

The University Of Rhode Island 2009 Summer Study Abroad Application Form

URI SUMMER PROGRAM IN CAPE VERDE

Application Deadline: March 1st

Final Payment Deadline: April 14th

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

Program Fee: \$2,400.00 (airfare is not included)

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

Katuska Perez
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

Please write clearly

Biographical Data:

Name: _____
Last First Middle Initial

Mailing Address: Street: _____
City _____
State & Zip: _____

Telephone #: Home: () _____ Cellular: () _____

Email Address: _____ (Provide the email address you check on a regular basis)

URI I.D #: _____ (If you are not a URI student, you will be assigned a URI I.D. # after being admitted to the URI Study Abroad Summer Program)

Social Security #: _____ Date of Birth: _____

Passport Number: _____ Expiration Date: _____

Academic Information: (CIRCLE ONE)

1. Are you currently a URI Student? YES / NO Major _____
2. If you are not currently a URI student, have you previously attended URI? YES / NO
3. If you are not a URI student, give the name and address of the school/university you are currently attending:

Professional Information:

1. If not currently a student, list your occupation and place of employment
Occupation: _____
Place of Employment: _____

Special Needs:

Do you have any special needs (religious, dietary, physical, medical etc.) that you would like accommodated, and/or that would be helpful for the Program Director to be aware? YES / NO
If yes, please attach a written explanation. URI reserves the right to request a doctor's certificate to the effect that you are capable of fully participating in the program.

Please be advised that the facilities and sites on the Summer Programs may not be equipped to handle special physical requirements as stipulated by the ADA.

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

I agree to participate fully in all components of the URI Summer Study in Cape Verde 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 _____