

for office use only

Date Rec'd _____

2 Photos

App Fee

Last Name

APPLICATION FORM

Directions: Complete all blanks, sign the form, and submit application with check for **\$150** (payable to Valdosta State University) along with **2 passport-sized photographs**.

Current VSU students submit required items to:

Dr. Ericka Parra
Dept. of Modern and Classical Languages
West Hall - Room 128
Valdosta State University
Valdosta, GA 31698

(229) 333-7374

Transient students submit required items to:

Mr. David Starling
Center for International Programs
1500 N. Patterson Street
Valdosta State University
Valdosta, GA 31698-0037

(229) 333-7410

PERSONAL INFORMATION

1 Full Name [Last, First Middle] Male <input type="checkbox"/> Female <input type="checkbox"/>	4 Date of Birth [dd-mm-yyyy]
2 Current Mailing Address	5 VSU Student Number
	6 Social Security Number
	7 Current Home Phone
3 Permanent Address	8 Cell Phone
	9 Permanent Phone
	10 E-mail

PASSPORT INFORMATION

11 Name EXACTLY as it appears on passport	14 Country of Citizenship
12 Passport Number I am applying for a passport <input type="checkbox"/>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> Place Two Passport-Size Photos Here Dimensions: 1" to 1½" wide X 1" to 1¼" tall </div>
13 Date of Issue [dd-mm-yyyy]	
Date of Expiration [dd-mm-yyyy]	
Place of Issue	

MEDICAL INFORMATION

15 Emergency Contact	17 Relationship
16 Address	18 Home Phone
	19 Alternate Phone Cell <input type="checkbox"/> Office <input type="checkbox"/>

20 Current Conditions + Medications: List any chronic conditions, allergies, or other special medical and health-related concerns that you currently have AND the medications that you take for them. (You MUST bring a written prescription with you to transport these items.)

ACADEMIC INFORMATION

21 Current University/College [Name + City, State]	
22 Classification [Fresh - Soph - Jr - Sr - Grad]	25 GPA [as of Fall Term prior to trip]
23 Declared Major / Area of Academic Interest	26 Are you applying for Financial Aid? Yes <input type="checkbox"/> No <input type="checkbox"/>
24 Declared Minor	27 Do you currently have a HOPE grant? Yes <input type="checkbox"/> No <input type="checkbox"/>

COURSE SELECTION + REGISTRATION INFORMATION

We recommend that you take no more than two courses for six hours of semester credit. Under certain circumstances, you may take a maximum of three courses for a total of nine hours of semester credit. You must receive prior special permission from the Program Director to take more than two lower level courses.

28 Course #1	30 Course #3 [Program Director's Approval Required]
29 Course #2	Program Director's Approval _____

31 I will be enrolling for credit at the following level: Undergraduate
 Graduate

32 Check all Spanish courses that you will have taken at VSU or other institutions prior to this program:

<input type="checkbox"/> Spanish 1001	<input type="checkbox"/> Spanish 2001	<input type="checkbox"/> Spanish 3010
<input type="checkbox"/> Spanish 1002	<input type="checkbox"/> Spanish 2002	<input type="checkbox"/> Other [Specify Topic] _____
<input type="checkbox"/> Spanish 1111	<input type="checkbox"/> Spanish 2010	<input type="checkbox"/> Other [Specify Topic] _____

Authorization and Waiver of Liability

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, 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 injuries, including death, damages to property and the consequences thereof, resulting from my participation in the **Spanish Language Program in Guadalajara, Mexico** (hereafter the **Program**), and related activities for the dates stated on Page One of this application.

I hereby agree to maintain accident and health insurance in force and effect for the entire duration of my participation in the 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 and travel; any medical or health-related problems have been explicitly described in this application by me.

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 Program.

Finally, I am aware that the deadline for submission of this application is **March 3, 2009**, and I agree to abide by the deadlines for fee payment as stipulated below.

- Deposit of \$150 (included with application)
- 1st Payment of \$900 - **January 1, 2009**
- 2nd Payment of \$1,100 - **February 1, 2009**
- Final Payment of \$1,150 - **March 3, 2009**

I acknowledge that the deadline for the payment of tuition (which is separate from the above payments/costs) is **April 30, 2009**. (This may be made directly to the Bursary of Valdosta State University.)

I further acknowledge and accept the schedule for refunds, should I withdraw from the Program prior to departure, and I accept the penalties associated with the late withdrawal, as outlined below.

- Withdrawal before February 1, 2009 - All but \$150 deposit
- Withdrawal between February 2 and March 30 - All but \$300 + cost of airfare
- Withdrawal after March 30, 2009 - No money will be refunded

NOTE: All withdrawals must be made in writing to the Program Direct (Ericka Parra) or to the Center for International Programs in order for refunds to be processed. Withdrawals over the phone will not be accepted.

I understand that by submittal of an application for this Program does not guarantee acceptance into the program; and that candidates must meet program requirements and must 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

Signature of Guardian (if applicant is a minor)

Date

Recommendations + Official Signatures

This applicant is recommended and approved for admission to the Summer Language Program in Guadalajara, Mexico.

Signature of Program Director

Date

Student Statement of Responsibility Regarding International Program

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 _____ program in _____ 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.

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.

Signature of Participant

Date

Name of Participant (Print)