

STUDY ABROAD PROGRAM IN Strasbourg, France

July 1 – June 29 (Dates subject to change slightly)

COST: \$4200

Application Form

Directions: Complete all blanks, sign the form, and give it to the program administrator with a check for \$200 payable to Valdosta State University and 2 passport-sized photo. Further payments should be made online.

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, 2008)

Phone Numbers _____ email _____
area code + current # area code + permanent #

Age _____ Birthdate ____/____/____ Student Number : _____ or SSN if transient _____
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 _____

Course: FREN 4950 – Directed Study, and FREN 1002, FREN 2001, FREN 2002, FREN 2010. (please circle one)

Other: _____

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 2009 program in Strasbourg 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 Strasbourg 2009 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 January 15, 2009, and I agree to abide by the deadlines for fee payment as follows:

- April 10, 2009- deposit of \$200
- April 20, 2009 final payment of \$4000

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 after April 20: Only finding not committed for the program can be returned.

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 Strasbourg for summer 2009 and verify that this student has a GPA of 2.0 or higher.

Signed: _____ email: _____
(Director's signature)

(Printed name) Dr. Ellen Friedrich Telephone: (229) 333-5849

Student must be 18 years of age at the time of departure to participate.

* 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.