

# The University Of Rhode Island 2009 Summer Study Abroad Application Form

Please complete the *entire* application and submit application with your \$150.00 **NON-REFUNDABLE DEPOSIT** to:

URI Summer Study Abroad Programs Office  
International Center, The University of Rhode Island  
37 Lower College Road, Kingston, R.I. 02881

Please Note:

- All deposits and final payments *must* be paid by check or money order. If accepted into the program, the deposit will be applied to your program fee.
- Make checks payable to The University of Rhode Island. If necessary, final payments can be made by *credit card* by contacting enrollment services at URI, <http://www.uri.edu/es> (Select credit card payments at quick link or go to this link <http://www.uri.edu/es/students/bill/onlinepayinfo.html>) (401-874-9500) Please note: transaction fees apply for credit card payments.
- Please be sure to PRINT or TYPE all information (Illegible applications will be returned)
- Please use a separate form for each person, if more than one family member is applying
- Please submit "PROGRAM AGREEMENT AND RELEASE FORM" with your application

**Program Requirements:**

- Official Transcript
- One Letter of Recommendation( from faculty member, advisor or employer)
- Valid Passport
- 2.5 Cumulative GPA
- 2 passport size photographs

## **URI SUMMER PROGRAM in Ghana 2009**

**NOTE: All fees subject to change due to currency fluctuations/exchange rates**

Application deadline: April 1<sup>st</sup>, 2009  
Final Payment: May 1<sup>st</sup>, 2009

**Ghana 2009: \_\_\_\_\_ (Program fee \$3,500.00)**



**Program Agreement and Release Form**  
**(to be submitted with application)**  
**URI Summer in Ghana Program, 2009**

I agree to participate fully in all components of the URI Summer Study in Belize Program, and further agree that the Field Coordinator or the Program Director must approve any deviation from the Program design in advance.

I also understand and fully agree that the Director, or the Field Coordinator may terminate my participation in the Program if I engage in actions endangering myself or others, I engage in unlawful activities, or I am disruptive or do not abide by the rules and regulations as set forth by the Director or the Field Coordinator. No refunds of any kind will be provided in the event I am removed from or leave the Program.

I (and if the participant is a minor, the undersigned parent or guardian) agree that in the event of an emergency, as determined by the Field Coordinator, and staff, may contact personnel handling the emergency and share with such personal information, if any, regarding the nature and circumstances of the emergency and obtain from said personal all necessary medical, health care information or other appropriate information. In the event that the participant is a minor, the undersigned parent or guardian, hereby authorizes and gives his/her consent to the Field Coordinator and or staff and/or hospital, emergency facility, physician or other health care professional to provide such emergency medical care or treatment of any injury or illness suffered by the minor participant.

Insurance: I understand that although the University of Rhode Island is a sponsor of the trip, it does not assume responsibility for any loss, injury or damage to person or property, in connection with this trip which results from causes beyond the control of, and without the fault or negligence of the University.

Release: I release and waive, and further agree to indemnify, defend and hold harmless, the University of Rhode Island and the Board of Governors for Higher Education, their employees and agents (including any host institution) from and against any and all claims, demands, or actions which I, my spouse, my heirs, administrators, executors, representatives, and assigns may have for any losses, damages, or injuries, including death, arising out of or in connection with my participation in the trip or the rendering of any emergency medical procedures or treatments and all related costs and expenses, if any.

Pledge: I agree to fully comply with the rule of the University and its agents, its host facility, and any travel facilities. I agree that the University has the right to enforce its standards of conduct and should I fail to comply with them, the University has the right to terminate my participation in the trip with no refund of monies paid. I further agree that the policies of the University and the host facility, if any, may be applied to me, as a participant and the University shall have the right to exercise the policies of the University and or the host facility at any time.

I have read and understood the terms and conditions set forth in this Release Form and in the descriptive information about the program. I acknowledge that I have been advised of the risks inherent in travel of this type, and hereby agree to assume any such risks inherent in the travel associated with this program. I am signing this Release Form in consideration of my participation in the program.

Name of Participant: (Please Print) \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

If the applicant is a minor, under age 18:

Signature of legal guardian: \_\_\_\_\_

Name of legal guardian: (please print) \_\_\_\_\_

Relationship to applicant, participant: \_\_\_\_\_, and address and phone:

\_\_\_\_\_

**PHOTOGRAPH AGREEMENT/RELEASE FORM FOR THE  
URI SUMMER STUDY ABROAD PROGRAMS**  
(to be submitted with application)

I am aware that photographs may be taken on this Summer Study Abroad Program with the University of Rhode Island. Additionally, I am aware that the Office of International Education at the University of Rhode Island may use photographs of myself for various academic/promotional purposes. My photographs may be seen on the URI International Education Website, and also at Promotional events such as the Study Abroad Fair. I understand that these photographs will be used in conjunction with the Office Of International Education at the University of Rhode Island for educational purposes only.

I do allow photographs

I do not allow photographs

Signed \_\_\_\_\_

Date \_\_\_\_\_