

**FLORENCE, ITALY**  
**Summer 2012**  
**Application Instructions**

*Applications are accepted up to **March 14, 2012***

On or before

**March 14, 2012 to H-211(Humanities & Social Sciences Dean's office)**

- One Faculty recommendation
- One Emergency contact form
- CSUF- Release of Liability
- Personal Conduct Agreement
- A photo copy of the picture page of your passport
- One page (500 word) essay: "Why I want to go to Italy and how this will contribute to my education and personal growth"
- CSUF-Class Registration Form

**March 14, 2012 To AIFS**

- Complete Online Program enrollment and submit your \$450 deposit at:**

[http://hss.fullerton.edu/hss/italy\\_program.aspx](http://hss.fullerton.edu/hss/italy_program.aspx) under "Application"

or email [tvandenburg@fullerton.edu](mailto:tvandenburg@fullerton.edu) for the specific program link.

**April 14, 2012 to Humanities & Social Sciences Dean's office –  
Tarrigon Van Denburg, [tvandenburg@fullerton.edu](mailto:tvandenburg@fullerton.edu)**

- Itinerary including departure dates from U.S and arrival back in the U.S. (if not taking the group flight)

\*You will be notified via email if additional CSUF forms are required based on your Study Plan and/or scholarship acceptance.

If you have any questions during the application and enrollment process, please contact Tarrigon VanDenburg, H&SS Dean's office at [tvandenburg@fullerton.edu](mailto:tvandenburg@fullerton.edu) or visit H-211.

**FLORENCE, ITALY  
Summer 2012**

COVER SHEET

*All Applications Materials due prior to **March 14, 2012***

LEGAL NAME:

\_\_\_\_\_ (last name)

\_\_\_\_\_ (first name)

\_\_\_\_\_ (middle initial)

CWID:

\_\_\_\_\_

EMAIL:

\_\_\_\_\_ This email will be used for most communications.

MAJOR:

\_\_\_\_\_



I hereby submit my application to participate in one of the College of Humanities and Social Sciences Study Abroad Programs at CSUF. I understand that my application will not be reviewed until program deposits and all forms are completed and turned in. I understand that CSUF tuition is separate from the study abroad program fees. I certify that the information given in the application is true and complete and that I understood each question.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Please return this completed application packet to  
Tarrigon VanDenburg, H&SS Dean's office in H-211.



## EMERGENCY CONTACT AND MEDICAL RELEASE FORM

Student Name: \_\_\_\_\_ Program/Year: \_\_\_\_\_

### Primary Contact:

### Secondary Contact:

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### **Please list all:**

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions (special diets, treatments, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have health insurance? Yes No

Name of Health Care Provider: \_\_\_\_\_

***I hereby grant the University permission to contact the above named individuals whenever the University, at its sole discretion, determines it is necessary to do so.***

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_



# PERSONAL CONDUCT AND ACADEMIC RESPONSIBILITIES AGREEMENT

## H&SS Italy Summer 2012

I, \_\_\_\_\_, understand that during the period of my study abroad  
Print name

Program, I am a guest in Italy. I also understand that:

- while living in Italy, I will be subject to the laws of that country.
- my behavior reflects upon my country and my university. I agree to conform to standards of conduct consistent with the maintenance of the reputation of the Host, and CSUF.
- Italy is more formal than the USA in dress, in speech and in social relationships, and while there, I will act according to local socially acceptable, polite norms.
- attendance is required in all regularly scheduled classes, field trips, and other group activities and that my grades could be affected by excessive absences.
- I am responsible for registering at the host institution as required and for contacting the Study Abroad office at CSUF to guarantee I am registered for placeholder course (s) as needed at CSUF.
- I understand grades for courses are awarded by the course instructors on the basis of their evaluation of my scholastic achievement. Letter grades (A, A-, B+, etc) will be recorded on my transcript. Grades received in programs sponsored by other approved institutions will be accepted from the sponsoring institution, on a pre-approved basis (in consultation with my academic advisor).
- I am considered a student of California State University, Fullerton and therefore I shall abide by the Dean of Student's JUDICIAL AFFAIRS policies as set forth on their website (<http://www.fullerton.edu/deanofstudents/Judicial/Policies.asp>) , including, but not limited to: **Title V, Alcohol & Drug Use; drug-Free school Information; Nondiscrimination Policy; Plagiarism; Sexual Harassment; Student Discipline Procedures; Student Rights & Responsibilities; Academic Appeals Procedures; and Academic Dishonesty and Repetition of Courses.**
- I am aware that I could be asked to return home, at my expense, if I am in violation of these policies.

I have read, received, understand and agree to the above.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_



**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Activity: **H&SS SUMMER 2012 ITALY  
STUDY ABROAD**

Activity Date(s) and Time(s): **JUNE 15 – JULY 27, 2012**

Activity Location(s): **FLORENCE, ITALY and surrounding regions**

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton; CSU Fullerton Auxiliary Services Corporation and their respective employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

Date: \_\_\_\_\_



***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name



## STUDY ABROAD PROGRAM FACULTY RECOMMENDATION FORM

*Do not submit recommendations from friends, employers, university staff or administrators*

Applicant

Applicant's Name: \_\_\_\_\_  
Country applying for: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

### Faculty Member

1. How well do you know applicant? (Check the most appropriate response.)
  - Extensive contact as advisor or in small classes
  - Well acquainted in classroom environment
  - Limited contact in classroom environment
  
2. In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. (Circle the most appropriate response.)

	Top 2%	Top 10%	Top 25%	Top 50%	Not Recommended
Academic Ability.....	4	3	2	1	0
Maturity.....	4	3	2	1	0
Cooperation & Adaptability.....	4	3	2	1	0
Initiative & Motivation.....	4	3	2	1	0

3. **Remarks:** Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from this H&SS Study Abroad program.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

*This form must be submitted to: Tarrigon VanDenburg, H&SS Dean's Office, H-211, (657) 278-3528*



# COLLEGE OF HUMANITIES & SOCIAL SCIENCES



## FLORENCE, ITALY CLASS REGISTRATION FORM

Semester/Year of Requested Enrollment: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

CWID#: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Day/Cell Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Major: \_\_\_\_\_ CUMM GPA: \_\_\_\_\_ CUMM. UNITS \_\_\_\_\_

Class Level At Time Of Proposed Enrollment: Soph \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Have You Applied For or Been Awarded Financial Aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Most Recent Financial Application/Awards: \_\_\_\_\_

<u>Course No.</u>	<u>Course Title</u>	<u>Units</u>
<u>Hum 350T</u>	<u>Italian Life &amp; Culture</u>	<u>3</u>
_____	_____	_____

For office use:  
**Schedule #**  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information that I have entered above is true and that I have read and understand the eligibility requirements, enrollment conditions and procedures as stated.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_