



## European Council Summer 2018 Study Abroad Application

Submit the completed application to your EC campus representative.

The non-refundable application/deposit fees must be paid online at: [ecstudyabroad.net](http://ecstudyabroad.net)

Applications will be processed upon receipt of this form **and** the \$300 application/deposit fee

**\*Payments may be made by debit or credit card. Checks or money orders will not be accepted\*\***

### Program Choice

Program: Berlin London Madrid Paris St. Petersburg Waterford

AM Course Selection: \_\_\_\_\_ Alternate: \_\_\_\_\_

PM Course Selection: \_\_\_\_\_ Alternate: \_\_\_\_\_

### I. Personal information

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Current Mailing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

### II. Passport Information

Do you have a Passport: Yes \_\_\_ No \_\_\_ In Process \_\_\_\_\_

If yes indicate the Country of Issuance: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

An electronic copy of the information pages of your passport, pages with your signature and photo, must be submitted to the EC by March 28<sup>th</sup>, 2018 in order to avoid late fees. If available, please submit now at: [europencouncil@valdosta.edu](mailto:europencouncil@valdosta.edu). Further details on how to submit any required items will be provided in your acceptance letter and program guide which will be emailed to you. You are required to read the program guide within seven days of receipt.

### III. Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

This person will also serve as a contact should we not be able to reach you in situations that are time sensitive.

### IV. Academic Information

Home University: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Class Standing: Freshman Sophomore Junior Senior GPA: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

## V. Authorization and Waiver of Liability

I understand that by participating in a European Council Program that I shall be subject to the supervision and authority of the program director/faculty in charge and to the standard of conduct outlined by the European Council. I further acknowledge that the supervising program director/faculty has sole authority to make decisions regarding the continued participation of any individual in the program whose conduct may necessitate disciplinary action.

I am aware that the cost of the program does not include tuition and that I should pay tuition to the institution in which I'm registering for courses. I also understand that I will receive grades for my courses through said institution.

I am also aware that trip cancelation/interruption insurance is not included in the cost of the program and that it is my responsibility to purchase coverage to cover my investment should I so desire.

I am aware that the deadline for submission of the application is March 2, 2018, and I agree to abide by the payment deadlines as follows: First Payment—March 9<sup>th</sup>, 2018 and Final Payment—April 6<sup>th</sup>, 2018. **Failure to abide by these deadlines will result in late fees.** All payments must be paid online. If I should decide to add any optional excursions offered by my program, I understand there will be additional costs and I will make additional payments according to a separate payment schedule. Should I withdraw from the program, **I acknowledge and accept the schedule for refunds and penalties found online at [ecstudyabroad.net](http://ecstudyabroad.net).** All withdrawal requests must be submitted in writing via email to the EC office AND to your campus representative before refunds will be processed.

All costs are subject to change due to unanticipated increases in airfares or other program costs, as well as fluctuations in monetary exchange rates. The European Council makes every effort to keep program costs as advertised and will inform prospective participants of any changes should they occur.

Students with special physical, psychological, or learning needs should inform the European Council Office in writing and submit current documentation to substantiate the need(s), **within two weeks** of submitting this application in order that a determination can be made regarding whether accommodation on the program are possible. We may not be able to process requests for accommodation that are received fewer than 90 days before departure.

Finally, I acknowledge that participation in a study abroad program may involve some risk of illness, injury, or loss of personal property. I agree to release and forever discharge the institution through which I am registering for this program, my university, the European Council, Valdosta State University, 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 actions of whatever kind or nature, arising from and by reason of any and all known or unknown, foreseen and unforeseen, bodily and personal injuries, including death, damage to property, and the consequences thereof, resulting from my participation in the Summer 2018 study abroad program of the European Council.

I understand that **I must be 18** years of age by time of departure

## VI. Student Signature

I understand that submitting an application for admission to the European Council Study Abroad program does not guarantee acceptance into the program, that candidates must meet program requirements and be approved by the European Council, and that participation is subject to availability and is on a first come, first served basis.

\_\_\_\_\_  
Signature of Applicant (do not type your signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of EC Campus Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of European Council Coordinator

\_\_\_\_\_  
Date