

APPLICATION FOR MAYMESTER 2010 STUDY ABROAD
CLAYTON STATE UNIVERSITY
SPONSORED BY OFFICE OF INTERNATIONAL PROGRAMS

JUNGLE HEALTH IN GUATEMALA

Directions: Please complete **ALL** items (type or print), sign, and return this completed application along with \$500.00 deposit to **John Parkerson** or **Cele Blair** in the **Office of International Programs, UC-204**, or mail to:

Office of International Programs, UC-204
Clayton State University
2000 Clayton State Boulevard
Morrow, GA 30260-0285

NOTE: Applications, accompanied by a **\$500.00 deposit**, must be received by **February 2, 2010** in order to confirm registration. The deposit will be credited toward program costs. See Paragraph VIII below for additional details about Payment Schedule and Refund Policy. Make all checks payable to CLAYTON STATE UNIVERSITY-GUATEMALA. We will continue to accept applications beyond the deadline on a space available basis. This course is limited to 16 students.

I. PERSONAL INFORMATION (Please list name exactly as it appears on passport/identification):

Last Name	First/Middle	

Street Address	City/State/Zip Code	

(____) _____	(____) _____	_____
HOME Telephone Number	WORK or CELL Number	CSU E-Mail address
_____		_____
Date of Birth (mo/day/yr) *	Gender (M/F)	Laker I.D. (or SSN if not CSU student)

*** All participants must be at least 18 years of age by May 14, 2010.**

II. EMERGENCY CONTACTS:

_____		_____	
Name		Name	
_____		_____	
Address		Address	
_____		_____	
E-Mail address		E-Mail address	
_____		_____	
(____) _____	_____	(____) _____	_____
Telephone #	Relationship	Telephone #	Relationship

May we speak with your parents about the program? Yes _____ No _____

III. PASSPORT INFORMATION:

Country of Citizenship _____

____ YES, have passport, # _____ City Issued _____ Expiration Date _____

____ NO, am applying for passport

**** (ALL STUDENTS MUST HAVE A PASSPORT – PLEASE SUBMIT A COPY AS SOON AS OBTAINED) ****

IV. ACADEMIC INFORMATION:

College/university currently attending: _____ Class Standing _____

Major/Area of academic interest: _____ G.P.A. _____

Are you enrolled in a program leading to a degree or diploma? (Y/N)

V. HEALTH INFORMATION:

Jungle Health in Guatemala is a physically-intensive experience involving significant outdoor activity. For certain health conditions, you may be required to provide written consent from a healthcare provider or to demonstrate that you have sought a healthcare provider's advice about appropriate precautions to take on this trip and to bring an adequate supply of any prescribed medications. (If unsure as to fitness for participation, be certain to consult your personal healthcare provider.) Supplemental health insurance is included in the cost of the program (see health insurance brochure for details of coverage).

VI. RELEASE AND WAIVER OF LIABILITY:

I acknowledge that participation in a study abroad travel program involves some risks of injury, illness, or loss of personal property. I agree to release and forever discharge the Board of Regents of the University System of Georgia (including USG member institutions), 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 hereof resulting from my participation in Jungle Health in Guatemala. 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. I hereby authorize the leaders of this program to provide necessary medical treatment or services for me at my expense. Further, I understand that this Release and Waiver of Liability shall be effective for a period of one year from this date.

VII. APPROPRIATE CONDUCT AND EARLY DISMISSAL FROM THE PROGRAM:

I understand that participants in Jungle Health in Guatemala are required to exhibit appropriate conduct while participating in the program and that the program director has full authority to determine the appropriateness of participants' conduct. Appropriateness will be judged based on local laws, regulations, customs, and on program rules and schedules. I acknowledge that if the director finds my conduct inappropriate, he/she may at his/her discretion order my early dismissal from the program. Dismissal means that I will be sent home as soon as is practical in the director's judgment, will be billed for the cost of the unscheduled early trip, and will receive no refund on participant fees paid into the program.

VIII. PAYMENT SCHEDULE AND REFUND POLICY:

A **\$500.00 deposit**, accompanied by this Application Form, must be received by **February 2, 2010**. A second **\$500.00** payment is due by **March 1, 2010**. Final payment of **\$689.00** for the program must be received by **April 1, 2010**. CSU TUITION IS PAID SEPARATELY AT REGISTRATION.

Assuming all payments are made by the due dates, the following refund policy will apply. Withdrawal before February 2, 2010: complete refund. Withdrawal between February 3, 2010 and March 1, 2010: all but \$100.00 will be refunded. Withdrawal between March 2, 2010 and March 23, 2010: costs for airfare (including any cancellation penalties or charges imposed by the airline) are forfeited; the remainder will be refunded. Withdrawal between March 24 and April 29, 2010: costs for airfare and hotel (including any cancellation penalties or charges imposed by the airline or hotel) and all administrative fees incurred are forfeited; remainder will be refunded. Withdrawal after April 29, 2009: all costs are forfeited; no refunds. Requests for refunds and withdrawal from the program must be made in writing to CSU Office of International Programs. If program withdrawal is necessary for extenuating circumstances, please contact CSU Office of International Programs. All students must register and pay in full for the program fees and tuition prior to departure. Students will receive a full refund if the program is cancelled due to lack of participants.

IX. **I certify that all the above information is true and correct to the best of my knowledge. I have read, understand, and fully accept all of the above terms for participation in the Jungle Health in Guatemala study abroad.**

X. _____
Signature of Applicant Date

XI. _____
Signature of Program Director Date