

VALDOSTA STATE UNIVERSITY
STUDY ABROAD IN ENGLAND AND SCOTLAND PROGRAM
APPLICATION

Complete the application form and submit it to Dr. Shani P. Gray in UC 1140 or mail it to the following address:

Attention: Dr. Shani P. Gray
Department of Sociology, Anthropology, and Criminal Justice
Valdosta State University
Valdosta GA 31698-0060

I. PERSONAL INFORMATION

A. Complete the following information:

Last Name: _____ First/M.I.: _____

Gender: (Circle) Male Female S.S.# _____ - _____ - _____

I.D.# 870 _____

Current Address: _____
(apt/street/number)

(city, state, zip)

Current Phone: (____) _____ - _____

Permanent Phone: (____) _____ - _____

Permanent Address: _____
(apt/street/number)

(city, state, zip)

Person to notify in case of emergency: _____

Address of above: _____

PHONE: (____) _____ - _____ Relationship to YOU: _____

B. PASSPORT INFORMATION: (Complete appropriate item):

1. _____ I have a passport, the number is: _____
 - a. Expiration: ____/____/____
2. _____ I am applying for a passport.

II. **ACADEMIC INFORMATION**

A. Check the appropriate statement:

1. _____ I am a full time VSU Student.
2. _____ I am a part-time VSU Student.
 - a. academic standing: _____ (freshman etc.)
 - b. major: _____
 - c. G.P.A. _____ (ON 4.0 SCALE).
3. _____ I am not a VSU Student.
4. I will audit courses.
 - a. _____ Yes.
 - b. _____ No.

B. Please check the courses for which you will enroll or audit.

- _____ CRJU 4010: **Comparative Justice Systems**
- _____ CRJU 4700: **Special Topics in Criminal Justice**
- _____ CRJU 7010: **Advanced Comparative Criminal Justice Systems**
- _____ CRJU 7700: **Selected Topics in Criminal Justice**
- _____ Other: **Please Specify**

CRJU: _____ : _____

CRJU: _____ : _____

_____ : _____ : _____

_____ : _____ : _____

Student Statement of Responsibility Regarding International Programs

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) 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 **Study in England and Scotland** program in **2009** 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 in good health and physically capable of undertaking an intensive program of foreign study; any medical or health-related problems have been explicitly described to the program director.
3. I agree that I shall be subject to the supervision and authority of the faculty in charge and to the standards of conduct stipulated by the faculty in charge. I further acknowledge that the supervising faculty have the sole authority to make decisions regarding the continued participation of any individual in the program whose conduct may necessitate disciplinary action.
4. I agree to abide by the deadlines for fee payment as follows: \$300 application fee by February 9, 2009. \$1,200 deposit by March 9, 2009. \$1,200 deposit by April 6, 2009. Trip balance of \$1,200 due by May 1, 2009. I understand it is my responsibility to fill out the proper financial aid forms and to ensure that any applicable financial aid awarded is deposited into my Study Abroad account. I further acknowledge and accept the schedule for refunds, should I withdraw from the program, and accept penalties associated with late withdrawal. I understand that all withdrawals must be made in writing and the final day to withdraw and request a refund of all payments, except the \$300 application fee, is March 23, 2009.
5. I do ___/ do not ___ authorize the supervising faculty to obtain and provide medical treatment and/or services that I may require during the study abroad program.
6. I authorize VSU to communicate in emergency situations with the contact person(s) provided in my application materials.
7. 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 a supervising faculty member of my travel plans and understand that neither VSU nor program staff are responsible for me while I am traveling independently during such free time.

Signature of Participant

Date

Name of Participant (print)