



# Study Abroad Application - Early Childhood Ed. in Italy

## Valdosta State University

Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037 • E-MAIL [studyabroad@valdosta.edu](mailto:studyabroad@valdosta.edu)

PHONE 229.333.7410 • FAX 229.245.3849 • WEB [www.valdosta.edu/studyabroad/](http://www.valdosta.edu/studyabroad/)

**Program Dates:** May 14<sup>th</sup>- June 9<sup>th</sup> 2015

**Cost:** \$5,525

**Directions:** Complete all blanks, sign the form, and give it to the program director, Dr. Deborah Marciano. Go to <http://www.valdosta.edu/studyabroad/italy.php> to pay the \$300 application fee (and future installments) online. The application fee is part of the total cost.

### 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**

\_\_\_\_\_

Month/Day/Year

**Sex**  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/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 3.0 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

Select the course below. You must be enrolled in the following course. Please note that you have to be in your third (3) year of your professional program to enroll in the course.

\_\_ ECED 6000 - Study of current issues and concepts in Early Childhood Education (3 credits)

**Note: VSU tuition and fees are 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 Early Childhood Education in Italy Study Abroad Program and related activities. I also agree to allow my Banner account to be charged 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 in charge, and to standards of conduct stipulated by the Early Childhood Education in Italy Study Abroad Program, 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 1, 2014 and I agree to abide by the deadlines for fee payment as follows:

<b>November 1, 2014</b>	\$ 300	application fee deadline
<b>February 1, 2015</b>	\$ 2,612.50	first installment
<b>April 1, 2015</b>	\$ 2,612.50	final installment

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:

<b>*Withdrawal before February 1, 2015</b>	All but \$300 will be refunded.
<b>Withdrawal between February 1 and April 1, 2015</b>	All but \$2,000 will be refunded
<b>Withdrawal after April 1, 2015</b>	No money will be refunded.

**\* Note:** *Airline tickets cannot be changed or refunded after February 10, 2015. 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 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

#### F. Study Abroad Advisor's Signature

Please take this application to the program director for their approval and signature.

Signed: \_\_\_\_\_

**Program Director: Dr. Deborah Marciano**

\_\_\_\_\_  
Date



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### 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 Early Childhood Education in Italy Study Abroad Program May 14- to June 9, 2015 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.
7. I understand that I may be removed from the program prior to departure if my behavior does not comply with the VSU code of conduct. I hereby agree that the program director will make the final determination regarding my participation in the program if my behavior warrants disciplinary action on the home campus at any time prior to departure, examples of disciplinary action include, but are not limited to, incident reports that are filed with the campus police and/or with the Student Conduct Office.

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.

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Full Name

Signature of Applicant

Date