

ARMSTRONG ATLANTIC STATE UNIVERSITY STUDY ABROAD APPLICATION FORM

Directions: Please print legibly completing all blanks, sign the form in the presence of a notary, and give it to your campus faculty representative with a deposit check for **\$300** payable to Armstrong Atlantic State University. Return this form and check to:

Dr. Lynn Stover
Nursing Department
AH 217

FOR OFFICE USE ONLY:
Date rec'd. _____ DB _____
Deposit rec'd _____ Letter _____

A. Trip Information

Study Abroad in Exotic Thailand

Program Directors: Dr Ray Greenlaw, Dean, School of Computing
Dr. Helen M. Taggart, Professor of Nursing
Dr. Lynn Stover, Associate Professor of Nursing

Trip Dates: May 9 – 23, 2007

B. Personal Information

Full Name _____
Last Name First Name Middle Name (not initial)

Current Mailing Address _____
Apartment and/or street number City State Zip

Permanent Address _____
Apartment and/or street number City State Zip

Phone Number _____ Email _____
Area Code & Current Phone # Area Code & Permanent Phone

Date of Birth _____ Age _____ Student ID Number _____

Male _____ Female _____ I will require vegetarian meals: Yes _____ No _____

Food Allergies: _____

Medical Information: (list chronic conditions, allergies or other special health concerns and prescription medications that you need...complete on the back side if necessary) _____

Emergency Contact: _____
Name Relationship Phone Number

Street Number City State Zip Code

C. Passport Information

Name *exactly* as printed on passport: _____

Country of Citizenship _____ I have a current passport: Yes ____ No ____

Passport: _____
Number Place of Issue Date of Issue Expiration Date

Passports must be obtained before travel. This application may be turned in before a passport is obtained. See the state department web site (<http://travel.state.gov/passport/index.html>) for information on obtaining a passport. We suggest applying for a passport as soon as possible, but definitely before the end of February 2006.

D. Academic Information

College/University currently attending _____

Classification: Freshman Sophomore Junior Senior Graduate (circle one)

Major or area(s) of academic interest _____

Current GPA _____ Number of credit hours earned _____

Are you enrolled in a program leading to a degree or diploma? Yes No

Will you be applying for financial aid at your college or university? Yes No

Do you have a HOPE grant to attend college in Georgia? Yes No

E. Course Selection and Registration Information

You should sign up for a total of five or six credit hours. For variable credit courses indicate the number of credits you would like to sign up for. If you wish to attempt only three credit hours during this trip, please see Dr. Helen Taggart.

Choose from:

_____ CSCI4999/ITEC 4999 (1-3) Independent Study in Computer
Science/Information Technology

_____ ETHC 2000 (2) Interdisciplinary Ethics and Values

_____ HLPR 2010 (2) Culture, Illness, Diagnosis and Treatment

_____ HUMN 2960/SCCI 2960 (3) Foreign Language and Culture

_____ NURS 4212 (3) International Nursing Issues and Trends

_____ NURS 4490 (1-3) Topics in Professional Nursing

F. Authorization and Waiver of Liability: Read and sign the following statement

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 **Study Abroad in Exotic Thailand 2007**.

I understand that health/accident insurance is provided for all participants. 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: The Center for Disease Control and Prevention (CDC) recommends Hepatitis A vaccines prior to travel to Thailand <http://www.cdc.gov/travel/seasia.htm> The Chatham County Health Department (356-2234) on Eisenhower Drive offers this immunization for \$75. It is a two-part immunization. There is a waiting period of 6 months between doses. I understand that I am responsible for obtaining the recommended vaccines before travel.

I understand that participants in the Study Abroad program 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 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 further 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.

Finally, I am aware that the deadline for submission of this application is November 17, 2006, that this trip may fill up before this deadline, and I agree to abide by the deadlines for fee payment as follows:

- * \$300 non-refundable deposit submitted with application. Will be returned only if application is refused.
- * \$800 additional funds paid by January 15, 2007.
- * \$1,200 additional funds paid by March 15, 2007.
- * Tuition for summer classes must be paid prior to travel.

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

- * \$300 deposit with application submission is non-refundable.
- * A student who withdraws after March 1, 2007 will forfeit a \$1,000 penalty.
- * A student who withdraws after April 1, 2007 will forfeit a \$2,000 penalty.
- * A student who withdraws after May 1, 2007 will forfeit a \$2,300 penalty.

Note: All withdrawals must be made in writing to your program director at Armstrong Atlantic State University in order for refunds to be processed.

G. 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 is on a first come, first served basis. 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 Study Abroad in Exotic Thailand Program during the summer term of 2007.

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn before me this _____ day of _____ (month), 20____.

Signature of Notary Public _____

Date Term Expires _____

Place Seal Here

* There are two notaries in the nursing department. Ms. Jene Boyd (AH 217) and Ms. Marilyn O'Mallon (AH239)

H. Recommendations and Official Signatures

This applicant is recommended for admission to the Study Abroad in Exotic Thailand Program during the summer term of 2007.

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

Date

Approved: _____

Program Director

Date