

# Application for Study Abroad Program

Directions: Please complete **ALL** items (type or print), sign, and return completed application form to:

Dr. Jurg Gerber  
Sam Houston State University  
College of Criminal Justice  
Huntsville, Texas 77341-2296

Country and year for which program you are applying: \_\_\_\_\_

NOTE: Applications must be accompanied by a **\$100.00 non-refundable deposit**. The deposit will be credited toward program costs. Make checks payable to SHSU or [pay online](#). All students must have at least a 2.0 GPA and have completed any prerequisite courses in order to participate in the program. We will continue to accept applications beyond the deadline on a space available basis.

## I. PERSONAL INFORMATION (Please list name as it appears on passport/identification)

\_\_\_\_\_  
Last Name First/Middle

\_\_\_\_\_  
Street Address City/State/Zip Code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME Telephone Number WORK Telephone Number E-mail Address

\_\_\_\_\_  
Student Identification Number Gender (M/F)

**\* All participants must be at least 18 years of age.**

## II. EMERGENCY CONTACTS

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Address Address

\_\_\_\_\_  
E-mail Address E-mail Address

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone # Relationship Telephone # Relationship

## III. PASSPORT INFORMATION

Full legal name as it appears on passport: \_\_\_\_\_

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

Passport number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

## V. ROOM INFORMATION

I will room with \_\_\_\_\_

I will room alone (additional charges)

Assign a roommate (additional charges if none is available)

## VI. ACADEMIC INFORMATION

College/university currently attending: \_\_\_\_\_ Class Standing: \_\_\_\_\_

Major/Area of academic interest: \_\_\_\_\_ G.P.A. \_\_\_\_\_

Are you enrolled in a program leading to a degree or diploma? (Y/N)

## VII. MEDICAL INFORMATION

**For certain medical conditions, you may be required to provide written consent from a physician or to demonstrate that you have sought a physician's advice about appropriate precautions to take on this trip and to bring an adequate supply of any prescribed medications.** (If uncertain as to fitness for participation, be certain to consult your personal physician.)

**You must list any medical conditions you may experience so that travel coordinators may be aware of such conditions:**

## VIII. RELEASE AND WAIVER OF LIABILITY:

I acknowledge that participation in a study abroad travel program involves some risks of injury, illness, or loss of personal property. I agree to release and forever discharge the Board of Regents of the University System of Texas, 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 hereof resulting from my participation in the study abroad program.

I further certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study. I hereby authorize the leaders of this program to provide necessary medical treatment or services for me **at my expense**. Further, I understand that this Release and Waiver of Liability shall be effective for a period of one year from this date.

## IX. APPROPRIATE CONDUCT AND EARLY DISMISSAL FROM THE PROGRAM:

I understand that participants in the Study Abroad Program are required to exhibit appropriate conduct while participating in the program and that the program director has full authority to determine the appropriateness of participants' conduct. Appropriateness will be judged based on local law, regulations, customs, and on program rules and schedules. I acknowledge that if the director finds my conduct inappropriate, he/she may at his/her discretion order my early dismissal from the program. Dismissal means that I will be sent home as soon as is practical in the director's judgment, will be billed for the cost of the unscheduled early trip, and will receive no refund on participant fees paid into the program.

## X. PAYMENT SCHEDULE AND REFUND POLICY:

A nonrefundable application fee of **\$100** must accompany the application form. **SHSU TUITION IS PAID SEPARATELY AT REGISTRATION.** The following refund policy will apply: 90 days or more prior to departure - full refund of program cost less \$100 administration fee. 60-89 days prior to departure date - full refund cost less than \$200 administrative fee. 45-59 days prior to departure date - full refund less \$300 administrative fee and 10% of the total program cost. 30- 44 days prior to departure date - full refund less \$300 administrative fee and 30% of the total program cost. 15-29 days prior to departure date - full refund less \$300 administrative fee and 50% of the total program cost. 14 days or less prior to departure date - *no refund will be made of any moneys received.* After departure date - *no refund of any moneys received.* Requests for refunds and withdrawal from the program must be made in writing to SHSU College of Criminal Justice. All students must register and pay in full for the program fees and tuition prior to departure. Full refund if program is cancelled due to lack of participants (ten student minimum).

## XI. Please attach the following

Enclosed is my \$100.00 nonrefundable deposit. Make checks payable to the Sam Houston State University or [pay online](#).

Enclosed is my current resume/vita.

One passport size photo.

Copy of the face page of my passport.

**XI. I certify that all the above information is true and correct to the best of my knowledge. I have read, understand, and fully accept all of the above terms for participation in the Study Abroad Program.**

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

If you have any questions about the program or application process please contact:

Dr. Jurg Gerber  
Professor

Box 2296  
Huntsville, TX 77342-2417

Telephone: (936) 294-3172  
Fax: (936) 294-3926  
Email: gerber@shsu.edu