Program Highlights

Dates
Spring Quarter 2012 Course
Travel Dates: Summer
June 11 – 26, 2012

Locations
Offinso North District, Ghana

Program Costs
Ohio State tuition (8 hours)
+ 3,500 (See program costs section for details.)

Application Deadline
December 5, 2011

Eligibility
Juniors, Seniors and Graduate students in all disciplines

Academic Credit
CRP 510/749 and CRP 697
(Spring quarter)

Resident Director
Charisma Acey, Ph.D.
City & Regional Planning

Contact Information
Charisma Acey
(614) 292-7207
acey.1@osu.edu

Program
The 2012 Ghana program is entitled Sustainable Change. There is a prevalent need for effective planning in Africa today. Facing issues such as rapid urbanization, quickly growing informal settlements and the need for quality basic services such as clean water, sanitation, sustainable energy production and more, the time to face these challenges is now. While Ghana is on track to meet the United Nations Millennium Development Goals by 2015, the country is not exempt from these issues. The purpose of this program is to provide culturally sensitive localized, district planning to assist the Offinso North District in meeting the challenges of population growth. Our approach focuses on working hand-in-hand with the community.

OSU Students and faculty in partnership with representatives from the Offinso North District and the Kwame Nkrumah University of Science and Technology will work together to develop projects to addresses community defined priorities for development. This provides opportunities to match the interests and skills of students to the needs of this district. Topics could include housing, settlement planning, cultural planning, biogas and solar energy, healthcare, water, sanitation, agriculture, education, governance, economic development, among many others.

Throughout the Spring quarter, Ohio State students will learn about the culture, history and present development challenges in Ghana while working in collaborative teams on their projects. Students will travel to Ghana for 16 days at the start of Summer to experience class topics first hand, initiate implementation of projects and share the results of their research efforts.

Location
The program is primarily based out of the Offinso North District in Ghana. The Offinso North District, located in the Ashanti Region of Ghana, is a rural area, 50 miles from Kumasi, that is experiencing urbanization. Its population has doubled in the last ten years. Laying the infrastructure to allow for development will give the growing number of new residents who relocate to Offinso North better access to economic opportunities, and their overall quality of life will improve as a result of adequate sanitation, access to potable water, medical services, quality housing and better schools. Students can learn more about the Offinso District North at http://knowlton.osu.edu/students/travel/ghana.

Courses and Credit
Students will earn a total of 8 hours of City and Regional Planning credit for the Spring quarter. This includes CRP 510 or CRP 749, (5 hours) which meets on M/W 4:30-7:18 pm and travel abroad at the beginning of summer break (CRP 697, 3 hours).
Accommodations
Students will be staying in homes, hostels, hotels or other accommodations during their time in the Offinso North District. Hotels will serve as accommodation for students for the time in Accra, Cape Coast and Kumasi. Day trips will be taken on bus, van, or other forms of transportation.

Program Costs
The cost of the program is Ohio State tuition (8 hours in Spring quarter) and $3,500. The program cost includes airfare, overseas accommodations, in-country transportation, most meals, visa, and supplemental insurance. The program cost does not include passport fees, immunizations, personal in-country expenses or some in-country meals. The program reserves the right to increase or decrease the study abroad program fee if the actual group airfare (if applicable) is different from the estimated amount when ticketing occurs and/or if there has been a significant variation on the exchange rate at the time of payment to the host institution or vendor.

Pre-Departure Orientation
All students will be required to participate in on-campus pre-departure orientations organized by the Office of International Affairs. These sessions will offer important information on travel, health, academic expectations, and history and culture. The dates and locations of orientation meetings will be announced.

Application Information
Applicants must submit an application by December 5, 2011. Included in this announcement is the application form. All applicants will be notified of their acceptance by December 12, 2011. An initial deposit of $1,500 is due by January 31, 2012. The balance of program fees will be due in April 2012. If you withdraw anytime after your notification of acceptance to this study abroad program you will be responsible for any non-recoverable costs that have been incurred on your behalf.

Passports
Passports are required for this study abroad program. Passport information is required to apply for an entry visa (as early as 6 months prior to departure). The program will facilitate obtaining a visa. For information about applying for a passport, go to http://travel.state.gov.

