

# Short-term Program Application

**University of Hartford**  
Study Abroad Office  
GSU 328  
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**PLEASE CLEARLY PRINT IN INK ALL INFORMATION**

Program Applying to: IB 610 Dubai

How did you learn about this course? \_\_\_\_\_

Semester applying for: Winter Term 2012

Location (city, country): Dubai

**I. PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
(first) (last)

E-mail Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

**Campus Address (if applicable):**

\_\_\_\_\_

Campus Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Permanent Address:**

\_\_\_\_\_

(city) (state) (zip)

Phone: \_\_\_\_\_

**Education Information (students only):**

Major: \_\_\_\_\_

Second Major: \_\_\_\_\_

Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

College ID#: \_\_\_\_\_

Graduation date Mon/Year: \_\_\_\_\_

**Passport Information:**

Passport Number: \_\_\_\_\_

Place/Date of Issue: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**II. GUARDIAN INFORMATION (students only):**

Please provide contact information for the person with whom we should communicate regarding your participation in the program. This person will serve as our contact for financial issues as well as in case of an emergency.

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

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

(city) (state) (zip)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Dear Student (students only):**

By signing your name below, you permit the University of Hartford's Study Abroad Office to release information to the guardian you have indicated above. This information will include, but is not limited to, pre-departure information regarding the program, billing statements and other financial information, and information regarding your whereabouts while you are abroad.

If you choose not to sign below, we will NOT be allowed to release any type of information to your guardian/parent while you are abroad, **except in the case of an emergency.**

I, \_\_\_\_\_, permit the University of Hartford's Study Abroad Office to release information to the guardian I have indicated above.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## **REQUIRED SIGNATURE**

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**To be completed by the Applicant: Please read thoroughly.**

Studying abroad is a privilege that is available to students who have demonstrated the ability to adjust academically and emotionally to college, and who are ready to benefit from the challenges of off-campus study.  
Only students in good academic, social, and financial standing are eligible to study abroad.

By signing your name below, you authorize the University of Hartford's Study Abroad Office to have access to information regarding your academic, social, and financial standing. You also authorize the University of Hartford's Study Abroad Office to share any pertinent information with the faculty member. The existence of a disciplinary record does not preclude admission, but will be considered in the overall evaluation of the application.

Please be aware that the stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. Physical or psychological disorders can become serious under the stresses of a new environment. Therefore, if you have a physical or psychological condition it is important that you meet with your physician or counselor to discuss how studying off campus could affect your medical condition. Addressing your health issues prior to studying off campus will help you to identify those resources that will and will not be available at your program site.

*It will be in your best interest to disclose any medication that you must take with you are overseas the Study Abroad Office. In order for the program to make accommodation for your needs please disclose any allergies or dietary restrictions you have. If you are currently under the care of a professional for a psychological or emotional condition, please let the Study Abroad Office know.*

I, \_\_\_\_\_, **have read and understand the above statements.**  
(please print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If disclosing any medications, psychological/emotional conditions, or allergy/dietary restrictions, please do so below.*

## **Short-term Program Admission and Cancellation Policy**

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### **ADMISSION POLICY**

- Applications are reviewed on a rolling basis. Only complete applications, those that include the application form and deposit, will be reviewed. Programs may fill prior to the official application deadline. Late applications are considered on a space-available basis.
- The minimum GPA requirement for all short-term programs is 2.5 unless otherwise noted on the program page.
- Applicants are required to be in good financial standing at the time of application. Students who owe over \$1,000 will not be considered until their balance is below \$1,000.

### **APPLICATION DEPOSIT**

A deposit of \$500 must accompany an application. Applications are accepted on a rolling basis and no application is processed without the deposit. The deposit is applied to the program cost and is not an additional fee. All fees, including the \$500 application deposit, are refunded to students who are not accepted into the program.

### **PROGRAM BALANCE**

The balance of the program cost is due by the Payment Deadline (28 September 2011 for the Dubai trip).

### **CANCELLATION POLICY**

Once a student has been officially accepted into a program, students become subject to the standard cancellation policy as follows:

Program cancellations and requests for refunds must be made in writing.

Refunds and cost liability are determined based on the date when written cancellation notice is received from the student.

If a student withdraws 61 days or more prior to the program start, the University of Hartford will refund the admission deposit and any program fees paid.

If a student withdraws 54-60 days prior to the program start date, the University of Hartford will refund any program fees paid except the admission deposit.

If a student withdraws 1-53 days prior to the program start date, the University of Hartford will refund only those fees which the University of Hartford has not incurred on behalf of the student.

If a student withdraws on or after the program start date no refund will be issued.

**I have read and understand the above Admission and Cancellation Policy.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date