

Study Abroad Application Form



Strasbourg in the Heart of Europe
July 31st- August 15, 2010
\$3000 + cost of tuition

Directions: Please print legibly completing all blanks, sign the form, and give it to **Dr. Dorothee Mertz-Weigel** at **Gamble Hall 102A** with a check for **\$200.00** deposit payable to Armstrong Atlantic State University.

APPLICANT INFORMATION		
Last Name (as it appears in passport):	First Name (as it appears in passport):	M.I.:
Current Address:		
City:	State:	ZIP:
Permanent Address:		
City:	State:	ZIP:
Phone	Passport # (if available)	Country of Citizenship
Email:	Age:	Student I.D.:

ACADEMIC INFORMATION					
College/University currently attending:					
Classification (circle one):	Freshman	Sophomore	Junior	Senior	Graduate
Major or area(s) of academic interest:					
Current GPA:		Number of credit hours earned:			

COURSE SELECTION AND REGISTRATION INFORMATION

AASU graduate students may register for one or both of:
 1) FREN 3510 - Self-Dir Res: Study Abroad France
 2) HUMN 2960 - Self-Dir Res: Foreign Language and Culture

AASU undergraduate students may register for one or both of:
 1) FREN 3510 - Self-Dir Res: Study Abroad France
 2) HUMN 2960 - Self-Dir Res: Foreign Language and Culture

FINANCIAL INFORMATION

I am aware that the deadline for submission of this application is February 15, 2010, and I agree to abide by the deadlines for fee payment as follows:

- * \$ 1800.00 Due by February 15, 2010.
- * Balance Due by April 15, 2010. The Balance is presumed to be \$1200.00. However, the Balance often does adjust due to a change in currency exchange rate (increase or decrease). In addition, the Balance occasionally adjusts upward due to an increase in transportation fees (e.g., airline fuel surcharge). It may also increase should fewer than 23 students enroll in this Study Abroad program. However, the total price of the program will not increase by more than \$ 200.00.

I further acknowledge and accept the schedule for refunds, should I withdraw from the program, and accept the penalties as follows:

- | | |
|---|------------------------------|
| * Withdrawal before March 15, 2010 : | 100 % of funds paid refunded |
| * Withdrawal after March 15, but before April 15, 2010: | 75 % of funds paid refunded |
| * Withdrawal from April 15 through May 15, 2010: | 50 % of funds paid refunded |
| * Withdrawal after May 15, 2010: | 0 % of funds paid refunded |

Note: All withdrawals must be made in writing to the program director at your respective university in order for refunds to be processed. The date the program director receives the written withdrawal is the date of the withdrawal. In addition, the program directors reserve the right to cancel this program at any time, with full refunds going to each applicant.

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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, Armstrong Atlantic State University, and the Board of Regents of the University System of Georgia, its members individually, and its officer, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind of 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 Strasbourg in the Heart of Europe Study Abroad program, Summer, 2010.

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 understand that participants in the Study Abroad program 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 law, regulations, customs, and AASU rules and regulations.

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 acknowledge that the supervising faculty or program director has sole authority to make decisions regarding the continued participation of any individual in the program whose conduct may necessitate disciplinary action. 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 in to the program. I further authorize the supervising faculty or program director to obtain and provide at my expense any medical treatment and/or services that I may require during the study abroad program.

APPLICATION SIGNATURE

I understand that submitting an application for this Study Abroad program does not guarantee acceptance into the program, that candidates must meet program requirements and be approved by their advisor and that participation is subject to availability and at the discretion of the Study Abroad Leaders. I certify that all the above information is true and correct to the best of my knowledge. I have read, understood, and fully accept all of the above terms for participation in the **Strasbourg in the Heart of Europe** Study Abroad program, 2010.

Signature of Applicant

Printed Name of Applicant

Date

RECOMMENDATIONS AND ACADEMIC ADVISOR SIGNATURE

This applicant is recommended for admission to the **Strasbourg in the Heart of Europe** Study Abroad program for the Summer Semester of 2010.

Signature of Academic Advisor (or designated faculty member if applicable)

Date