Immunizations
Students should have all of their routine immunizations such as tetanus up to date. In addition, a Yellow Fever vaccination is required and is available at a cost of approximately $100 (note it is required before a visa will be issued and will need to be obtained by April 16th in order to ensure adequate time to obtain your visa). The program director will organize students to obtain their vaccine to ensure the cost is minimized. Other recommended vaccines include Hepatitis A and B, Typhoid, and Meningococcal. More information about recommended immunizations for travel to Ghana can be found at the Centers for Disease Control. Immunizations can be obtained through Student Health Services and the Comprehensive Student Health Insurance Plan will cover up to 50 percent of the immunization charges. Further information on immunizations can be found at http://shc.osu.edu/posts/documents/costlist-vac-0911.pdf

Web Sites
U.S. Department of State travel.state.gov (travel warnings/country specific information)
Centers for Disease Control cdc.gov/travel (health recommendations)
2012 Ghana Study Abroad Application

This application is used for the Ghana study abroad program for spring break travel. Please complete all pages of this application and submit it to acey.1@osu.edu, via fax at 614-292-7106 or to Professor Acey’s mailbox in Room 200 of Knowlton Hall by the application deadline of December 5th, 2011. In addition, please submit the following three items:

1) **Personal Statement:** attach a one-page typed statement telling us about yourself, your academic interests, and your motivation for studying abroad. Please include your name and the name of the program for which you are applying at the top of your statement;

2) **Ohio State Advising Report:** available online at buckeyelink.osu.edu/advising_degree.html. If this is your first quarter at Ohio State you should submit a copy of your transcript from your previous institution along with your advising report.

3) **Letter of Recommendation:** a recommendation should be provided by a faculty member familiar with your academic achievements.

Your application will be reviewed when all requested materials are submitted by the December 5th deadline stated on the program information sheet.

**IMPORTANT NOTICE ABOUT PASSPORTS:** Passports are required for this study abroad program. If you do not currently have a valid passport, apply for one immediately! For information about applying for a passport, go to travel.state.gov and click on Applying for a Passport. We cannot apply for a visa or purchase your airline ticket until your passport has been obtained.

Submit Study Abroad Applications to:
Professor Charisma Acey
acey.1@osu.edu
Room 275 Knowlton Hall

*We reserve the right to cancel any program at any time when deemed appropriate due to unforeseen circumstances or inadequate enrollment.*
2012 Ghana Study Abroad Application

Please print legibly or type

Personal Information

First Name: ___________________ Last Name: ___________________ SS#: _______ / _______ / _______

Date of Birth: _______ / _______ / _______ Sex: ______ M ______ F Ohio Resident: ___ Yes ___ No

Birth Country: ___________________ Country of Citizenship: ___________________

Preferred Email Address: ____________________________________________________________

Local Address: _____________________________________________________________
(Number and Street) (City/State/Zip)

Local Phone: (____)_________________________ At this location until: __________________________

Permanent Address: _____________________________________________________________
(Number and Street) (City/State/Zip)

Permanent Phone: (____)_________________________

Expected Quarter & Year of Graduation: ___________________ Ohio State Cumulative GPA: _______

Statistical Information

Ohio State Major/s (if declared): ___________________ Ohio State Minor/s (If declared): ____________

Current Class Rank (check one): ___ Junior ___ Senior

___ Graduate ___ Professional School ___ Continuing Education

Ethnicity/Race: Black, Non-Hispanic

Asian or Pacific Islander

White, Non-Hispanic

American Indian or Alaskan Native

Hispanic

Multiracial or other

Prior to participating in this study abroad program, have you ever traveled outside the US? Yes No

Do you have a valid passport? Yes No

If "yes", Passport Number: ___________________ Passport Expiration Date: ___________________

Which countries have you traveled to, when, for what period of time, and for what purpose:

____________________________________________________________________________________

International Students: Are you an international student on a Non-Immigrant Visa? ___ Yes ___ No

Signature of Applicant

By my signature I certify that, to best of my knowledge, the information provided in my application is true and correct.

