



Study Abroad Application - Olomouc, Czech Republic Valdosta State University

Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037 • EMAIL studyabroad@valdosta.edu

PHONE 229.333.7410 • FAX 229.245.3849 • WEB www.valdosta.edu/studyabroad/

Central European Studies in the Czech Republic: Political Science

Program Dates: May 15- June 7th 2014

Directions: Complete all blanks, sign the form, and give your campus faculty representative the completed application with a receipt for the payment of the application fee and 1 passport-sized photo (1" to 1 1/2" wide x 1 1/4" tall). You must pay the \$150 application fee online at: <http://www.valdosta.edu/cip/study-abroad/czech-republic.php>. If you do not have a campus faculty representative, mail this form, receipt and required passport photo to **Ms. Irina McClellan at 1500 N Patterson St, Valdosta, GA 31698-0037.**

A. Personal Information

Name

_____ Last Name

_____ First Name

_____ Middle Name

Current Mailing Address

_____ Apartment and/or Street Number

_____ City

_____ State

_____ Zip Code

Permanent Address

(Mail will be sent to this address after May 1, 2014)

_____ Apartment and/or Street Number

_____ City

_____ State

_____ Zip Code

Phone Numbers

_____ Area Code + Current Number

_____ Area Code + Permanent Number

VSU ID # _____

E-mail _____

Age _____

Birthdate _____

Gender Male Female

Month/Day/Year

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/Address

_____ City

_____ State

_____ Zip Code

Emergency Contact's E-mail _____

B. Passport Information

Country of Citizenship _____

I am applying for a passport

I have a current passport

_____ Passport Number

_____ Place of Issue

_____ Date of Issue

Name EXACTLY as printed in the passport

_____ Last Name

_____ First Name

C. Academic Information

College/University currently attending _____

Classification _____

Major/Area of Academic Interest _____

(Fr. Soph, Jr, Sr, Graduate)

Minor _____

GPA _____

Are you enrolled in a program leading to a degree or diploma? Yes No Are you an Honors Student? Yes No

Will you be applying for financial aid? Yes No Do you have a HOPE grant to attend college in Georgia? Yes No

D. Course Selection and Registration Information

You are required to take six semester hours credit. Place a check mark beside each course that you want to take.

- INTL 3510 Study Abroad: Central Europe (6 credits)
 INTL 3500 Study Abroad: Central Europe (3 credits)
 HIST 3030 History of Central Europe (3 credits)
 POLS 4830 Special Topics in Political Science: Central Europe II (3 credits)
 POLS 4830 Special Topics in International Politics: Central Europe and International Relations (3 credits)

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

Note: VSU 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 Maymester 2014 Central Europe Study Abroad 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 **February 14, 2014**, and I agree to abide by the deadlines for fee payment as follows:

February 14, 2014	\$150 application fee and first payment of \$1,725
March 14, 2014	Final payment of \$1,725

I will make all payments on-line. 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 before March 14	All but \$100 will be refunded
Withdrawal between March 14 and April 18	All but \$1500 will be refunded
Withdrawal after April 18	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

Signature of parent/guardian for applicants under 18 years of age

In case of injuries, I hereby authorize and give consent to the program leaders to obtain and provide medical treatment and services for my son or daughter as deemed necessary.

Signature of Parent or Guardian

Date

F. Recommendation and Official Signatures

This applicant is recommended for admission to the Maymester 2014 "Central Europe Study Abroad in The Czech Republic Program" at Palacky University in Olomouc.

Signature of Faculty Representative

Date

Approved:

Program Director

Date