



# Study Abroad Application - Olomouc, Czech Republic

## Valdosta State University

Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037 • EMAIL [studyabroad@valdosta.edu](mailto:studyabroad@valdosta.edu)

PHONE 229.333.7410 • FAX 229.245.3849 • WEB [www.valdosta.edu/studyabroad/](http://www.valdosta.edu/studyabroad/)

### Live and Learn in the Czech Republic Psychology Program

Program Dates: May 12- June 8, 2015

Cost: \$2,950 + VSU tuition and fees

Directions: Complete all blanks, sign the form, and return the completed application to the Center for International Programs. You must pay the \$200 application fee online at: <http://www.valdosta.edu/studyabroad/czech-republic.php#Psychology>. If you do not have a campus faculty representative, mail this form to Ms. Irina McClellan at 1500 N Patterson St, Valdosta, GA 31698-0037.

#### A. Personal Information

Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Current Mailing Address

\_\_\_\_\_  
Apartment and/or Street Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Permanent Address

(Mail will be sent to this address after May 1, 2015)

\_\_\_\_\_  
Apartment and/or Street Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone Numbers

\_\_\_\_\_  
Area Code + Current Number

\_\_\_\_\_  
Area Code + Permanent Number

VSU ID # \_\_\_\_\_

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

Age \_\_\_\_\_

Birthdate \_\_\_\_\_

Gender  Male  Female

\_\_\_\_\_  
Month/Day/Year

Medical Information

List chronic conditions, allergies or other special health concerns and all prescription medications that you need

Emergency Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Number/Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Emergency Contact's E-mail \_\_\_\_\_

#### B. Passport Information

Country of Citizenship \_\_\_\_\_

I am applying for a passport

I have a current passport

\_\_\_\_\_  
Passport Number

\_\_\_\_\_  
Place of Issue

\_\_\_\_\_  
Date of Issue

Name EXACTLY as printed in the passport

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

#### C. Academic Information

College/University currently attending \_\_\_\_\_ Classification \_\_\_\_\_

Major/Area of Academic Interest \_\_\_\_\_ (Fr. Soph, Jr, Sr, Graduate)

Minor \_\_\_\_\_ \*Cumulative GPA \_\_\_\_\_ \*Must be 2.0 or greater for undergraduates and 3.0 for graduate students

Are you enrolled in a program leading to a degree or diploma?  Yes  No

Will you be applying for financial aid?  Yes  No

Are you an Honors Student?  Yes  No

Do you have a HOPE grant to attend college in Georgia?  Yes  No

## D. Course Selection and Registration Information

You must take a minimum of six (6) semester hours and one (1) hour of Czech Studies, with a maximum of seven to nine (7-9) semester hours credit. Course titles, numbers, and number of hours allowed will vary at each institution. Specific courses and credit hours will be determined in consultation with program director.

- |  |   |
|--|---|
| <input type="checkbox"/> INTL 3500 - Czech Cultural Studies              | <input type="checkbox"/> PSYC 3450 - Personality                              |
| <input type="checkbox"/> PERS 2399- Perspectives Course on Czech Culture | <input type="checkbox"/> PSYC 3710 - Social Psychology <i>or</i>              |
| <input type="checkbox"/> PSYC 2103 - Human Growth and Development        | <input type="checkbox"/> PSYC 3800 - Industrial and Organizational Psychology |
| <input type="checkbox"/> PSYC 3200 Child Psychology                      | <input type="checkbox"/> PSYC 3400 - Abnormal Psychology                      |
| <input type="checkbox"/> PSYC 3210 Adolescent/Young Adult Psychology     | <input type="checkbox"/> PSYC 4500 - Consumer Behavior Psychology             |
| <input type="checkbox"/> PSYC 3220 - Adult Psychology/Gerontology        | <input type="checkbox"/> PSYC 4500 - Health Psychology                        |
|  | <input type="checkbox"/> PSYC 4900 - History of Psychology                    |

I will be enrolling for credit at the following level  Undergraduate  Graduate  Honors  Directed Studies  Other

