



Application for Summer Study Abroad Program in Tours, France May 26 – July 1, 2010

Directions: Please complete **ALL** items (type or print), sign, and return completed application form along with original transcripts, two photocopies of your passport, two passport-size photos and two letters of recommendation to:

Director, Study Abroad in France
Department of Foreign Languages and Literatures
University of West Georgia
Carrollton, GA 30118
678-839-5958; 678-839-5960

NOTE: You must pay a \$300 deposit upon acceptance and no later than February 15, 2010. The deposit will be credited toward program costs. Make checks payable to **University of West Georgia (UWG)**. All students must have at least a 2.5 GPA in order to participate in the program. We will continue to accept applications beyond the deadline on a space available basis.

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

Last Name First/Middle

Street Address City/State/Zip Code

(____) _____ (____) _____
HOME Telephone Number or CELL Number

E-Mail address

Date of Birth (mo/day/yr)—Gender (M/F)—UWG ID Number (if applicable)

*** All participants must be at least 18 years of age by the first day of the summer semester.**

II. EMERGENCY CONTACT

Name

Address

E-Mail address

(_____)_____
Telephone #

Relationship

May we speak with your parents about the program? Yes ___ No___

III. PASSPORT INFORMATION

Country of Citizenship _____

_____ I am applying for a passport

_____ I have a current passport _____
Passport Number

All students traveling to France are required to obtain a US Passport. This process takes 8-10 weeks or more for completion. All applicants should apply for their passport no later than February 15, 2010. The US passport agency is currently under SEVERE backlog, and passports can take up to 12 weeks to arrive.

IV. ACADEMIC INFORMATION

College/university currently attending: _____

Class Standing _____

Major/Area of academic interest: _____ Minor _____

GPA _____ GPA in French classes _____

French courses taken _____

French courses you would like to have credit for from France:

V. MEDICAL INFORMATION

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 and to bring an adequate supply of any prescribed medications. (If uncertain as to fitness for participation, be certain to consult your personal physician.) Supplemental health insurance is included in the cost of the program (see brochure for coverage details).

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, its members individually and its officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind or 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 hereof resulting from my participation in the Summer Study Abroad program in France. 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 Co-directors 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.

VII. APPROPRIATE CONDUCT AND EARLY DISMISSAL FROM THE PROGRAM

I understand that participants in the Summer Study Abroad Program in France are required to exhibit appropriate conduct while participating in the program and that the program directors have full authority to determine the appropriateness of participants' conduct. Appropriateness will be judged based on local laws, regulations, customs, and on program rules and schedules. I acknowledge that if the directors find my conduct inappropriate, they may at their discretion order my early dismissal from the program.

Dismissal means that I will be sent home as soon as 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 into the program.

VIII. PAYMENT SCHEDULE

Please **read** and **sign** the following statement:

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

- | | |
|--|-----------------------------------|
| • February 15, 2010 | \$ 300.00 deposit |
| • March 1, 2010 | \$2500.00 |
| • April 1, 2010 | \$2500.00 |
| • April 1, 2010: separate check for UWG tuition payable to Bursar | variable rates (see below) |

Make checks payable to **University of West Georgia (UWG)**.

In addition, students will pay the appropriate tuition to the Bursar as posted on the University of West Georgia Web site:

http://www.westga.edu/bursar/index_4082.php.

Non-Georgia residents will pay a \$250 fee in addition to the applicable tuition rate posted on the University of West Georgia Web site:

http://www.westga.edu/bursar/index_4082.php.

I further acknowledge and accept the schedule for refunds, should I withdraw from the program, and accept the penalties associated with late withdrawal.

Requests for refunds and withdrawal from the program must be made in writing to the program co-directors. Refund schedule is as follows:

- **Withdrawal before March 1 - all but \$300 deposit**
- **Withdrawal between March 1 - 16 - all but \$2500**
- **Withdrawal on or after March 17 – no refund.**

I certify that all the information on this application is true and correct to the best of my knowledge. I have read, understand, and fully accept all of the terms in this application for participation in the Summer Study Abroad Program in Tours, France.

X _____
Signature of Applicant

Date Signed