

# STUDY ABROAD PROGRAM IN PERU

May 31, 2010 - June 27, 2010 COST: \$5,300 + Tuition

## Application Form

**Directions:** Complete all blanks, sign the form, and give it to the program director. Please include two (2) passport-sized photos. Pay your deposit and all future payments online at <http://www.valdosta.edu/cip/VSUGroupStudyAbroadPrograms.shtml>

### A. Personal Information

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

Current Mailing Address \_\_\_\_\_  
Apartment and/or street number City State Zip

Permanent Address \_\_\_\_\_  
Apartment and/or street number City State Zip

Phone Numbers \_\_\_\_\_ e-mail \_\_\_\_\_  
Area code + current # Area code + permanent #

Age: \_\_\_\_\_ Birth date: \_\_ / \_\_ / \_\_ Student ID #: \_\_\_\_\_ or SSN Male  Female   
MM DD YY

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

Name \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ I am applying for a passport   
(exactly as printed in passport)

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

### C. Academic Information

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

GPA \_\_\_\_\_ (a minimum of 2.0 is required) Fr  Soph  Jr  Sr  Grad

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

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

## Course Selection and Registration Information

You may one three-hour language course plus a three-hour credit elective Spanish course from your instructor–

Course # 1 \_\_\_\_\_

Course # 2 Class with Señora Barkley \_\_\_\_\_

**(Please note that VSU tuition is 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 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 Seville, Spain and related activities. I also agree to allow my Banner account to be charged 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 members and administrators in charge, and to standards of conduct stipulated by the Seville, Spain 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 1, 2010, and I agree to abide by the deadlines for fee payment as follows:

Feb 10, 2010 – Deposit of \$300 and first payment of \$1500 to cover airfare and faculty deposits in Spain

March 5, 2010- Second payment of \$2000

April 2, 2010 – Final payment of \$1,500.

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:

Withdrawal before Feb. 14: All but \$200 will be refunded.

Withdrawal before March 5: All but \$1000 refunded.

Withdrawal after April 2: 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 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. Study Abroad Advisor Signature: Please take application to your international or study abroad advisor on your campus for their approval and signature.**

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

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

Printed Name: \_\_\_\_\_ phone: \_\_\_\_\_