

Semester in Chile: Fall 2012 | Application

**Directions:**

1. Complete all information on this form. Please print clearly. Obtain all necessary signatures.
2. Meet with Bro. Hunsaker or Bro. Shiley to make sure course work can help toward graduation.
3. Take or mail this application with your \$300 deposit to the BYU-Idaho cashier's office. BYU-I Cashier's Office, Kimball 130, Rexburg, ID 83460-1625. They will forward a copy to Bro. Kevin Shiley indicating you have paid your deposit.

Full Name:\_\_\_\_\_ I-number:\_\_\_\_\_  
Preferred Name:\_\_\_\_\_ Citizenship:\_\_\_\_\_  
Admitted to BYU-I: Yes\_\_\_ No\_\_\_  
Mailing Address:\_\_\_\_\_  
Date of Birth:\_\_\_\_\_  
Email:\_\_\_\_\_ Phone:\_\_\_\_\_

Do you have a current Passport? \_\_\_\_Yes \_\_\_\_No

Number of credits completed as of July 2012: ☐ Sophomore (31-60) ☐ Junior (61-90)  
☐ Senior (91+)

Spanish language experience (classes, mission, etc.) \_\_\_\_\_

**References:** BYU-Idaho Professor \_\_\_\_\_

BYU-I Bishop Name \_\_\_\_\_ (home phone) \_\_\_\_\_ (work phone)\_\_\_\_\_

Reasons you wish to go (briefly) \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

Health insurance information:

Company\_\_\_\_\_ Policy #\_\_\_\_\_

Policy holder's name Group #\_\_\_\_\_

Parent/Guardian Name Phone \_\_\_\_\_

Address\_\_\_\_\_ City/State/ZIP\_\_\_\_\_

**Emergency contact (other than parent/guardian):**

Name (print)\_\_\_\_\_ Phone \_\_\_\_\_

Address\_\_\_\_\_ City/State/ZIP\_\_\_\_\_

### STUDENT COMMITMENT:

If accepted as a member of this program, I promise to:

1. Support and uphold the moral standards and ideals of the LDS Church.
2. Follow the behavior, honor, and moral codes and expectations of BYU-Idaho.
3. Abide by the decisions of the program director in all matters pertaining to the program.
4. Make all payments by the deadlines as outlined in the program information. I understand that if I am forced to withdraw from the program after being accepted, I may lose not only the deposit, but all expenses incurred on my behalf.
5. Fill out physical and mental health information and release form before final acceptance.

I understand that (1) to participate in this program I must fulfill all requirements for enrollment in BYU-I, including but not limited to clearance from the Dean of Students and a bishop, and enrollment in requisite courses; (2) if I do not conform with Church, Program, and University standards and policies, I may be sent home at my own expense; (3) a variety of my professors will be contacted.

Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_Date\_\_\_\_\_

(Participants under 18 **or financially dependent upon parents/guardians** must have parent or Guardian approval)