



## Summer Study Abroad Application

Guatemala Health Care

Application deadline: March 17, 2008

### Application instructions

1. Read and complete the following application forms.
2. If you will apply for additional need-based financial aid, you must have Part III of the application completed by your financial aid counselor.
3. Return completed forms to:  
VCU Education Abroad  
Office of International Education  
916 W. Franklin St., Room 203  
P.O. Box 843043  
Richmond, VA 23284
4. Upon your acceptance into the program, the Education Abroad office will e-mail additional information to the email address you have provided on the application form. The Education Abroad office will also enroll you in the course(s) you have selected as a part of your program.

### Application checklist

- Signed program sheet
- Completed registration form
- Statement of intent
- Signed refund policy and conditions of participation
- ISIC application
- \$50 registration fee (after April 1, \$200 deposit must also be paid at time of registration)
- One 1" x 1" passport-sized photo (name printed on the back)

*Note: Applicants from other universities must submit an official copy of their transcript in addition to the above materials. VCU students do not need to submit a transcript.*

# Guatemala Health Care Program

June 7-June 22, 2008

**Program cost: \$1,120 + airfare + applicable VCU tuition**

The program fee is : **\$1,120** and includes the following:

- Accomodations
- Some meals
- Study visits and tours
- Ground transportation
- On-site Program Director support
- Application fee and deposit
- Pre-departure orientation
- VCU administrative fees
- International Student Identification Card

The following are NOT included in the program fee. Students are responsible for:

- Airfare
- VCU tuition and fees
- Some meals and tips
- Passport application fee
- Personal expenses during the program
- Anything not specifically mentioned above

**Tuition:** Tuition is charged separately and additionally at standard VCU rates for in-state students and at a 40 percent discount for out-of-state students. Estimated costs, based on current tuition **per credit**, are as follows: undergraduate in-state, \$190 (per 3 credit class: \$570); undergraduate out-of-state, \$401 (per 3 credit class: \$1,203); graduate in-state, \$404 (per 3 credit class: \$1,212); graduate out-of-state, \$533 (\$1,599 per 3 credit class).

**Payment:** The nonrefundable registration fee of \$50 is due upon registration. A nonrefundable deposit of \$200 is due two weeks after the receipt of the acceptance packet. *Students who register after April 1 must pay the deposit and registration fee together upon registration.* The balance of the program fee and the tuition costs (based on the number of credits taken) will be billed separately through VCU Student Accounting after May 2008. (Both amounts may be billed at the same time.)

Checks should be made payable to "VCU Guatemala Health 2008." Visa, MasterCard and Discover are accepted. Financial aid will apply to the program and tuition costs prior to student billing. Please consult with the Office of International Education with regard to financial aid application and processing. Advance payment arrangements may be made through VCU Education Abroad.

**Signature:** I have read and agree to the above cost and payment information, as well as the conditions of participation and the refund policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

# Guatemala Health Registration Form

## Part I Personal information

Name (as it appears on your passport):

Student ID Number  
(Begins with 7)

Date of birth:

\_\_\_\_\_  
First M.I. Last

V 7 \_\_\_\_\_ / / \_\_\_\_\_

Current address: (Good until / / ) \_\_\_\_\_  
Street

City State ZIP

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
**(We will communicate with all participants via e-mail)**

Permanent address: \_\_\_\_\_  
Street

City State ZIP

Gender: \_\_\_ male \_\_\_ female Major \_\_\_\_\_

Citizenship: \_\_\_ U.S. \_\_\_ Other (please specify): \_\_\_\_\_ Year: \_\_\_ Fres. \_\_\_ Soph. \_\_\_ Jr. \_\_\_ Sr. \_\_\_ Grad \_\_\_ N/A

Are you seeking a degree at VCU? \_\_\_ yes \_\_\_ no Are you seeking a degree from another institution? \_\_\_ yes \_\_\_ no

*(Please note: all programs sponsored by VCU will offer VCU credit. It is the responsibility of the non-VCU student to ensure that the credit offered will transfer to the student's home degree.)*

I understand that my phone number and e-mail address may be released to fellow participants in the group: \_\_\_ yes \_\_\_ no (please contact us)

I understand that should my photograph be taken while on the study abroad program, it may be used in future publicity materials (on the web and in print): \_\_\_ yes \_\_\_ no (please contact us)

How did you find out about this program? (mark one) Professor \_\_\_\_\_ Classroom Presentation \_\_\_\_\_ Poster \_\_\_\_\_ Friend \_\_\_\_\_

Person(s) to contact in the event of an emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Pre-existing health conditions: \_\_\_\_\_

Prescription medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

## Part II Statement of Intent

On a separate sheet of paper, please write no more than 500 words on why you would like to participate in this VCU Summer Study Abroad Program.

