



**PORT ELIZABETH, SOUTH AFRICA**  
**Summer 2012**

APPLICATION INSTRUCTIONS

*All Applications Materials due prior to **March 2, 2012***

**On or before**

**March 2, 2012**

**to H-211(Humanities & Social Sciences Dean's office)**

- Cover Sheet (signed)
- One Faculty recommendation form
- One Emergency contact form
- One page (500 word) essay: "Why I want to go to South Africa and how this will contribute to my education and personal growth"
- A photo copy of the picture page of your passport
- CSUF Release of Liability
- Personal Conduct Agreement
- Part 1 and Part 2 of Application (signed)
- CSUF-Class Registration Form
- \$950 deposit

Complete applications will be reviewed within 2 weeks of receipt and participants notified via email of their acceptance into the program.

**April 6, 2012**

**to Humanities & Social Sciences Dean's office –**

**Tarrigon Van Denburg, [tvandenburg@fullerton.edu](mailto:tvandenburg@fullerton.edu) \***

- Copy of Confirmation Letter for Study Abroad Insurance as instructed in the application. *Study Abroad insurance dates must match travel dates.*
- Email [tvandenburg@fullerton.edu](mailto:tvandenburg@fullerton.edu) a .jpg head shot for NMMU student ID (use the same as the attached to Part 2 of the application)
- Email flight itinerary to [tvandenburg@fullerton.edu](mailto:tvandenburg@fullerton.edu) and [shartonting@fullerton.edu](mailto:shartonting@fullerton.edu) including departure date from the U.S. and arrival date in the U.S. for the return flight.

Transportation from the airport in Port Elizabeth to NMMU will **only** occur on **Monday, May 28, 2012**. Students are highly encouraged to coordinate their flight arrival times in Port Elizabeth. *Study Abroad insurance dates must match travel dates.*

\*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.

Keep this page for reference.



**PORT ELIZABETH, SOUTH AFRICA  
Summer 2012**

COVER SHEET

*All applications materials due prior to **March 2, 2012***

LEGAL NAME:

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

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

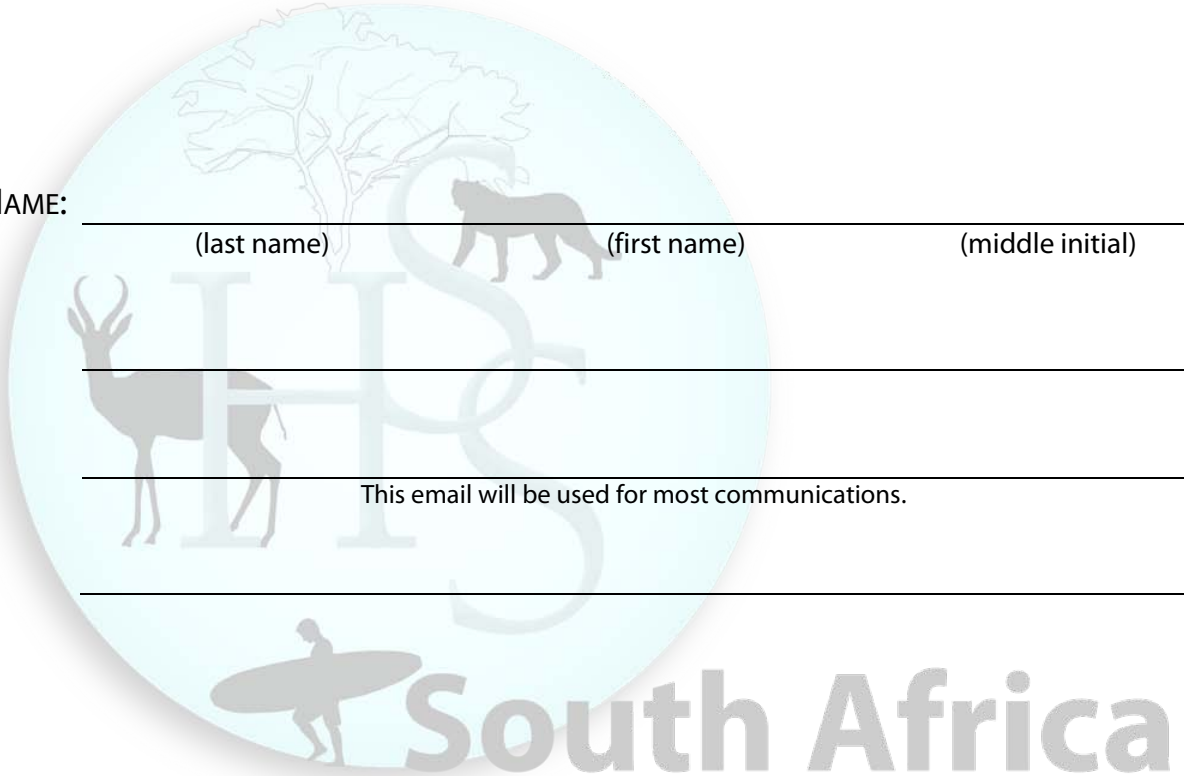
\_\_\_\_\_ (middle initial)

