



Study Abroad Application - Honors College - Waterford, Ireland Valdosta State University

Center for International Programs

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

Program Dates: May 18th - May 29th 2015

Directions: Complete all blanks, sign the form, and return it to Dr. Charles Johnson at the Honors College along with the receipt for the deposit, and 1 passport-sized photo. The \$250 deposit can be paid through the Study Abroad website at: <http://www.valdosta.edu/studyabroad/ireland.php>

Honors College Website: <http://www.valdosta.edu/honors>

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, 2015)

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 _____

GPA _____ (Note: A minimum GPA of 2.0 is required)

(Fr. Soph, Jr, Sr, Graduate)

Major _____ Minor _____

Do you have a HOPE grant to attend college in Georgia? Yes No

Are you an Honors Student? Yes No

D. Course Selection and Registration Information

Please select ONE of the following courses:

- HONS 1990 - Intro Seminar (2 credits)
 HONS 3990 - Capstone Seminar (3 credits)
 HONS 4000 - Honors Independent Study (3 credits)

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 2015 Honors College Ireland Study Abroad Program in Waterford, Ireland 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 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 in charge, and to standards of conduct stipulated by the Waterford, Ireland 2015 faculty, 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 **November 14, 2014** OR until the program reaches its capacity of **TEN (10)** students. I agree to abide by the deadlines for fee payment as follows:

| | |
|-------------------|--------------------------|
| November 14, 2014 | \$250 (deposit) |
| December 5, 2014 | \$1,250 (first payment) |
| January 23, 2015 | \$1,195 (second payment) |

I further acknowledge and accept the schedule for refunds, should I withdraw from the program, and accept the penalties associated with late withdrawal. Tentative withdrawal date refunds are as follows:

| | |
|--|----------------------------------|
| *Withdrawal before February 04, 2015: | 50% Refund of full program cost |
| Withdrawal between February 04 and March 13, 2015: | 25 % Refund of full program cost |
| Withdrawal after March 13, 2015: | No money will be refunded |

Note: Subject to change - exact dates will be communicated to you before the end of the first withdrawal date. All withdrawals must be made in writing to the Honors College 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 the study abroad advisor on your campus; 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.

Full Name of Parent/Guardian

Signature of Parent/Guardian

Date

F. Recommendation and Official Signatures

This applicant is recommended for admission to the Maymester 2015 "Honors College Maymester Program to Waterford, Ireland" at the Waterford Institute of Technology in Waterford, Ireland

Approved:

Waterford, Ireland Program Director: Dr. Charles Johnson

Date