not do so in the future. I understand that this document will be used only by the committee members for evaluating my qualifications for the Degree Program Travel Abroad course at Kansas City Art Institute and will not be available to any other institution, organization or party for any other purpose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE FACULTY MEMBER RECOMMENDING THIS APPLICANT:**

Students participating in the Kansas City Art Institute's Degree Program Travel Abroad course will be chosen on the basis of their academic record, personal qualifications, and evaluations by KCAI faculty. Please be candid in indicating how you think this applicant will make use of an academic opportunity to study abroad. Please consider the applicant's character, adaptability, emotional stability, and maturity.

Please rate on a scale of 1 to 5, 5 being exemplary in quality, 1 reflecting your serious concern.

Articulateness in speech	1 2 3 4 5	Articulateness in writing	1 2 3 4 5
Emotional stability	1 2 3 4 5	Self-discipline & reliance	1 2 3 4 5
Academic/Artistic potential	1 2 3 4 5	Ability to get along with others	1 2 3 4 5

Below and on the reverse, please comment specifically on the applicant in terms of the following:

1. Academic suitability for study abroad: do you believe that this applicant can study productively while living abroad?
2. Personal suitability for living abroad: do you believe that this applicant is emotionally and intellectually mature enough to adapt to living in a foreign culture?

Please feel free to add additional comments on the back of this sheet.

How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
Faculty Recommender's Signature

\_\_\_\_\_  
Date

(Faculty Recommender: Please return this form by December 1<sup>st</sup> to Shirley O'Leary, Associate Vice President for Special Programs, in the Special Programs Office, located in Mineral Hall, 4340 Oak Street; Ms. O'Leary can be contacted either by e-mail at soleary@kcai.edu , or by phone at 816.802.3445.)

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Applicant's Name: \_\_\_\_\_ Applicant's Department: \_\_\_\_\_  
Applicant's Phone # \_\_\_\_\_ Applicant's E-mail Address: \_\_\_\_\_  
Faculty Recommender's Name: \_\_\_\_\_ Department: \_\_\_\_\_

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Signature

\_\_\_\_\_  
Date

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Please rate on a scale of 1 to 5, 5 being exemplary in quality, 1 reflecting your serious concern.

Articulateness in speech	1 2 3 4 5	Articulateness in writing	1 2 3 4 5
Emotional stability	1 2 3 4 5	Self-discipline & reliance	1 2 3 4 5
Academic/Artistic potential	1 2 3 4 5	Ability to get along with others	1 2 3 4 5

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Please feel free to add additional comments on the back of this sheet.

How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
Faculty Recommender's Signature

\_\_\_\_\_  
Date

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**AUTHORIZATION FORM**

I authorize the staff of the Kansas City Art Institute to contact the person(s) listed below in case of an emergency while I am traveling abroad. I understand that personal information may be disclosed to the person(s) listed below. I further understand that this information will be retained with my travel abroad application materials during the duration of the trip abroad.

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Authorized Person

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Authorized Person

\_\_\_\_\_ Date \_\_\_\_\_  
Student Name

\_\_\_\_\_  
Signature of Student

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**ENROLLMENT FORM**

ARTHI 3828-01 A Moveable Feast: French Art and Culture (Dr. Reed Anderson, Instructor) 3 hours credit  
LITR 3800-04 Travel Writing (Dr. Phyllis Moore, Instructor) 3 hours credit

1. If I am accepted into this program, I will be taking Dr. Reed Anderson's course, ARTHI 3828-01 A Moveable Feast: French Art and Culture, for 3 hours credit.                    YES                    NO

\_\_\_\_\_ I will be taking this course for 3 hours of art history credit.

\_\_\_\_\_ I will be taking this course for 3 hours of liberal arts elective credit.

\_\_\_\_\_ I will be taking this course for 3 hours of open elective credit (provided that the open elective is being used as a liberal arts elective).

2. If I am accepted into this program, I will be taking Dr. Phyllis Moore's course, LITR 3800-04, Creative Nonfiction Workshop: Travel Writing, for 3 hours credit.                    YES                    NO

\_\_\_\_\_ I will be taking this course for 3 hours of literature credit.

\_\_\_\_\_ I will be taking this course for 3 hours of creative writing workshop credit (this option is for Creative Writing Majors and Double-Majors).

\_\_\_\_\_ I will be taking this course for 3 hours of open elective credit (provided that the open elective is being used as a liberal arts elective).