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 South Africa Summer 2012

I, \_\_\_\_\_, understand that during the period of my study abroad  
Program, I am a guest in South Africa. I also understand that:

Print name

- while living in South Africa, 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.
- South Africa 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 SOUTH AFRICA  
STUDY ABROAD**

Activity Date(s) and Time(s): **MAY 26 – JUNE 29, 2012**

Activity Location(s): **PORT ELIZABETH, SOUTH AFRICA 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 APPLICATION – SOUTH AFRICA

## Summer 2012

**PROGRAM FEE:** \$2995  
**Deposit:** (make check payable to CSUF-ASC) \$950  
**APPLICATION DEADLINE:** 3/2/12

Program fee includes the following:

- Housing in student housing on NMMU campus
- Lunch while on the NMMU campus
- Field Trips
- Orientation Program

Program fee does not include the following:

- Round-trip airfare between the U.S. and South Africa
- CSUF Tuition fees
- Some meals & lodging
- Textbooks
- Passport fees
- Medical insurance

Please complete the following application and return it to the College of Humanities and Social Sciences Dean's office in H-211, **no later than Friday, March 2, 2012**. Please include a copy of your passport information page and \$950 deposit check to CSUF-ASC unless payment is by credit card.

**Please type or print clearly in black ink.**

### Part I. Student Information

Name: \_\_\_\_\_ CWID #: \_\_\_\_\_

Local address: \_\_\_\_\_  
Address City Zip

Home Telephone # \_\_\_\_\_ Daytime Telephone # \_\_\_\_\_

Email Address (preferred): \_\_\_\_\_

Birth date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Citizen of \_\_\_\_\_  
month/day/year

Course Level: SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ GPA \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Are you currently receiving Financial Aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Students who expect to receive Financial Aid during the study abroad period are advising to sign up for Direct Deposit. Visit the Financial Aid Office for information or an authorization form. For more Financial Aid information contact the Office of Financial Aid, UH - 146, 657.278.3125

Passport Number: \_\_\_\_\_ Date/Place of Issue: \_\_\_\_\_

## **Part II. Housing**

Your housing assignment will be based on the answers you provide so please answer candidly. If you wish to share a room with a particular person, please indicate below. Both students must indicate they wish to share a room with each other.

Roommate Preference:  
(if know) \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you object to rooming with a smoker? Yes \_\_\_\_\_ No \_\_\_\_\_

What time do you normally get up in the morning? \_\_\_\_\_ What time do you normally go to bed? \_\_\_\_\_

Do you consider yourself a quiet person? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you consider yourself a liberal or conservative person? \_\_\_\_\_

Do you normally listen to music in your room? Yes \_\_\_\_\_ No \_\_\_\_\_

What types of music do you prefer? \_\_\_\_\_

Are you able to climb stairs? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Please explain \_\_\_\_\_

Please state below any other details that would assist NMMU in housing you.