For Office Use Only: GPA \_\_\_\_\_ Database \_\_\_\_\_ Program: \_\_\_\_\_ Program Fee: \_\_\_\_\_ Fiscal Manager \_\_\_\_\_

**Part III Financing and Payment**  
**To be completed by VCU students only**

**Program: Guatemala Health**

Do you intend to apply for any type of financial aid, including any alternative and private loans? \_\_\_\_ Yes \_\_\_\_ No  
 If NO, indicate how you intend to pay\_\_\_\_\_.

If YES, have the following completed by the Financial Aid Office BEFORE you submit your application to the Office of Education Abroad. Please note that the total amount is the maximum that you are eligible to receive. If you choose to receive less, you will need to complete a Change Form with the Office of Financial Aid.

Trip Budget _____	- Total amount eligible for _____	=	_____ remaining need
\$ _____	Direct Subsidized Loan	\$ _____	Alternative Loan
\$ _____	Direct Unsubsidized Loan	\$ _____	Parent Plus Loan
\$ _____	Pell Grant	\$ _____	Graduate Plus Loan
\$ _____	Other		
\$ _____	<b>Total amount</b>		

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Signature, VCU Office of Financial Aid

Date

**Steps**

- Go to the Financial Aid Office in the Ginter House (901 W. Franklin Street) and meet with your Financial Aid Counselor who will fill out the top portion of this form to let you know how much aid you have available for study abroad. His/her signature must be on this form.
- When notified of your acceptance, you must come to our office in the Millhiser House (916 W. Franklin Street) to fill out a purple summer financial aid application form.
- If you intend to apply for alternative loans and/or additional aid, visit [www.vcu.edu/enroll/finaid](http://www.vcu.edu/enroll/finaid) to download forms and lenders. You must then apply for these loans on your own.

**Reminders**

- The aid you receive for your study abroad program will come out of your 2007/08 financial aid eligibility.
- Confirm all financial aid prior to leaving for trip. Aid will be disbursed approximately 10 days before the start of your program.
- Be aware that upon registration for a study abroad program, you must know how you will cover the program costs. Withdrawing from a program due to financial reasons is NOT a legitimate reason and you will be held responsible for the costs of your program.

## Study Abroad is a serious financial commitment.

### Please read all of the following information carefully.

**Refund policy** I understand that, because of the nature of summer study abroad programs, financial commitments must be made early in the spring semester in order to support my participation in the program. **In the event that I am not able to participate in the program for which I have registered, I understand that I must submit written notification of my withdrawal to VCU Education Abroad.** I understand that dropping courses, canceling financial aid or nonpayment of program deposit does not constitute withdrawal from the program. I also understand that exceptions will not be made in the event I receive a financial aid package that does not cover the cost of my program fees.

I understand the following definition of fees:

**Administrative fees:** \$50 assessed of all applicants used to defray the costs of registration processing and procedures, due at the time of registration. \$150 for administrative costs associated with office and program operations. Both fees are included in the program fee and are nonrefundable.

**Program deposit:** I understand that, upon acceptance to the program, I will be expected to pay a \$200 deposit toward my program fee. I understand that this deposit will be applied to the program fee and, once it is received, is nonrefundable.

**VCU tuition and technology fees:** The cost of tuition plus the technology fee will be billed as a separate line item on the VCU invoice. These fees are refundable according to the university policy for refund of tuition and fees.

