

Department of Philosophy and Religious Studies
Study Abroad in Italy, Greece, & Turkey

May 11 – June 4, 2012

COST: \$2962

Italy Option: Add \$1074

Cruise Option: add \$765

Application Form

Directions: Complete all blanks, sign the form, and give it to the program administrator along with 1 passport-sized photo. Payments should be made online at http://www.valdosta.edu/cip/study_abroad/studyabroad.shtml

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, 2010)

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 _____

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

D. Course Selection and Registration Information*

You may elect to enroll for a maximum of six semester credit hours selected from the following courses. It is recommended that you enroll in both courses.

Circle the name of the course you want to take:

PHIL-2010 Fundamentals of Philosophy or (double-listed)
/
PHIL-3060 History of Ancient Philosophy 3hrs

REL 3330: New Testament or (double-listed)
/
REL 4700: Archaeology of Early Christianity 3 hrs

***Please note that 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 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 2010 program in Italy, Greece & Turkey 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 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, 2010, and I agree to abide by the deadlines for fee payment as follows:

December 9, 2011	\$250 application fee
January 15, 2012	\$500 first payment
February 15, 2012	\$1500 second payment
March 15, 2012	\$ 712 balance payment
	\$1074 for Italy Option
	\$765 for Cruise Option

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:

<u>Withdrawal before March 1:</u>	All but \$250 will be refunded.
<u>Withdrawal between March 1 and March 30:</u>	All but \$1700 will be refunded
<u>Withdrawal after April 1:</u>	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 be study abroad advisor on their 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 Italy, Greece, & Turkey for summer 2010 and verify that this student has a GPA of 2.0 or higher.

Signed: _____ email: _____
(Study abroad representative or program director)

(Printed name) _____ Telephone: () _____

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.

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), 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 Greece & Turkey Study Abroad program May 11 to June 3, 2011 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)