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## **Part III. Additional Information**

	Yes/No	Detail
◆ Special dietary needs?	_____	_____
◆ Allergies or chronic ailments?	_____	_____
◆ Received counseling or treatment for nervous or emotional matters?	_____	_____
◆ Special needs which would make it difficult to climb stairs or walk long distances?	_____	_____
◆ Prescription Medication on a regular basis?	_____	_____
◆ Physical mobility. Do you have the ability to perform the essential functions of studying abroad with or without any special requirements?	_____	_____

## **Part IV. Student Medical Insurance**

Study Abroad Medical Insurance is required for this program for all dates including travel dates and can be obtained through Wells Fargo CSU Healthlink. Information and enrollment options can be found at <https://wfs.wellsfargo.com/CSU/> or by calling (800) 853-5899. The "deluxe" package is recommended.

## **Part V. Payment Options**

Deposit amount due is \$950. A credit card payment or a copy of deposit check must accompany this application. Applications received without payment will not be processed. Return this form and payment to College of Humanities and Social Sciences Dean's office in H-211.

**BY DUE DATE: MARCH 2, 2012**

Check one:     \_\_\_ My check/money order is enclosed payable to **CSUF-ASC** or  
                  \_\_\_ Bill my credit card for \$950, or  
                  \_\_\_ Bill my credit card for the entire program cost   \$2995.00

Check one:     Visa\_\_\_ MasterCard\_\_\_ American Express\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount to be charged: \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder's  
address \_\_\_\_\_

Phone \_\_\_\_\_ Name on card (if different from yours) \_\_\_\_\_

## **Part VI. Refund Information**

All student initiated withdrawals must be done in writing to the California State University, Fullerton, College of Humanities and Social Sciences dean's office in H-211.

Should an individual participant withdraw on or before March 8, 2012, s/he will receive a refund of all fees paid less the US\$100 processing and US\$50 application fee. No refunds would be possible after March 8, 2012.

Students who must withdraw from the program prior to the departure for the program destination because of a covered injury or illness will receive a refund of all fees paid less the US\$100 processing fee and US\$50 application fee and any expenses California State University, Fullerton and CSU Auxiliary Services Corporation (ASC) have paid or are obliged to pay on behalf of the students.

Please note that students who are academically withdrawn by their home institutions after their applications have been processed by CSUF and ASC are subject to the standard refund policy.

It is understood that the University will not cancel the program if the necessary minimum number of participants have been enrolled by March 2, 2012.

In the event of the U.S. State Department issuing a travel warning which advises U.S. citizens not to travel to South Africa, or if they are already in South Africa, to leave it, CSUF and ASC will:

- If the Program has not started, either make suitable alternative arrangements or cancel the Program and refund all fees paid.
- If the Program has started, suspend the Program and fly the students home. If students are returned home they will receive a pro-rata rebate of fees paid to CSUF and ASC for the proportion of the Program not completed, less the US\$100 processing fee and \$50 application fee and any costs incurred flying the student home.

## **Part VI: Student Agreement**

I agree to conduct myself properly during the program and to cooperate with the NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU) staff and my fellow students. I am aware that misconduct on my part may result in my expulsion from the program without refund of fees and my return home at my own expense and my home campus being informed. I understand that NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU) reserves the right to affect the return to the U.S. of any student who is not meeting the standards of scholarship or conduct of the program. I understand that if I leave the program early, I will receive no refund from NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU). I understand that class attendance is required and that absence from classes is grounds for dismissal from the program.

Illegal drugs in any form are not tolerated. I understand that students participating on any NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU) program found using or possessing illegal drugs in any form are subject to disciplinary action and/or immediate expulsion. I also understand that, with regards to possession or use of illegal drugs, I am subject to the laws of the country in which my program is being held.

NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU) is not responsible for my well-being when I am absent from official NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU) activities, during my free time or during periods of independent travel. I release NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU) and my school from all claims arising out of acts of omission by persons or entities outside of its control (without limitations), including airlines, surface transportation organizations and other suppliers of program services. NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU) is not responsible for any costs arising from the loss or theft of any of my personal property at any time.

I realize that it is my responsibility to complete and return all forms and to make all program payments by the deadlines indicated. I agree that I will be liable for late payments, as determined by CSUF-ASC, should I miss the payment deadlines, and I understand that failure to meet payment deadlines may result in failure to obtain certain services normally included in the program. I also agree that I am liable for any returned checks, along with any stated bank and administrative fees associated with those checks.

I recognize that it is my responsibility to obtain a passport and any necessary visas. If I am not a citizen of the US, I recognize that it is my responsibility to contact both my home country consulate or embassy and those of the host country regarding passport and visa requirements.

I understand that from time to time the NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU)'s and my university's publicity material may include statements by its participants and/or their photographs, and I consent to such use of my comments and photographic likeness.

I agree to abide by all program rules as specified by NELSON MANDELA METROPOLITAN UNIVERSITY (NMMU) and the organizations with which it cooperates including those written in program materials provided to participants in both the United States and overseas.

### **Data Protection**

By participating in the Program, I hereby consent to the collection and processing of my application and monies by CSUF-ASC.

In particular, I consent to the transfer of my personal data outside South Africa to my university, next of kin and any appropriate governmental authority.

I hereby submit my application to participate in the California State University, Fullerton, College of Humanities and Social Science South Africa Study Abroad program. I certify that the information given in the application is true and complete and that I understood each question.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Keep this page for your records

# STUDY ABROAD APPLICATION – SOUTH AFRICA

## Summer 2012

### PROGRAM DATES

Monday, May 28, 2012	Arrival date in Port Elizabeth, South Africa and transfer to accommodations.
Tuesday, May 29, 2012	Program begins.
Friday, June 29, 2012	End of program. Flights depart.

### FEE SCHEDULE

	Fee	Deadline
Enrollment Deposit	\$950	March 2, 2012
Balance of Fees	\$2045	April 13, 2012
<i>Total</i>	<i>\$2995</i>	

#### Program fee **includes** the following:

- Housing in student housing on NMMU campus
- Lunch while on the NMMU campus
- Field Trips & Transportation
- Orientation Program

Program fee **does not** include the following: ■ Round-trip airfare between the U.S. and South Africa ■ CSU Tuition fees ■ Some meals & lodging ■ Textbooks ■ Passport or visa fees ■ Medical insurance

Checks should be made payable to "CSUF-ASC." You may use American Express, MasterCard or Visa. See application form. All students must submit the \$950 deposit with the completed application. Please deliver subsequent payments to **Sharon Ting**, University Extended Education, College Park 950, [sharonting@fullerton.edu](mailto:sharonting@fullerton.edu) 657.278.8267.

### REFUND INFORMATION

All student initiated withdrawals must be done in writing to the California State University, Fullerton, College of Humanities and Social Sciences dean's office in H-211.

Should an individual participant withdraw on or before March 8, 2012, s/he will receive a refund of all fees paid less the US\$100 processing and US\$50 application fee. **No refunds would be possible after March 8, 2012.**

Students who must withdraw from the program prior to the departure for the program destination because of a covered injury or illness will receive a refund of all fees paid less the US\$100 processing fee and US\$50 application fee and any expenses California State University, Fullerton and CSU Auxiliary Services Corporation (ASC) have paid or are obliged to pay on behalf of the students.

Please note that students who are academically withdrawn by their home institutions after their applications have been processed by CSUF and ASC are subject to the standard refund policy.

It is understood that the University will not cancel the program if the necessary minimum number of participants have been enrolled by March 2, 2012.