Signature of Applicant: ___________________ Date: ___________________
STUDENT AGREEMENT FOR PARTICIPATION IN A STUDY ABROAD PROGRAM

This agreement is between the undersigned Student and The Ohio State University. The student has enrolled in Program. Both The Ohio State University and the Student hereby agree as follows:

1. The Ohio State University has determined that this is an academically sound program and that it will be available for credit. The Ohio State University or its agents has selected living facilities appropriate to the standards of the foreign country for participants.

2. The Student agrees that, in order to achieve the objectives of the program, s/he will maintain her/his full course load, attend all classes, speak in the foreign language of the program (if this is an expectation), and obey the rules of the institution where the program is held, including all instructions about behavior both on and off the premises of the school. The Student recognizes that as a representative of both The Ohio State University and the United States of America, s/he will usually be expected to maintain standards of personal conduct higher than in the United States.

3. As a participant in the program, the Student agrees that s/he shall be subject to the Ohio State Code of Student Conduct, applicable policies, rules and regulations of the host institution, and applicable laws for any foreign countries visited as part of the program. The Student further agrees to abide by the directives of those individuals employed by or acting on behalf of Ohio State or the host institution during their participation in the program. The violation of any of the foregoing, or any other conduct that Ohio State or the host institution determine to be unreasonably disruptive or threatening to health or safety may result in disenrollment at any time.

4. Any early withdrawal from the program, whether by decision of the student or as a consequence of disenrollment, shall not entitle the Student to any refund of the payments required for the program. Any extra expenses associated with such early withdrawal from the program, including but not limited to additional travel and/or lodging costs, are the responsibility of the Student.

5. This agreement will be retained as a part of the Student's file in the Office of International Affairs.

Student's Signature ___________________________ Date ____________

INFORMATION RELEASE FORM

Federal and state law generally prohibits the University from disclosing information about its students under most circumstances. These laws would prevent the University from disclosing information about your whereabouts, health and safety while you are studying abroad, even to your own family. The following release would permit the University to notify specified persons about your whereabouts and condition, in the event of an emergency or when circumstances warrant as determined by the University. The second paragraph would permit the University, if an emergency occurs, to confirm or deny media reports, in order to prevent the dissemination of false information and to shield your family and friends from press inquiries.

RELEASE

In the event of any emergency during the time that I am a participant in the program, (for example if I should suffer any physical injury or other threat to my mental or physical well-being), I hereby give permission to representatives of The Ohio State University and this program to notify the following named persons of my whereabouts and/or my condition:

Name: ___________________________ Relationship: ___________________________ Phone: ( )

Name: ___________________________ Relationship: ___________________________ Phone: ( )

Name: ___________________________ Relationship: ___________________________ Phone: ( )

Signature ___________________________ Date ____________

In the event of an emergency during the time that I am a participant in the program, I give permission to representatives of The Ohio State University and this program to provide the following information to the news media: to confirm or deny my status as a student of The Ohio State University; to confirm or deny my status as a participant in the above specified study abroad program; and to confirm or deny information concerning my whereabouts, health and safety.

Signature ___________________________ Date ____________
RELEASE OF ALL CLAIMS

The Ohio State University recognizes the ___________________________ program during the ___________________________ quarter(s) of 20________ as a proper educational extracurricular activity for those students desiring to participate. This is an activity which it is expected will require travel to locations off the campus of The Ohio State University with the usual potential for risk of personal injury or damage to property associated with such travel.

As a condition of participating in this activity I agree to the following:

In consideration of being granted the opportunity to participate in this activity and the use of services and facilities furnished by or made available by The Ohio State University as well as the help, assistance, and advisory services rendered by members of the faculty and employees of the University, I do release and forever discharge for myself and my heirs, executors, administrators and assigns, all officers, trustees, fellow members, employees, and agents of The Ohio State University who arranged, advised or supervised the scheduling, travel, or any other function of this activity, from all claims, demands, actions, and causes of action for personal injury or any other damage now existing or which may arise out of or be in any way related to their negligence or other conduct associated with this activity.

