Application Form for the International Education Center Study Abroad Program

{ } Brazil  { } China  { } Egypt  { } Ghana  { } Trinidad & Tobago
{ } Nigeria  { } Costa Rica

(Please check your choice of country)

July-August

Savannah State University

Directions: please complete ALL items (type or print legible), sign, and return completed application form with a $100.00 (non-refundable) application fee, which will be applied to the program cost to Colston Administration building, room 116, or mail to: Gwendolyn Falero, Savannah State University, P.O. Box 20187, Savannah, GA 31404. Telephone: (912) 358-4152.

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

Name: (Last Name)____________________________(First Name)_______________________________

Mailing Address_________________________________________________________________________

Telephone (Home) ___________________________ (Cell) ______________________________________

Date of Birth (mo/day/yr) ____________________Gender_______ SSN____________________________

II. EMERGENCY CONTACTS:

Name: _____________________Relationship: ______________Telephone Number__________________

Address:_______________________________________________________________________________

Name, address and telephone number of parent or guardian

Name: _______________________________Address:__________________________________________

Telephone Number: _______________________________________  
• If emergency contacts are not your parents, may we speak to your parents about the program?
• Yes ____No_____

III. PASSPORT INFORMATION:

_____YES, I have passport, No.: ___________________City Issued: __________________

Expiration Date: ____________

No, I am applying for passport, Country of Citizenship: ________________________________
IV. ACADEMIC INFORMATION:

College/university currently attending: _____________________________
Class Standing: ____________

Major/Area of academic interest: ______________________________
GPA_________________________

Are you receiving financial aid: Pell ________ HOPE __________ Other (specify)____________________

Will you be applying for financial aid at your college of university? (Y/N)__________________________

V. MEDICAL INFORMATION:

1) Please describe medical conditions, allergies or other special health concerns. List any medications taken on a regular basis:

______________________________________________________________________________________

For certain medical conditions, you may be required to provide written consent from a physician or to demonstrate that you have sought a physician's advice about appropriate precautions to take on this trip. (If uncertain as to fitness for participation, be certain to consult your personal physician.)

2) Please describe any special needs/concerns/medications/diet to be communicated to your host in your country of choice:

______________________________________________________________________________________

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, Savannah State university, its members individually and its officers, agents and employees from 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 the study abroad program. ____ Initial

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. ____Initial

VII. APPROPRIATE CONDUCT AND EARLY DISSMAL FROM THE PROGRAM:

I understand that participants in the IEC study abroad program are required to exhibit appropriate conduct while participating in the program and that the program director had full authority to determine the appropriateness of participants' conduct. Appropriateness will be judged on local law, 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 form 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 participants’ fee paid into the programs. ____ Initial
VIII. FINANCIAL RESPONSIBILITIES

I understand that I am financially responsible for the passport application fees, inoculations, round trip airfare, accommodations, food, transportation, travel insurance, lodging and fees associated with field trips and other incidental expenses. ____Initial

IX. SIGNATURE

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 IEC study abroad program.

Signature of Applicant_________________________________Date_______________________________

X. RECOMMENDATION:

This applicant is recommended for admission to this Study Abroad Program (select below)

[ ] Brazil          [ ] China          [ ] Egypt          [ ] Ghana          [ ] Trinidad & Tobago

Signature of Academic Advisor: _____________________________________Date___________________

Signature, Director of International Education Center: ___________________________Date___________