In the event of the U.S. State Department issuing a travel warning which advises U.S. citizens not to travel to South Africa, or if they are already in South Africa, to leave it, CSUF and ASC will:

- If the Program has not started, either make suitable alternative arrangements or cancel the Program and refund all fees paid.
- If the Program has started, suspend the Program and fly the students home. If students are returned home they will receive a pro-rata rebate of fees paid to CSUF and ASC for the proportion of the Program not completed, less the US\$100 processing fee and \$50 application fee and any costs incurred flying the student home.

Please attach a recent passport size photograph of yourself



**Nelson Mandela  
Metropolitan  
University**

*for tomorrow*

## Application for:

- Study Abroad
- Exchange
- Internship
- Short Programme

Prog. Name: CSUF H&SS Study Abroad

## Nelson Mandela Metropolitan University: 2012

**SURNAME**

**INITIALS**

**STUDENT NUMBER**

*For office use*

PO Box 77000 • NMMU • Port Elizabeth • 6031 • South Africa

Tel: 041 504 2161 / Fax: 041 504 2771

Web: [www.nmmu.ac.za/international](http://www.nmmu.ac.za/international) / Email: [international@nmmu.ac.za](mailto:international@nmmu.ac.za)

**INSTRUCTIONS:**

Use block letters to complete this form or place an X in the correct square. Please use a black pen. Kindly complete the form in FULL and answer all the questions. Incomplete applications will not be processed.  
If all the required documents are not included, the application form will be returned to you.

**CHECKLIST FOR APPLICANTS:**

(Please attach)

- Copy of Passport
- Copy of Academic Transcript (Not for short programmes)
- Application fee (where applicable)

**SECTION A: PERSONAL DETAILS**

Title: ..... Initials: ..... Last name: .....

First names in full: .....

Maiden Name (if applicable): .....

Date of birth: ..... Nationality:.....

Home Language: .....

Passport Number: ..... Expiry date:.....

Marital Status:	<input type="checkbox"/>	Single	Gender:	<input type="checkbox"/>	Male
	<input type="checkbox"/>	Divorced		<input type="checkbox"/>	Female
	<input type="checkbox"/>	Widowed			
	<input type="checkbox"/>	Married			

**Duration of Studies (please indicate with an X)**

- 1<sup>st</sup> semester (January – June)
- 2<sup>nd</sup> semester (July – November)
- Full Year (January – November or July - June)
- Short Programme (no. of weeks) 5-weeks
- Other (indicate arrival and departure dates):.....



**DIETRY REQUIREMENTS**  
**(Applicable to Short Programme students only)**

Applicable to short programme students only:

.....  
.....

**MEDICAL AID INFORMATION**

Name of medical aid:.....

Option:.....

Membership no:.....

Date of membership: From:..... End date:.....

Contact details for claims or emergency details:.....

.....

.....

(please read the medical aid letter as attached)

**SECTION C: DECLARATION BY OVERSEAS INSTITUTION**

Title: .....Dr.

First Name: ...Mitch

Last Name: ...Avila

Official Designation: ...Associate Dean, College of Humanities and Social Sciences.....

Name of Institution: California State University, Fullerton.....

I hereby declare that .....(name of applicant) is a legally registered student of ...California State University, Fullerton (said Institution) and is recommended for the programme that the application is submitted for.

I also declare that the said student's conduct was satisfactory for the past year of study.

This student is in good stead with the Institution.