**Note: VSU tuition and fees are not covered in the cost of the program.**

## E. Authorization and Waiver of Liability: Read and sign the following statement

### Read and sign the following statement

I hereby acknowledge my awareness that participation in the Academic Program entitled *Live and Learn in the Czech Republic*, (hereinafter called the Academic Program) arranged through Valdosta State University's (VSU) Department of Psychology and Counseling/COEHS (hereinafter called VSU and P&C, respectively) and offered by VSU on location at Palacky University in Olomouc, Czech Republic, from May 12 - June 8, 2015, may expose me to a risk of property damage and bodily or personal injury, including injury that may prove fatal, to myself or others. I understand that there are certain dangers, hazards, and risks inherent in travel, international travel, and the activities included in the Academic Program and that VSU and Palacky University cannot and do not assume responsibility for any such personal injuries or property damage. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Academic Program and for VSU arranging said participation, I agree to assume any and all risks and responsibilities surrounding my participation in the Academic Program, the transportation, and in any independent research or activities undertaken as an adjunct thereto. I hereby assume any and all such risk and expressly acknowledge that I am not required to participate in the Academic Program.

### II. RELEASE AND WAIVER OF LIABILITY

For the sole consideration of the University arranging for my voluntary participation in the Academic Program at Palacky University in Olomouc, Czech Republic, I hereby release, waive, and forever discharge VSU, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees of Palacky University, its board members, officers, agents, or employees (hereinafter referred to as Releasees) from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my voluntary participation in the Academic Program, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the Host Country where the Academic Program or any adjunct to the Academic Program occurs or is being conducted.

### III. COVENANT NOT TO SUE

I further covenant and agree that for the consideration stated above, I will not sue VSU, the Board of Regents of the University System of Georgia, its members, its officers, agents or employees of Palacky University, its board members, officers, agents, or employees for any claims, demands, rights, or causes of action of whatever kind arising from or in any way connected with my voluntary participation in the Academic Program. I further agree to save and hold harmless, indemnify, and defend the University and the Releasees from any and all claims by myself or my family, estate, heirs, administrators, personal representatives, and/or assigns arising out of my participation in the Academic Program.

### IV. RESPONSIBILITY FOR MEDICAL NEEDS

I hereby assure the University and the Releasees that I have consulted with a qualified medical doctor with regard to my personal medical needs such that I can and do further state that there are no health-related reasons or problems which preclude or restrict my participation in this Academic Program. I am aware of all applicable personal medical needs, as well as having arranged for adequate hospitalization insurance to meet any and all needs for payment of hospital costs while undertaking this Academic Program. I agree, for the consideration stated above, that the University and the Academic Program entitled *Live and Learn in the Czech Republic* are not and shall not be responsible for attending to any of my medical or medication needs and that I assume any and all risk and responsibility therefore. I further agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. I further understand and agree that if I require medical treatment or hospitalization while in a foreign country or in the United States during this Academic Program, the University, the Releasees, and Palacky University do not and shall not assume any legal responsibility for payment of the costs for such treatment and/or hospitalization.

#### V. UNIVERSITY DISCLAIMER OF RESPONSIBILITY

I understand that the VSU in no way represents, or acts as agent for Palacky University, the transportation carriers, hotels, and other suppliers of services connected with the Academic Program. I further understand and agree that the University, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees are:

- A. Not responsible or liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of Palacky University or any company or person engaged in providing or performing any of the services involved in this Academic Program;
- B. Not responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes; and
- C. Not responsible for any disruption of travel arrangements or any consequent additional expenses that may be incurred there from.

#### VI. UNIVERSITY RIGHTS AND POWERS

VSU reserves the following rights and powers:

- A. The right to cancel without penalty the offering and conduct of the Academic Program;
- B. The right to withdraw any part of the field trips and to make any alterations, deletions or modifications in the itinerary and/or academic program as deemed necessary by VSU or by the program directors and/or course instructors as agents of VSU;
- C. The right to assign and make changes to housing during the Academic Program, as deemed necessary by the University or by the program directors and/or course instructors as agents of the University;
- D. The right to set the starting and ending dates and times of the Academic Program and related academic events; and
- E. The right to set academic penalties for failure to attend classes, excursions, visits, and other academically related events.

#### VII. TRAVEL AND ACCOMMODATION DISRUPTIONS

I acknowledge and agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. I acknowledge and understand that VSU and the Releasees assume no liability whatsoever for any loss, damage, destruction, theft or the like to my luggage or personal belongings, and that I have retained adequate insurance or have sufficient funds to replace such belongings and will hold the University and the Releasees harmless there from.