I understand that if I should violate the laws and regulations of any country visited as part of this educational program, The Ohio State University may not be held liable for such conduct and reserves the right (to be exercised by the Resident Director or the administrative official responsible for the program) to terminate my participation in the program and to return me to the United States at my sole expense without remission of any unused portion of fees paid. I understand that if I should confront a legal problem, The Ohio State University cannot officially represent me or my legal interests in dealing with a foreign legal system; nor can the University assume any direct responsibility for the actions of a foreign government.

Date of Birth: ____________________

Social Security Number: ____________________

Signature: ____________________

(Please Print) ____________________

Dated: ____________________
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OR SURGERY

We understand that because students enrolled in The Ohio State University’s Study Abroad Programs are out of the United States for prolonged periods, occasions may arise when sickness or accident require routine or emergency medical or surgical treatment.

We further understand that a physician or medical or surgical treatment facility often will require that some adult person be in a position to give an authorization to render the medical or surgical service, and to give reliable assurance that payment for such services will be made.

Accordingly, to help assure that the student identified below is not precluded from receiving needed treatment, each of us (the student and the student’s parent[s] or guardian[s]) desires to authorize The Ohio State University and its agents and employees to obtain for the student needed medical and surgical services. Also, we desire to assure Ohio State University that we will see to it that the charges for such services that may be arranged for by the University, or its Resident Director, will be paid by us if medical insurance provided by the program does not fully cover all such charges.

THEREFORE,

1. Each of us (student and parent[s] or guardian[s]) authorizes The Ohio State University and any agent or employee thereof to provide or arrange for the providing of such medical and surgical services as may seem to it necessary and proper during such time as the student is enrolled in the identified Study Abroad Program. Each of us also authorizes release of the student’s appropriate medical records to attending physicians.

2. Each of us (student and parent[s] or guardian[s]) agrees to pay such fees and charges as may result from the provision of such medical and surgical services and to reimburse Ohio State University, its agents and employees, for any fees or other expenses it or they might reasonably incur should it or they be required to pay any such fees or charges or other costs incidental to the providing of such services.

We understand that normally the University will notify the parents in advance of any unusual medical or surgical procedure that may be required by the student, but agree that no such advance notice is expected unless it may be practically and conveniently given.

This authorization shall be effective during such time as the student is enrolled in the Study Abroad Program in ______________________

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<tr>
<th>Parent(s), Guardian, or Next of Kin (REQUIRED)</th>
<th>Student’s Signature</th>
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<tr>
<td>Relationship</td>
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STUDY ABROAD REFERENCE FORM

TO THE APPLICANT: This form should be given to a Professor who has taught you in the classroom and is able to comment on your qualifications for study abroad. You should not request a recommendation from a non-academic person unless you have been away from academic institutions for some time.

Name of Applicant: ___________________________ Phone: (____) __________________

APPLICANT’S WAIVER OF RIGHT OF ACCESS

The Family Educational Rights & Privacy Act of 1974, as amended (P.L., 93-380) allows a candidate to waive his or her right of access to confidential statements written in his or her behalf. The University does not require you to make such a waiver as a condition for admission. I hereby waive my right of access to this recommendation:

Name: ___________________________ Signature: ___________________________

Date: ___________________________

TO THE REFEREE: This recommendation can be emailed to acey.1@osu.edu

Name of person providing reference: ___________________________

Position: _______________ Institution: _______________ Department: _______________

Address: ___________________________

Phone: (____) _______________________

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

________________________________________________________________________

1. Assess this applicant’s general seriousness toward his/her academic program of study.

________________________________________________________________________

2. Give us your personal perspective on how the applicant will benefit from this study abroad experience.

________________________________________________________________________

3. Describe the applicant’s level of maturity and capacity for adjusting to new personal situations.
4. Describe the applicant's ability to get along and work with people from diverse cultures

5. Assess the applicant's communication skills, both written and oral.

6. Please provide additional information that you think we should know about the applicant in considering him/her for this out-of-country academic experience.

Signature of Referee: ___________________________ Date: ___________________________

Please return by December 5 to:
Professor Charisma Acey
Knowlton School of Architecture
The Ohio State University
City and Regional Planning
275 W Woodruff, 275 Knowlton Hall
Columbus, Ohio 43210
Telephone: (614) 292-7207
Fax: (614) 292-7106
Email: acey.1@osu.edu