## SECTION D: DECLARATION BY APPLICANT

**If I am admitted as a student to the university, I undertake to:**

1. Perform such work as may be assigned to me by members of staff and to conform to all the rules and regulations laid down by the university.
2. Acquaint myself with all the rules, regulations and instructions applicable to the qualification for which I enrol; I have also acquainted myself with the fees payable as stipulated by the university.
3. I acknowledge that the rules and regulations and instructions referred to in 1 and 2 above are subject to amendment without further notice.
4. I undertake to immediately notify the Study Abroad Coordinator in writing if I change or cancel my registration. I further undertake, if applicable to me, to immediately notify my legal guardian and/or the person who assumes liability for payment of the fees owing by me if I change or cancel my registration and to provide the said person with all accounts received from the university. I further acknowledge that such cancellation is not valid unless given in writing.
5. I am aware that my registration is valid only if it complies with the regulations of the qualification concerned, notwithstanding the acceptance of this registration by the university.
6. The fees and conditions shall be determined by the Council and are subject to amendment without prior notice. I undertake to pay all fees prescribed by the university in respect of any module/qualification for which I register, by the due date as well as all other fees, which may be owing by me to the university. I further note and accept liability for payment of interest as stipulated by the university from time to time in the event of my failing to pay fees for which I am liable by the prescribed date. In the event of the university successfully instituting legal action against me for the recovery of any amounts owing, due and payable or the enforcement of any legal rights to the university, I shall be liable to pay all legal costs incurred on an attorney and client scale, including collection commission and interest. I agree that the university may provide me with statements of account and any other communiques by way of electronic communication through data messages. These data messages may be sent to the cellular number provided by me. I am also prepared to accept such messages at my NMMU student e-mail address or at an alternative e-mail address nominated by myself in writing.
7. I accept that my examination results, certificate/diploma/degree and study record may be withheld under the following circumstances:
  - 7.1 In the event of my student account being in arrears or
  - 7.2 In the event of any disciplinary matter pending against me
8. I understand that if after registration it is found that my tuition fees or residence account or any other monies including the cost for the replacement of library materials owing to the university have not been paid by the prescribed date, my registration may be cancelled. Failure to pay residence fees by the date stipulated by the university may result in my eviction from the residences.
9. I will immediately notify the Study Abroad Coordinator, in writing, if I change my address.
10. Should I, during the course of my studies at the university, sustain any injuries or contract any illness or suffer loss or damages, I hereby undertake not to institute any claim against the university on account thereof, irrespective of the cause of such damages or loss. In the event of my death during the course of my studies, this undertaking shall be binding of the executor of my estate and my heirs and successors-in-title. Under the circumstances referred to, I or my executor, administrator,

heirs and successors-in-title (in the event of my death) hereby indemnify the university in respect of any damages suffered by me from any of the causes referred to above.

11. I understand and accept that any work produced by me during my studies or research at the university which may be the object of an intellectual property right, as well as any data or information collected or obtained by me, shall remain the property of the university, and I undertake not to alienate, transfer or make known such to any other party without the written permission of the university.

12. I have no objection to my name being given to another educational institution, which will enable me to upgrade my educational qualifications should my application not be accepted.

13. I understand that the university may by law be required to disclose information about or relating to myself and my studies which is on record at the university, to a third party requesting access to such information. I specifically authorize the university to supply information relating to my studies and conduct while at the university, to my parents/legal guardians (applies only to minors), to potential employers and to sponsors of my studies, including my parents/legal guardians and my employer.

14. Upon registration I accept responsibility for ensuring that I am registered for the correct modules; that I have no examination or lecture timetable clashes; and that I have made provision for adequate modules and credits for the qualification I wish to obtain.

15. I undertake, that should I be admitted to accredited accommodation, the university may assume that I have constructive knowledge of all present and future policies and rules relating to accredited accommodation.

16. The university uses a digital document management system to store and retrieve information. All student records and other correspondence will therefore be converted to a data format and originals may be destroyed after a period of time.

17. The information furnished by me herein is to the best of my knowledge true, correct, and complete.

18. An applicant who submits any document in support of this application, which contains a false statement, is altered or forged, will be prosecuted both criminally as well as in terms of the Student Disciplinary Code. The findings of the Disciplinary Committee will be communicated to all other tertiary institutions in the country.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

# 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

- 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
- 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

- 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



## PORT ELIZABETH, SOUTH AFRICA 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>Life and Culture in South Africa</u>	<u>3</u>
<u>WMST 302</u>	<u>Introduction to Women's Studies</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 \_\_\_\_\_