I further acknowledge and understand that in the event I become detached from the field trip group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will bear all responsibility to seek out, contact, and reach the field trip group at its next available destination; and that I shall bear all cost attendant to contact and reaching the field trip group at its next available destination.

I fully understand that all services and accommodations are subject to the laws of the country in which they are provided.

#### VIII. LEGAL PROBLEMS

I acknowledge and understand that should I have or develop legal problems with any foreign nationals or government of the host country, I will attend to the matter personally with my own personal funds. VSU and the Releasees are not responsible for providing any assistance under such circumstances.

#### IX. PARTICIPANT CONDUCT

I am aware of the behavior expected of me while participating in this Academic Program. I am aware that, as a guest in a foreign country, there is certain behavior that is unacceptable and could lead to possible disruption, up to and including termination, of my participation in the Academic Program. I assure VSU and the Releasees that I shall act in an appropriate manner at all times. Such behavior shall include time when in the company of other Academic Program members and when I may be physically separated from Academic Program members.

#### X. GOVERNING LAWS; FORUM; SEVERABILITY

I agree that this Agreement shall be construed in accordance with the laws of the State of Georgia, which shall be the forum for any lawsuits filed under or incident to this Agreement or the Academic Program. The terms and provisions of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby. I further understand that acceptance of this signed agreement by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees. I acknowledge and represent in signing this Agreement that I have become fully informed of the content of this Agreement by reading it before signing it. By signing this Agreement as my own free act and deed, I confirm that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same. I expressly intend that all provisions of this Agreement shall bind the members of my family, my spouse, my estate, my heirs, administrators, personal representatives, and/or assigns. I state that I am at least eighteen (18) years of age and fully competent to sign this Agreement.

Finally, I am aware that the deadline for submission of this application is January 23, 2015, and I agree to abide by the deadlines for fee payment as follows:

January 23, 2015	\$200	Application Fee
February 28, 2015	\$1,375	First Payment
March 29, 2015	\$1,375	Final Payment

I further acknowledge and accept the schedule for refunds, should I withdraw from the program, and accept the penalties associated with late withdrawal, as follows:

<u>Withdrawal between January 23, 2015 and February 27, 2015</u>	All except \$100 will be refunded
<u>Withdrawal between February 28, 2015 and March 28, 2015</u>	\$200 will be refunded, if first payment made.
<u>Withdrawal between March 29, 2015 and April 15, 2015</u>	\$300 will be refunded, if second payment made.
<u>Withdrawal after April 15, 2015</u>	No money will be refunded

**Note:** All withdrawals must be made in writing to the Center for International Programs at Valdosta State University in order for refunds to be processed.

**XI. PROGRAM COSTS**

The entire package costs \* \$2,950 for the 28-day program. This cost includes the following items:

- Airfare to and from the Czech Republic (Atlanta to Prague and return trip)
- Ground transportation between the Prague airport and Palacky University in Olomouc
- Accommodations/Housing in Olomouc and Prague
- Czech Faculty
- Field Excursions, including Poland (Auschwitz and Krakow) and Austria (Vienna)
- Study Abroad Insurance, public ground transportation passes in Olomouc and Prague
- International Student Identity Card (ISIC)
- Some Meals

I understand that the package cost does not include tuition, textbooks, meals, passport and related expenses, "spending money", ground transportation to and from Hartsfield International Airport, Atlanta, GA, or any other costs beyond those listed above. If course excursions involve additional fees; course instructors will inform students before leaving Atlanta.

**\*Note:** All costs are subject to change because of unanticipated increases in airfares or other program elements or fluctuations in monetary exchange rates. We will make every effort to keep program costs as advertised and will inform prospective participants of any changes as they occur.

I understand that submitting an application for this study abroad program does not guarantee acceptance into the program; that candidates must meet program requirements and be approved by the program director; and that participation is subject to availability and is on a first come, first served basis. Those who pay all fees in advance of deadlines will be first served. No more than 27 participants will be accepted.

BY SIGNING THIS DOCUMENT, I hereby acknowledge that I have read the above text carefully before signing and I agree to all of the above.

Name of Participant	Signature of Applicant	Date
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**F. Recommendation and Official Signatures**

This applicant is recommended for admission to the Maymester 2015 "Live and Learn in The Czech Republic Program" at Palacky University in Olomouc.

**Approved:**

Live and Learn Czech Republic Program Director or University International Program Director or Department Head of Major	_____ <b>Date</b>
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