

BIOLOGY AND SOCIOLOGY  
STUDY ABROAD PROGRAM IN IRELAND

June 7 – July 2, 2010 (Dates subject to change slightly)

**COST: \$2769**

Application Form

**Directions:** Complete all blanks, sign the form, and return to International Program . Application will not be complete until student has paid the \$300 deposit online. Please provide 1 passport-sized photo.

**A. Personal Information**

Name \_\_\_\_\_  
Last Name First Name Middle Name

Current Mailing Address \_\_\_\_\_  
apartment and/or street number city state zip code

Permanent Address \_\_\_\_\_  
apartment and/or street number city state zip code  
(mailings will be sent to this address after May 1, 2010)

Phone Numbers \_\_\_\_\_ email \_\_\_\_\_  
area code + current # area code + permanent #

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Number : \_\_\_\_\_ or SSN: (if not VSU \_\_\_\_\_  
Month/Day/Year

Male \_\_\_\_\_ Female \_\_\_\_\_

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 City State Zip Code

**B. Passport Information**

Country of Citizenship \_\_\_\_\_ I am applying for a passport \_\_\_\_\_

I have a current passport: \_\_\_\_\_  
Number Place of Issue Date of Issue Expiration Date

Name exactly as printed in passport: \_\_\_\_\_

**C. Academic Information**

College/university currently attending \_\_\_\_\_

Classification \_\_\_\_\_ GPA \_\_\_\_\_ (a minimum of 2.0 is required)  
(Fr, Soph, Jr, Sr, Graduate)

Major or area of academic interest \_\_\_\_\_

Do you have a HOPE grant to attend college in Georgia? \_\_\_\_\_ yes \_\_\_\_\_ no

Courses – (Must take at least one course)

MORNING: \_\_\_\_\_ Biology 4710/6710 Aquatic Toxicology

AFTERNOON: \_\_\_\_\_ Sociology 3060 Race and Ethnic Relations

**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 Summer 2010 program in Ireland and related activities. I also agree to allow my Banner account to be charged program and tuition fees and agree to pay all tuition and fees associated with participation in the 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 and administrators in charge, and to standards of conduct stipulated by the Ireland 2010 faculty and administrators, 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 February 6, 2010, and I agree to abide by the deadlines for fee payment as follows:

February 6, 2010- deposit of \$300 and first payment of \$1500 .  
April 2, 2010 - final payment of \$969

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 before March 6:</u>	All but \$200 will be refunded.
<u>Withdrawal between March 1 and April 1:</u>	All but \$1000 will be refunded
<u>Withdrawal after April 1:</u>	No money will be refunded.

**Note: All withdrawals must be made in writing to the program representative 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 be 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

I approve this student's application for the Study Abroad Program in Ireland for summer 2010 and verify that this student has a GPA of 2.0 or higher.

Signed: \_\_\_\_\_ email: \_\_\_\_\_  
(study abroad advisor)

\_\_\_\_\_  
(printed name) telephone: ( ) \_\_\_\_\_

\* While every effort will be made to keep the price as advertised, VSU reserves the right to adjust the price to cover costs if necessary.