

For Office Use Only	Data Entered	For Transient Students Only
____ Deposit (\$200)	____ Copy of Passport Page	____ Transient Fee (\$50)
____ 1 st Payment (\$1,520)	____ Participant Information Form	____ CSU Application Form
____ 2 nd Payment (\$1,520)	____ \$80 BritRail Surcharge	____ Immunization Form

CSU in Oxford Summer Program 2010 Application

Directions: Please read carefully and complete all blanks. Sign the form and submit it along with the other required materials to the Center for International Education, International House, Columbus State University, 4225 University Avenue, Columbus, GA 31907. The phone number to the Center for International Education is (706) 565-4036. Please select the session and course for which you are applying. You must select at least one session and course.

- I am applying for the First Session: **June 21-July 9, 2010**
Walking Through English Cities: From Medieval Times to the Twenty-first Century
 - GEOG 3556 (Pre-req: GEOG 1101) *or* GEOG 5128 (Pre-req: HIST 3125)
 - or* HIST 3555
- I am applying for the Second Session: **July 10-28, 2010**
Drawing: The Architecture and Landscape of England
 - ARTS 1011 (Pre-req: ARTS 1010) *or* ARTS 3555
 - or* ARTS 4236 (Pre-req: ARTS 1011)
- I am applying for the Third Session: **July 29-August 16, 2010**
The Victorian Novel of the 19th and 20th c. (Pre-req: ENGL 1102 for all three below)
 - ENGL 3118 *or* ENGL 3125 *or* ENGL 4139

APPLICATION DEADLINE: March 15, 2010

- Signed copy of this application
- \$200 non-refundable deposit for each session (checks payable to “Columbus State University”)
- \$50 check payable to “Columbus State University” for transient (non-CSU or non-GCSU) students
- \$80 check payable to “Columbus State University” for BritRail pass surcharge if you will be more than 25 years of age before the end of the program
- Participant Information Form
- Photocopy of Passport Information Page

A. Personal Information

NAME: Last _____ First _____ Middle _____

Called Name _____

Student ID Number _____ Age _____ Birthdate _____

Current (local) mailing address:

STREET _____

CITY _____ STATE _____ ZIP _____

Phone Number: (____) _____

Permanent mailing address:

STREET _____

CITY _____ STATE _____ ZIP _____

Phone Number: (____) _____

Male Female Smoker Non-Smoker

Roommate Preference: None OR Name _____

E-mail Address _____ Alt Email Address _____

B. Passport Information

Country of Citizenship _____ Country of Birth _____

I have a current passport: I am applying for a passport

Passport Number _____ Place of Issue _____

Passport Date of Issue _____ Date of Expiry _____

C. Academic Information

Classification: Freshman Sophomore Junior Senior Graduate Student PostBac

Major or area of academic interest _____ GPA _____

Are you in good standing, i.e. not on academic probation? yes no

Are you enrolled in a program leading to a degree or diploma? yes no

Were you enrolled full-time at CSU during this academic year? yes no

If you are not enrolled at CSU, what is the name of your home university? _____

D. Authorization and Waiver of Liability

Please read and sign the following statement:

I acknowledge that participation in an international program involves some risk of injury, illness, or loss of personal property. I agree to release and forever discharge Columbus State University, Georgia College & State University, and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind or 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 CSU in Oxford Summer Program 2010 and related activities.

I certify that I am in good health and physically capable of undertaking an intensive program of foreign travel. **Furthermore, I have listed all recent or current medical care or psychological history, including all ongoing prescriptions, on the Participant Information Form.**

I further agree that I shall be subject to the supervision and authority of the faculty/staff in charge and to standards of conduct stipulated by the faculty/staff person in charge. I further acknowledge that the program and site directors have sole authority to make decisions regarding the continued participation of individuals in the program whose conduct may necessitate disciplinary action. I further authorize the program director or site director to obtain and provide medical treatment and/or services that I may require during the program.

I also understand that the final deadline for receiving applications is March 15, 2010. Participants will be required to submit a non-refundable deposit of \$200 for each session when submitting their application. The first additional payment for each session of \$1,520 is due March 15, 2010. The remainder of the fee (\$1,520) must be received by April 5, 2010. The airline ticket will be non-refundable and non-transferable. Non-CSU and GCSU students must pay a \$50 additional fee at the time of application. Students who will be more than 25 years of age before the end of the program, must pay an \$80 surcharge for the Britrail pass.

CSU also has the right to cancel the program due to low enrollments or unforeseen developments. All costs are subject to change because of unanticipated increases in airfares or other program costs, as well as fluctuations in monetary exchange rates. CSU will make every effort to keep program costs as advertised and will inform prospective participants of any changes as they occur.

Program fees cover the group's accommodation in Oxford, airfare between Atlanta Hartsfield and London, ground transportation between the UK airport and the Spencer House, a 4-day Brit Rail train pass, an Oxford city bus pass, and transportation to London for one or two fieldtrips, depending upon class needs. Tuition at CSU or GCSU is assessed and paid separately. Meals, fieldtrip admissions, personal travel and other expenditures are NOT included in the program fee.

Signature _____ Date _____

Applicant

Signature of parent/guardian for applicants under 18 years of age

In case of injuries, I hereby authorize and give consent to the program leaders to obtain and provide medical treatment and services for my son or daughter as deemed necessary.

Signature _____ Date _____

Parent or Guardian

F. Recommendations and Official Signatures

This applicant is recommended for admission to the CSU in Oxford Summer Program 2010 in Oxford, England.

Signature _____ Date _____

Director, Center for International Education at Columbus State University

Signature _____ Date _____

(For non-CSU students) Academic or Study Abroad Adviser at Home Institution