

PROGRAM APPLICATION FOR GOVERNORS STATE UNIVERSITY STUDY ABROAD PROGRAM

**Exploring the Healthcare System and Culture of China**

**May 7 – 19, 2017**

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**Directions: Please complete and submit the following to Amy Schoenberg, Study Abroad Coordinator, Office of International Services, GMT 151 by noon on January 23<sup>rd</sup>, 2017.**

\_\_\_ Program Application (this form)

\_\_\_ Study Abroad Application Packet

\_\_\_ A clear and readable copy of the first page of the passport

\_\_\_ \$500 deposit (in the form of a check or credit card)

**1. BIOGRAPHICAL INFORMATION:**

\_\_\_\_\_ M ( ) F ( )  
Last Name First Middle

**2. STATUS AND ACADEMIC CREDIT INFORMATION (GSU Student ID: \_\_\_\_\_)**

UNDERGRADUATES: Undergraduate Major \_\_\_\_\_

Date undergraduate degree expected or granted: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

GRADUATES: Graduate major \_\_\_\_\_

Date graduate degree expected or granted: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_ I plan to take this course for credit

\_\_\_ I plan to audit this course

**3. PASSPORT:** - Important - Your U.S. passport must be valid SIX months beyond your intended stay overseas.

\_\_\_ I understand that I must possess a passport that is valid until 6 months beyond my stay overseas.

\_\_\_ I currently possess a valid passport from another country. Please indicate country: \_\_\_\_\_

\_\_\_ I have included a clear and readable copy of the first page of my passport.

\_\_\_ I am in the process of applying for my passport, and expect to have it soon.

**Passport Number and City of Issuance** \_\_\_\_\_

**5. PAYMENT OF PROGRAM COST:**

Program Fee = \$3,450

**A deposit of \$500 per person is due at the time of the application. Second payment of \$1000 is due on 2/15/2017, third payment of \$1000 is due on 3/15/17 and final payment of remaining balance is due on 4/15/2017.**

\_\_\_\_\_ Accept my check made payable to Governors State University

\_\_\_\_\_ Charge my deposit to: \_\_\_ Master Card \_\_\_ Visa \_\_\_ American Express \_\_\_ Discover

Card # \_\_\_\_\_

Expires \_\_\_\_\_ Verification Number \_\_\_\_\_

\_\_\_\_\_  
(Signature as appears on credit card)

**6. SIGNATURE REQUIRED: In signing this form I certify the following:**

- a. I certify that I do not have any medical problem or disability that will keep me from functioning independently in the foreign country in which the activities of this program will take place.
- b. I understand that any payments made to Governors State University for participation in study abroad programs will not be refunded under any circumstances. I understand that after making the initial deposit, I am committed to being part of the program and will be responsible for paying the full program fee by the designated deadlines.
- c. I will be financially responsible for any voluntary or involuntary withdrawal once I make the first deposit. Please note that students who withdraw after committing to a program should expect to repay any financial aid, including scholarships and loans, awarded for the program. Governors State University will not assume any financial responsibility for such withdrawals.

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