Application for Summer Study in Taiwan and Hong Kong

Program Date: May 12 – June 1, 2015

**Directions: Complete all blanks, sign the form, include one passport-sized photo, and mail them to the address below. After the application is accepted, a notification will be sent to the applicant for online submission of application fee at https://secure.touchnet.com/C20243\_ustores/web/.**

**First time user of the online payment system must register first.**

Affix a passport size

color photo here

Dr. Wilson Huang **For Program Use Only:**

Department of SOC/ANTH/CRJU/MFT  **Date received:**

Valdosta State University  **Application fee submitted:**

Valdosta, GA 31698-0060 **A copy of passport page with name:**

 **Medical form:**

**A. Personal Information** (**List name as it appears exactly on passport**)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Middle Name

Current Mailing Address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street name/number Apt. number City State Zip Code

Permanent Address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street name/number Apt. number City State Zip Code

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 area code + current number area code + permanent number

Circle one: Male Female Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Campus Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate preference (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information (list any chronic conditions, allergies, or other special health concerns & regular prescription medications that you need):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship Phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name/number Apt. number City State Zip Code

**B. Passport Information**

Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am applying for a passport: \_\_\_Yes\_\_\_No

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 Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major/ Academic interest:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class standing (Fr, So, Jr, Sr): \_\_\_\_\_\_\_\_\_\_ Current GPA: \_\_\_\_\_\_\_\_

Are you currently enrolled as a fulltime student in a program leading to a degree or diploma? \_\_\_\_**Yes \_\_\_\_No**

Program Shirt with Collar: Size (circle one) ExL Large Medium Small

**D. Course Registration Information**

You will take two courses for a total of six semester hours. The credits you receive and the specific courses for which you receive credit will depend on the home institution where you register. If you are registering at Valdosta State University, you will be awarded credit for the courses listed in CRJU, SOCI, ANTH or INTL.

**E. Authorization and Waiver of Liability**

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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of your college or university), 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 Study in Taiwan and Hong Kong 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 has sole authority to make decisions regarding the continued participation of any individual in the program whose conduct may necessitate disciplinary action. Finally, I authorize the supervising faculty to obtain and provide medical treatment and/or services that I may require during the study abroad program.

All costs are subject to change because of unanticipated price increases caused by airfares, currency exchange rate, and other program costs. The Program makes every effort to keep program costs as advertised and will inform prospective participants of any changes as they occur. I am aware that the deadline for submission of this application is February 6, 2015. I agree to abide by the deadline for fee payment as follows: **$200 application fee before January 23, 2015; payment of $1,450 before February 7, final payment of $1,450 before April 11**. I further acknowledge and accept the schedule for refunds, should I withdraw from the program, and accept the penalties associated with late withdrawals, as follows:

Withdrawal before February 7, 2015: $200 will be refunded.

Withdrawal between February 7 and April 11, 2015: $100 will be refunded (assuming the 1st payment has been made)

Withdrawal between April 12 and May 1, 2015: $1,000 will be refunded (assuming the final payment has been made)

Withdrawal after May 1, 2015: No money will be refunded.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant Date

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

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**F. Recommendation and Approval**

The above applicant is recommended for admission to the 2015 Summer Study in Taiwan and Hong Kong.

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Signature of Campus Faculty Representative or International Director Date

Approved by Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date