



Study Abroad Application - Biology in Waterford, Ireland

Valdosta State University

Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037 • E-MAIL studyabroad@valdosta.edu

PHONE 229.333.7410 • FAX 229.245.3849 • WEB www.valdosta.edu/studyabroad/

Program Dates: May 13th - May 30th 2015

Cost: \$3,200 + VSU Tuition and Fees

Directions: Complete all blanks, sign the form, and return it to Dr. Emily Cantonwine in Biology along with 2 passport sized photos. The \$200 application fee can be paid through the Study Abroad website at: <http://www.valdosta.edu/studyabroad/ireland#biology.php>

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 _____

GPA _____ (Note: A minimum GPA of 2.0 is required)

(Fr. Soph, Jr, Sr, Graduate)

Major _____

Minor _____

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

Are you an Honors Student? Yes No

D. Course Selection and Registration Information

Please select the following course:

BIOL 3500/3500H/5500 - Mycology (4 credits)

Have you taken and passed BIOL 1107? Yes No

BIOL 1108? Yes No

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:

I acknowledge that participation in a study abroad program involves some risk of injury, illness, or loss of personal property. I agree to release and forever discharge the institution through which I am registering for the program Valdosta State University and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in the Maymester 2015 Biology in Waterford, Ireland Study Abroad Program in Waterford, Ireland and related activities.

I hereby agree to maintain accident, and health insurance in force and effect for the entire duration of my participation in the study abroad program. I certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study; any medical or health-related problems have been explicitly described in this application.

I further agree that I shall be subject to the supervision and authority of the faculty member in charge, and to standards of conduct stipulated by the Biology in Waterford, Ireland Study Abroad Program faculty, Valdosta State University, and my home institution. I further acknowledge that the supervising faculty or program director has sole authority to make decisions regarding the continued participation of any individual in the program whose conduct may necessitate disciplinary action. I understand that should I be dismissed from the program for not following the standards of conduct, I am responsible for arranging and paying for any additional costs to return home to the U.S.

I further authorize the supervising faculty or program director to obtain and provide medical treatment and/or services that I may require during the study abroad program.

Finally, I am aware that the deadline for submission of this application is **November 21, 2014**. I agree to abide by the deadlines for fee payment as follows:

November 21, 2014	\$200	Application Fee
February 15, 2015	\$1,500	First payment
April 1, 2015	\$1,500	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. Tentative withdrawal date refunds are as follows:

<u>*Withdrawal before February 13, 2015:</u>	All but \$200 will be refunded
<u>Withdrawal between February 13 - April 3, 2015:</u>	All but \$1,500 will be refunded
<u>Withdrawal after April 3, 2015:</u>	No money will be refunded

Note: Subject to change - exact dates will be communicated to you before the end of the first withdrawal date. All withdrawals must be made in writing to the Center for International Programs at Valdosta State University in order for refunds to be processed.

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 the study abroad advisor on your campus; and that participation is subject to availability and is on a first come, first served basis.

Signature of Applicant

Date

F. Recommendation and Official Signatures

Please take this application to the Biology in Ireland Program Director on your campus for his or her approval and signature.

Approved:

Waterford, Ireland Biology Program Director: Dr. Cantonwine

Date



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Student Statement of Responsibility Regarding International Programs

1. I acknowledge that participation in a study abroad program involves some risk of injury, illness, or loss of personal property. I agree to release and forever discharge Valdosta State University (VSU), the host institution, and the University System of Georgia, its members individually, and its officers, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in the Biology in Waterford, Ireland Study Abroad program May 13 - May 30, 2015 and related activities.
2. I hereby agree to maintain accident, health, medical evacuation, and repatriation of remains insurance in force and effect for the entire duration of my participation in the study abroad program. I further certify that, to the best of my knowledge, I am physically capable of undertaking an intensive program of foreign study; any medical or health-related problems have been explicitly described to the program director and study abroad coordinator.
3. I agree that I shall be subject to the supervision and authority of personnel at the host institution and to the standards of conduct stipulated by those supervisors. I further acknowledge that the host institution or program director have the authority to make decisions regarding the continued participation of any individual in the program whose conduct may necessitate disciplinary action.
4. All charges due must be paid according to the regularly scheduled billing as stipulated in the application, and participants are responsible for the timely payment of all other charges incurred by them or on their behalf while on the program. The undersigned agrees to allow his/her Banner account to be charged program and tuition fees and agrees to pay all tuition and fees associated with participation in the program and assumes responsibility for any damages, losses, or charges for extra services in his/her accommodations or the common areas and grounds of the host institution/provider which may result from his/her actions or omissions.
5. I authorize supervising personnel to obtain and provide medical treatment and/or services that I may require during the study abroad program. I authorize the host institution or the program director to communicate in emergency situations with the contact person(s) provided in my application materials.
6. I understand that during free time within the period of the program and after the period of the program I may elect to travel independently at my own expense. I agree to inform supervising personnel of my travel plans and understand that neither the host institution, VSU, nor program staff are responsible for me while I am traveling independently during such free time.
7. I understand that I may be removed from the program prior to departure if my behavior does not comply with the VSU code of conduct. I hereby agree that the program director will make the final determination regarding my participation in the program if my behavior warrants disciplinary action on the home campus at any time prior to departure, examples of disciplinary action include, but are not limited to, incident reports that are filed with the campus police and/or with the Student Conduct Office.

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.

Full Name

Signature of Applicant

Date