

IRELAND
Summer 2016
Application Instructions

Early Application Deadline:
DECEMBER 14, 2015

Final Application Deadline:
MARCH 4, 2016

Please complete and return to H-211 (H&SS Dean's Office)

1. Cover Sheet
2. Emergency Contact Form
3. CSUF-Release of Liability Form
4. Personal Conduct Agreement Form
5. Class Registration Form
6. Faculty Recommendation Form
(if in process, note "in process" on a blank sheet and submit later)
7. One page (500 word) essay: "Why I want to go to Ireland and how this will contribute to my education and personal growth"
8. A photo copy of the picture page of your passport
(if in process, note "in process" on a blank sheet and submit later)

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Please complete online and submit To AIFS

1. Online Program Enrollment Application and submit your **\$450** deposit

NOTE: Please email hssstudyabroad@fullerton.edu to obtain the online program enrollment application link.

If you have any questions during the application process, please contact Jaycee Cover at hssstudyabroad@fullerton.edu or visit Humanities-211

IRELAND Summer 2016

COVER SHEET

Early Application Deadline:
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LEGAL NAME:

(last name)

(first name)

(middle initial)

CWID:

EMAIL:

MAJOR:

I hereby submit my application to participate in one of the College of Humanities and Social Sciences Study Abroad Programs at CSUF. I understand that my application will not be reviewed until program deposits and all forms are completed and turned in. I understand that CSUF tuition is separate from the study abroad program fees. I certify that the information given in the application is true and complete and that I understood each question.

SIGNATURE OF
APPLICANT

_____ DATE _____

Please return this completed application packet to
Jaycee Cover, H&SS Dean's office in H-211.



CALIFORNIA STATE UNIVERSITY
FULLERTON



EMERGENCY CONTACT AND MEDICAL RELEASE FORM

Student Name: _____ Program/Year: _____

| Emergency Contact: | | Emergency Contact: | |
|---------------------------|--|---------------------------|--|
| Name: | | Name: | |
| Relation: | | Relation: | |
| Phone: | | Phone: | |
| Cell Phone: | | Cell Phone: | |
| Email: | | Email: | |

Please list all:

Allergies: _____

Current Medications: _____

Medical Conditions (special diets, treatments, etc.) _____

Do you have health insurance? Yes No

Name of Health Care Provider: _____

I grant the University permission to (i) contact one or both of the emergency contacts listed above as well as University administrators and agents and (ii) share protected information about my medical background, medical condition or conduct with these individuals whenever the University, at its sole discretion, determines it is necessary to do so to protect my health and safety as well as the health and safety of other students.

SIGNATURE OF APPLICANT _____ DATE _____



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: **H&SS SUMMER 2016 Ireland
STUDY ABROAD**

Activity Date(s) and Time(s): **JUNE 25, 2016 – JULY 25, 2016**
Activity Location(s): **Dublin Ireland and surrounding regions**

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton; CSU Fullerton Auxiliary Services Corporation and their respective employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____

If Participant is under 18 years of age:



I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name





Event /Activity: H&SS Summer 2016 Ireland Study Abroad

Event/Activity Date: June 25, 2016 - July 25, 2016

Print Student Name: _____

In consideration for my participation in the Event/Activity, I agree to the following conditions:

General Notice

I acknowledge that while participating in the Event/Activity, I am representing the California State University (“CSU”) system, California State University, Fullerton (“University”), and the organization sponsoring/hosting the Event/Activity. As a responsible member of the CSU and University communities, I understand that I am expected to conduct myself in a manner consistent with the rules and regulations of the CSU, the University and the sponsor/host organization as well as all applicable federal and state laws. I also understand that any violation of these rules, regulations or laws may result in my expulsion from the Event/Activity and/or further disciplinary action by the University.

If I am expelled from the Event/Activity, I understand and agree that the University will not be held responsible for any financial loss I may incur, including but not limited to those incurred as a result of paid registration fees, travel expenses, legal expenses, personal damages, or other expenses related to my participation in this Event/Activity and my violation of this student conduct agreement (“Agreement”).

By signing this Agreement, I further agree that I will not participate in the following activities while at the Event/Activity:

- Use, possession or distribution of alcohol and/or facilitating the use, possession or distribution of alcohol by any underage individual.
- Use, possession, or distribution of any illegal or illicit drug.
- Sexual assault, sexual harassment or indecent exposure. Sexual assault is defined as the implied use or threatened use of force to engage in any sexual activity against another person’s will.
- Behavior that threatens the emotional or physical well-being and/or safety of participants including but not limited to any form of fighting.
- Unauthorized use of any fire safety equipment, including the activation of alarms or extinguishers without immediate cause.
- Possession of any weapons.
- Failure to attend any planned event/activity without the approval of my faculty/staff supervisor.

Process

The on-site CSU faculty/staff supervisor will review any alleged violations of this Agreement to determine the need for any immediate disciplinary action. The University’s student discipline and student grievance processes will be followed upon the student participant’s return to campus.

I acknowledge that I have read, understand and agree to abide by this Agreement.

Signature of Student Participant

Date



IRELAND CLASS REGISTRATION FORM

Semester/Year of Requested Enrollment: _____

Legal Name: _____
(Last) (First) (Middle)

CWID#: _____ Birth date: _____

Mailing Address: _____

Home Telephone #: _____ Day/Cell Telephone #: _____

Email Address: _____

Major: _____ CUMM GPA: _____ CUMM. UNITS _____

Class Level at Time of Proposed Enrollment: Soph _____ Junior _____ Senior _____

Have You Applied For or Been Awarded Financial Aid? Yes _____ No _____

Date of Most Recent Financial Application/Awards: _____

| <u>Course No.</u> | <u>Course Title</u> | <u>Units</u> |
|-------------------|---------------------------|--------------|
| HUM 350 | Irish Life & Culture | 3 |
| ENGL 355t | Women in Irish Literature | 3 |

For office use:

Schedule #

I certify that the information that I have entered above is true and that I have read and understand the eligibility requirements, enrollment conditions and procedures as stated.

Student Signature _____ Date _____



FACULTY RECOMMENDATION FORM

Recommendations from employers, university staff or administrators are acceptable.

Applicant

Applicant's Name: _____
Country applying for: _____ Semester/Year: _____

Faculty Member

- How well do you know applicant? (Check the most appropriate response.)
 - Extensive contact as advisor or in small classes
 - Well acquainted in classroom environment
 - Limited contact in classroom environment
- In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. (Circle the most appropriate response.)

| | Top 2% | Top 10% | Top 25% | Top 50% | Not Recommended |
|--------------------------------|-----------|------------|------------|------------|--------------------|
| Academic Ability..... | 4 | 3 | 2 | 1 | 0 |
| Maturity..... | 4 | 3 | 2 | 1 | 0 |
| Cooperation & Adaptability.... | 4 | 3 | 2 | 1 | 0 |
| Initiative & Motivation..... | 4 | 3 | 2 | 1 | 0 |

- Remarks:** Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from this H&SS Study Abroad program.

Signature: _____ Printed Name: _____ Date: _____

Position: _____ Department: _____

