Live and Learn in the Czech Republic Program

Palacky University, Olomouc, Czech Republic 8 May - 1 June 2007

Return to website.

Application Form- Please print clearly, except where signature requested. Thank you.

Directions: Complete all blanks, sign the form, and mail with a check for $150 payable to Valdosta State University and two passport-size photos. Mail this form, check, and required passport photos to:

Dr. Robert Bauer, Director
Czech Study Program 2007
Department of Psychology and Counseling
Valdosta State University
Valdosta, Georgia 31698-0100

FOR OFFICE USE ONLY:
Date rec'd. _____ DB_____
2 photos rec'd._____ List _____
App fee rec'd._____ Letter _____

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**

Phone Numbers _(___)_____ ( )_____ email _____
Current Number **Permanent Number**

Age_____ **Birthdate_____/_____/_____** **VSU ID _____**
Month/Day/Year

Male _____ Female _____

Medical Information: (list chronic conditions, allergies or other special health concerns and prescription medications that you need) Participants are responsible for their own medications and health maintenance.)_
_____

_____

Emergency Contact: _____( )_____

Name (Relationship) **Phone Number**

_____

Street Number **City and 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** _____

(Freshman/Sophomore/Junior/Senior/Graduate)

Declared major or area of academic interest _____

D. Course Selection and Registration Information

You must take a minimum of five (5) semester hours and may take a maximum of two courses for a total of six (6) semester hours credit. Course titles, numbers, and number of hours allowed will vary at each institution. Circle the course(s) that you plan to take:

Two or Three Hour Courses:

***Live and Learn* in the Czech Culture**

INTL 3500, INTL 3510, and PERS 2680 or PERS 2699 Czech Cultural Studies – 2 or 3 credit hours

Three Hour Courses:

Educational Psychology

PSYC 3110 or PSYC 3120 – 3 credit hours (Dr. John Hummel)

Abnormal Psychology

PSYC 3400 or PSYC 5400 – 3 credit hours (Dr. Paula Wolfteich)

Industrial/Organizational Psychology

PSYC 3800 or PSYC 5800 – 3 credit hours (Dr. Larry Wiley)

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

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 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 2007 *Live and Learn* in the Czech Republic Program at Palacky University in Olomouc 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 further 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 in charge and to standards of conduct stipulated by the faculty in charge. 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 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 12 January 2007, and I agree to abide by the deadlines for fee payment as follows: 12 January 2007, first payment of $150; 29 January 2007, second payment of $950; 16 March 2007, final payment of $1,000. 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 between 12 January 2007 and 28 January 2007: No money will be refunded.

Withdrawal between 29 January and 15 March 2007: $100 will be refunded, if second payment made.

Withdrawal between 16 March and 1 May 2007: $200 will be refunded, if third payment made.

Withdrawal after 1 May 2007: No money will be refunded.

Note: All withdrawals must be made in writing to the program office 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 be approved by the program director; and that participation is subject to availability and is on a first come, first served basis.

Signature of Applicant **Date**

F. Recommendations and Official Signatures

This applicant is recommended for admission to the Maymester 2007 *Live and Learn* in the Czech Republic Program at Palacky University in Olomouc.

Approved:

Program Director **Date**