MBI International Study Program Application

Moody in Israel – Spring 2016

A digital, color scan of your passport must be submitted along with the application. Please email passport scans to: studyabroad@moody.edu.

Name: ___________________________  Student ID: ___________________________

Email: ___________________________  CPO: ___________________________

Campus: (Circle)  CHICAGO  SPOKANE  MDL  OTHER

Cell Phone: ___________________________

Home Phone: ___________________________

Classes Offered:

Session I – (Mark Choice)

_____ BI-4401/TH-4461 Biblical Theology of Jerusalem (3 credit hours) – Dr. Sigler
(can count as a Bible or Theology elective)

_____ BI-2280 Hermeneutics (3 credit hours) – Dr. Neely
Prerequisite: MS-1102 Studying and Teaching the Bible

Session II – (Mark Choice)

_____ BI-3323 Life of Christ (3 credit hours) – Dr. Vanlaningham

Session III – (Mark Choice)

_____ BI- 4410 Dead Sea Scrolls (3 credit hours) – Mr. Hernandez
(can count as an Old Testament Bible elective)

_____ BI-2230 Bible Introduction (3 credit hours) – Dr. Yuan

Session IV and Tour– (Mark Choice)

_____ PS-3330 Communication of Biblical Truth (3 credit hours) – Dr. Norris
(can count as an Advanced Communication Elective)

_____ BI- 4410 Romans (3 credit hours) – Mr. Hernandez
Prerequisite: TH-3330 Systematic Theology I
Acknowledgement of Terms and Conditions for Participation in Moody Bible Institute's Study Abroad Program

Moody in Israel Spring 2016

By signing below, I acknowledge that I have read, and agree to, the following terms and conditions for participating in Moody Bible Institute's Study Abroad Program.

I confirm that I have read and understand any U.S. Department of State Travel Warnings, Public Announcements, and Consular Information Sheets issued about my intended destination(s). I also confirm that I am not required to travel abroad in order to satisfy any requirements for graduation at Moody Bible Institute. I understand that I am solely responsible for my safety, that I assume responsibility for any and all risks associated with my time abroad, and that I have the right to leave and/or terminate the program if I feel unsafe. I also recognize that early termination could result in the loss of program credit and that changing travel plans could incur additional costs, which would be my responsibility.

In agreeing to participate in Moody Bible Institute's Study Abroad Program I understand and accept that, depending on the specific program, MBI may work through another school, organization, or travel agency to arrange for transportation and lodging. I understand that Moody Bible Institute is providing these services only as a convenience to participants and that, accordingly, it assumes no responsibility or liability, in whole or in part, for any act, error, omission, damage or injury to person or property of any nature, loss, accident, or any delay caused to me or others prior to departure, while traveling, or while residing abroad. Neither shall Moody Bible Institute be responsible to any person for any of my acts or omissions.

I agree to release, indemnify, and hold harmless Moody Bible Institute from and against any claim or cause of action which I, the participant, my parents or guardians, or any other person may have for any losses, damages, or injuries, including death, arising out of or in connection with my participation in this Study Abroad Program.

Participant Signature: ____________________________ Date: ____________________________

Participant Name (printed): ____________________________

If participant is under 18 years of age:

Parent/Guardian Signature: ____________________________ Date: ____________________________

Parent/Guardian Name (printed): ____________________________
PLEASE READ AND CONSIDER THE FOLLOWING: Participation in an overseas academic program involves a more intimate community than the usual campus situation. In view of this, each student is expected to bear a greater level of responsibility and accountability. Each participant should provide support, encouragement, and an example of positive Christian conduct.

I. CONDUCT

**INTEGRITY** is an assumed characteristic of all participants. The following behavior or activities would be a compromise of personal integrity, and these violations will involve grade reductions or dismissal from the program:

1. Dishonesty, lying, deceit, theft, plagiarism, or cheating.
2. Possession of narcotics or drugs not authorized by a physician.
3. For enrolled MBI students and anyone under 21, consumption of alcohol or tobacco products.
4. Intoxication under any circumstances.
5. Inappropriate sexual behavior not in accord with traditional/biblical moral standards.
6. Failure to attend daily planned activities (except in the case of injury or illness).
7. Renting scooters, cars or any other motorized vehicle.