3. If I am accepted into this program, I will not be taking either course.                    YES

4. Therefore, if I am accepted into this program, I will be taking a total of:

- a. \_\_\_\_\_ 6 (six) hours credit  
b. \_\_\_\_\_ 3 (three) hours credit  
c. \_\_\_\_\_ 0 (zero) hours credit

Signature of Student \_\_\_\_\_

Printed Name of Student \_\_\_\_\_

Student's ID Number \_\_\_\_\_

Date \_\_\_\_\_

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**OFF-CAMPUS TRAVEL ABROAD AGREEMENT FORM**

**Travel Abroad Applicants:**

Student agrees to be governed by the policies in the Student Handbook of Kansas City Art Institute while on this trip. This includes the Art Institute’s policy on underage alcohol consumption. Facilitators have the right to send a student home if said student’s conduct does not conform to the Student Handbook.

Students agree to conduct themselves in a mature and respectful manner when visiting a foreign country. Therefore, students must be in good standing and not currently on disciplinary probation to qualify for KCAI’s study abroad programs.

Student agrees that there will be a 2:00 AM curfew throughout the trip.

Student agrees to read “Tips for Traveling Abroad” provided by the Security Office of KCAI, and to take the necessary precautions in order to insure a safe experience for them while traveling abroad.

Student agrees to show proof of health insurance and/or travel insurance as a requirement for their participation.

Student agrees that once it is determined under which department(s) the trip will be offered, no exceptions will be made. Such courses could, however, be taken for Directed Study credit pursuant to a successfully completed Directed Study proposal being made by the student and being signed by all appropriate parties, following the guidelines and requirements of a Directed Study.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

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## TIPS FOR TRAVELING ABROAD

If you are traveling abroad here are the top 10 tips you need to make your trip easier:

1. Make sure you have a signed, valid passport and visas, if required. Also, before you go, fill in the emergency information page of your passport!
2. Read the Consular Information Sheets (and Public Announcements or Travel Warnings, if applicable) for the countries you plan to visit.
3. Familiarize yourself with local laws and customs of the countries to which you are traveling. Remember, the U.S. Constitution does not follow you! While in a foreign country, you are subject to its laws.
4. Make two (2) copies of your passport identification page. This will facilitate replacement if your passport is lost or stolen. Leave one copy at home with friends or relatives. Carry the other with you in a separate place from your passport.
5. Leave a copy of your itinerary with family or friends at home so that you can be contacted in case of an emergency.
6. Do not leave your luggage unattended in public areas. Do not accept packages from strangers.
7. Prior to your departure, you should register with the nearest U.S. embassy or consulate through the State Department's [travel registration website](#) . Registration will make your presence and whereabouts known in case it is necessary to contact you in an emergency. *In accordance with the Privacy Act, information on your welfare and whereabouts may not be released without your express authorization. Remember to leave a detailed itinerary and the numbers or copies of your passport or other citizenship documents with a friend or relative in the United States.*
8. To avoid being a target of crime, try not to wear conspicuous clothing and expensive jewelry and do not carry excessive amounts of money or unnecessary credit cards.
9. In order to avoid violating local laws, deal only with authorized agents when you exchange money or purchase art or antiques.
10. If you get into trouble, contact the U.S. Embassy in Paris, Office of American Services, 4, avenue Gabriel, 75008, Paris. (Metro: Concorde). Their e-mail box is: [citizeninfo@state.gov](mailto:citizeninfo@state.gov). In emergency situations, please call 01 43 12 22 22. For more details, check out their website at <http://france.usembassy.gov/index.html>. At this website, you can read online or download the August 2008 version of *The Blue Book: Guide for U.S. Citizens Residing in France*; it is 208 pages long, but it is a terrific and comprehensive guide to almost every thing an American traveler might need to know while living in France.

Finally, another helpful website is: [AnAmericanAbroad.com](#). Here you will find an extremely useful list of checkpoints that will help you make your travel preparations, including: (a) International Travel Checklist, (b) World Citizens Guide, (c) cheap airfare, and rail information for students, (d) Eurail passes, (e) travel insurance, (f) currency exchange converter: calculate how the U.S. dollar is doing, (g) U.S. Department of State information on health issues, (h) purchase Lonely Planet City Guides, language software programs, language guidebooks, (i) how to “Call the World from Your Cell Phone, (j) location of U.S. consulate or embassy, (k) how to get your postal mail online, (l), “passport reminder” download.

(KEEP THIS SHEET FOR YOUR INFORMATION)