**Program fee:** This fee is assessed to provide the benefits outlined in the individual program sheet for the program to which I have registered. This fee may include, but is not limited to, the following costs: airfare, ground transportation, housing, food, activities, administrative charges, program director's expenses and the International Student Identification Card. The program fee is refundable according to the following policy:

### **Refund policy**

All withdrawals must be made in writing and submitted to the Director of Education Abroad. The refund schedule is as follows:

**Before Jan. 15: All but \$250 refunded**

**Before Feb. 1: Up to 60 percent of program fee refunded**

**Before March 1: Up to 40 percent of program fee refunded**

**Before April 15: Up to 25 percent of program fee refunded**

**On or after April 15: There are no refunds on or after this date.**

In the event of an unexpected medical emergency that occurs after April 15, I understand that I must provide a physician's certification that my condition prohibits participation. In this case, refunds will be limited to recoverable expenses.

### **Signature**

I have read and agree to the above commitment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Conditions of participation**

**Payment deadlines:** I understand that my entire program fee must be remitted to the VCU Student Accounting Office by the payment deadline on the student invoice with the understanding that available financial aid will be applied to my student account prior to billing. Further, if my financial aid funds will not cover the full amount of the program fee, I will remit the difference to the Student Accounting Office by the payment deadline.

**Program participation:** I agree to participate in all parts of the study abroad program (instructional, cultural and social) organized by the program director, as established in the program information. I understand that I must be enrolled in the required course work, and that any deviation from the normal course schedule and/or program design must be approved in advance in writing by the program director.

**Host institution regulations:** I agree to abide by all rules and regulations regarding campus life including absences from campus, as established by the host institution, and by all laws, rules and regulations pertaining to my student status.

**Expulsion policy:** I agree that, upon the decision of the program leader, my participation in the program may be terminated if I engage in action endangering myself or others, or jeopardizing the success of the program, or if I do not abide by the rules and regulations set forth by the program director or hosting institution. I further agree that if expelled from the program, I will be responsible for all expenses incurred up to the time of expulsion and for all expenses incurred in returning to my point of origin. In the event of such expulsion, I understand that no refund of program fees will be given.

**Health and medical insurance:** I certify that I am free of medical conditions that would endanger my life, health or well-being while traveling or living abroad, or that would impede my ability to participate fully in all aspects of the program. I also certify that I have accident and illness insurance for provision of emergency medical care as recommended by medical authorities in case of accident or illness during the program.

**Consular information sheets and travel warnings:** I certify that I have read and discussed with my parents and/or legal guardians all consular information sheets and travel warnings provided to me by the program director and/or VCU Education Abroad. I understand that it is my exclusive responsibility to keep informed of any changes in travel warnings issued by the Department of State and to decide accordingly on my participation in the study abroad program.

**Agreement and Release**

By signing this application, I agree that I have read and understand the program costs, the above refund policy and conditions of participation. Should I choose to withdraw from the program, I understand that I must notify VCU Education Abroad in writing at the time of my withdrawal. I understand that dropping courses, cancellation of financial aid and nonpayment of deposits does not constitute withdrawal from the program. I understand that program fees will not be refunded on or after April 15.

In consideration of permission granted by the Board of Visitors of VCU, I for myself, my executors, administrators and successors hereby release and hold harmless VCU, its visitors, officers and employees, and agents from any and all claims and causes for action including, but not limited to, destruction of property, and personal injury, including but not limited to death, which may be sustained by me, arising out of controlled travel or activity related directly or indirectly to the program.

I understand that pursuant to Sec. 2.2.-732 et.sec., of the Code of Virginia and in accordance with rules and regulations promulgated by the state comptroller and the attorney general of the commonwealth of Virginia, VCU will charge interest costs and fees on all accounts past due.

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Signature

Date

Program: **Guatemala Health Care**

The International Student Identification Card (ISIC) is required of all VCU study abroad participants. You must submit a passport sized photograph with your registration forms in order to receive the card. This card carries limited health insurance.

Personal Information (please type or print clearly):

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First name

Last name

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Address

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City, State, ZIP

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Telephone

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Birthdate (ex. Jan. 3, 1978)

**Signature**

I hereby certify that this information is true and I understand that any false statements on my part may result in forfeiture of the benefits associated with this card.

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Signature of cardholder

Date

Office Use Only: ISIC#	Date Issued:
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