

APPLICATION FOR GOVERNORS STATE UNIVERSITY STUDY ABROAD PROGRAM

BUSINESS AND CULTURE OF South Africa, 2016

Directions: Please complete and submit the following to Amy Schoenberg, Study Abroad Coordinator, Office of International Services, GMT 151 by November 30th, 2015 (11/30/2015)

___ COB Application (this form)

___ Study Abroad Application Packet

___ A clear and readable copy of the first page of the passport

___ \$500 deposit

1. BIOGRAPHICAL INFORMATION:

_____ M () F ()
Last Name First Middle

Local mailing address _____
Street or Box City State Zip

Phone # _____ Business # _____ Cell # _____

Birthdate _____ E-mail address _____

Permanent address _____
Street or Box City State Zip

EMERGENCY CONTACT INFORMATION: Name, relation, telephone number and email address of person to be notified in case of emergency:

Name Relation Phone number E-mail

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: _____

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 November 20, 2016.

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:

Triple Occupancy: \$3650* Double Occupancy: \$3750* Single Occupancy: \$3850*

A deposit of \$500 per person is due at the time of the application. Second payment of \$1500 is due on 2/1/2016. Final payment of remaining balance is due on 2/29/2016.

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. Cancellation for valid reasons must be submitted in writing and be approved by both GSU and trip organizer. Full refund will be granted if cancellation is approved by December 15, 2016; If cancellation is approved between 12/15/2015 and 2/1/2016, only 50% of the paid amount will be refundable; no refund will be given after 2/2/2016).

Signature

Date

*Including domestic and international airfare, local transportation, lodging, two meals a day, company and university visits, entry fees to tour sites and international health insurance during the trip.