Injuries sustained by the following activities will not be covered by our insurance: Body piercing, tattoos or any activity that creates potential for infection or spread of infectious disease. Mountaineering where ropes or guides are used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle, or motorcycle; snowmobiling; motorcycle riding; scuba diving; spelunking, and parasailing.

There will be ample opportunity for free time. However, please remember this program is first and foremost an academic semester.

II. FINANCES

All fees are non-refundable once they are submitted to the tour company. **In some cases, substitutes may be arranged for a small fee.**

1. A non-refundable $1000 payment (see webpage for payment instructions), along with the Personal Profile Form, MBI International Study Program Application, Acknowledgement of Terms & Conditions Form, and Community Life Standards & Financial Procedures Form, secures a spot in the program.
2. Final Amount Due will be approximately $6,700 - $6,900 (in addition to the deposit). This amount will be due 2 weeks prior to departure. (Friday, December 18th, 2015)

**PLEASE MAKE ALL CHECKS PAYABLE TO** Moody Bible Institute

We appreciate your careful attention to these standards for the community life of the MBI Moody in Israel Study Abroad Program. Please be certain you have read and understand these standards and then indicate your covenant to observe them.

Signed: ___________________________  Date: ___________________________

Printed Name: ___________________________
MBI Study Abroad Personal Profile Form

Please Print All Information Clearly in Black Pen and Block Capital Letters
All names provided should be stated precisely as they appear on the passport.

**PROGRAM DETAILS**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Moody in Israel - Spring 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM LEADER:</td>
<td>Dr. Gregg Quiggle</td>
</tr>
<tr>
<td>PROGRAM START DATE:</td>
<td>01/04/2016</td>
</tr>
<tr>
<td>RETURN DATE:</td>
<td>03/26/2016</td>
</tr>
</tbody>
</table>

**PERSONAL DETAILS**

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST NAME:</td>
<td></td>
</tr>
<tr>
<td>MIDDLE NAME(S):</td>
<td></td>
</tr>
<tr>
<td>TITLE:</td>
<td>(Mr/Mrs/Ms)</td>
</tr>
<tr>
<td>CITIZENSHIP:</td>
<td></td>
</tr>
<tr>
<td>GENDER:</td>
<td>(male or female)</td>
</tr>
<tr>
<td>DATE OF BIRTH:</td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>AGE:</td>
<td>(must be as of program start date)</td>
</tr>
<tr>
<td>PASSPORT NUMBER:</td>
<td></td>
</tr>
<tr>
<td>COUNTRY OF ISSUE:</td>
<td></td>
</tr>
<tr>
<td>EXPIRY DATE:</td>
<td>mm/dd/yyyy</td>
</tr>
</tbody>
</table>

**MEDICAL INFORMATION**

<table>
<thead>
<tr>
<th>DO YOU HAVE ANY SPECIAL MEDICAL CONDITIONS /REQUIREMENTS?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DO YOU HAVE ANY DIETARY REQUIREMENTS?</td>
<td></td>
</tr>
<tr>
<td>DO YOU HAVE ANY SPECIAL MEDICAL NEEDS?</td>
<td></td>
</tr>
</tbody>
</table>

**EMERGENCY CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT (FULL NAME):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY CONTACT (RELATION):</td>
<td></td>
</tr>
<tr>
<td>EMERGENCY CONTACT (ADDRESS):</td>
<td></td>
</tr>
<tr>
<td>STREET</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td></td>
</tr>
<tr>
<td>COUNTRY</td>
<td></td>
</tr>
<tr>
<td>ZIPCODE</td>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY CONTACT
(HOME PHONE):

EMERGENCY CONTACT
(CELL PHONE):

EMERGENCY CONTACT
(E-MAIL):

ADDITIONAL INFORMATION
ARE YOU A PAYING MEMBER OF
FACULTY OR A SPOUSE OR
DEPENDENT OF A PROGRAM
LEADER? (please indicate if applicable)

DO YOU REQUIRE A SINGLE
ROOM? (yes/no)

ANY OTHER RELEVANT
INFORMATION?