**Application Form for the International Education Center Study Abroad Programs 2018**

**[ ] Botswana [ ] Costa Rica [ ] Ghana[ ] Panama [ ] Liberia   
[ ] China [ ] Virgin Islands [ ] Germany [ ] Trinidad & Tobago   
[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Please check your choice of country)

**Directions**: please complete **ALL** items (type or print legibly), sign, and return completed application form with the $100.00 (non-refundable) application fee. This fee will be applied to the program cost and an account will be established under your name in the Business Office. Your deposit and all other payments may be made directly to the Cashier or through Marketplace online. If you have any questions or need assistance, please contact the International Education Center, 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):

Email:   
Date of Birth (mo/day/yr) Gender Student ID#   
Have you ever travelled out of the US? Yes No if so, where?   
Have you ever been on an airplane? Yes No   
 **II. EMERGENCY CONTACTS:**

Name: Relationship:

Address:

Email: Telephone Number:   
  
**III. PASSPORT INFORMATION:**

YES, I have passport, No.: \_\_\_\_\_\_\_\_\_\_City Issued: \_\_\_\_\_\_\_\_\_\_Expiration Date:   
No, I am applying for passport, Country of Citizenship:   
  
**IV. ACADEMIC INFORMATION:**

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Standing:   
Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:   
Financial aid: Pell HOPE Other (specify)

**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 be able 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 DISMISSAL 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 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 participants fee paid into the programs. **Initial**

**VIII. FINANCIAL RESPONSIBLITES**  
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**.** I also acknowledge that tuition costs are separate from trip expenses and that my financial aid can be used to cover most of these 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 his/her study abroad program of choice.

Courses to be taken:   
Signature of Academic Advisor: Date   
Signature, Director of International Education Center: Date