

Fisher in France Application 2010

(Please print)

First Name _____ Middle Initial _____ Last Name _____
Social security # _____ Passport # _____
Student ID# _____ Male ___ Female ___ Birth date _____

School Mailing Address _____ City _____ State _____ Zip code _____

School phone (area code, number) _____ (cell) _____ e-mail contact _____

College or University _____ Major _____

Student status: Sr. ___ Jr. ___ Soph. ___ Semesters of college French: 0 ___ 1 ___ 2 ___ 3 ___ 4 ___

Years of high school French: 0 ___ 1 ___ 2 ___ 3 ___ 4 ___

Current cumulative gpa: _____ Current social standing: ___ good ___ on probation
(as verified by the Dean of Students)

Home Mailing Address _____

Home phone (area code) (telephone number) _____

Emergency contact: _____ Phone () _____
Address: _____ Fax () _____
Relationship _____

Transcript of credits earned to be sent to: _____ Institution _____
Address _____ City _____ State _____ Zip code _____

A \$1,295 deposit, payable to St. John Fisher College, is due with application January 2, 2010.

Non-refundable confirmation of \$2,700 due February 25, 2010.

Balance of \$2,000 due April 30, 2010.

I understand that my non-refundable deposit will be used to reserve airfare and accommodations in France. It may only be refunded to the extent that airlines will reimburse a canceled reservation (approximately half), or if the program is cancelled for any reason.

Signature of applicant Date _____

Please mail to: Dr. Terry May, Director, Foreign Study
St. John Fisher College
3690 East Avenue
Rochester, NY 14618

may@sjfc.edu
Office Tel. (585) 835-8215
Office Fax (585) 835-7311

LIABILITY RELEASE

Fisher in France 2010

The Student and parent/guardian voluntarily accept full responsibility for any liability for personal injury or illness, or loss or damage to property during participation in the study abroad Program through St. John Fisher College or while upon the premises where the Program is being conducted. The student and parent/guardian consent to the Student's involvement in the Program and release St. John Fisher College from responsibility. It is understood that the student is subject to all disciplinary rules of the host institution and St. John Fisher College cannot be held responsible for any act which results in dismissal. Both the Student and parent/guardian warrant that the Student is physically fit and in a condition that will allow full participation in the program. Advance notice must be given of any allergies to foods or medications. The Student and parent/guardian realize that the student is solely responsible for all medical coverage during the course of the program.*

EMERGENCY MEDICAL TREATMENT

The Student and parent/guardian grant the Program permission to authorize emergency medical treatment for the Student, as its agents deem appropriate during the Program, and agree that such action by the Program Director, Dr. Terry May, shall be subject to the terms of this Agreement. The Student and parent/guardian understand and agree that the Program Director assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

STUDENT CONDUCT

I agree to uphold the SJFC Conduct Codes while abroad. Any violations of the Codes, particularly alcohol and drug related, will be communicated to the Dean of Students at St. John Fisher and may affect my social standing at the College upon my return.

In signing this Agreement, I acknowledge that I have read it, understand it and agree to be bound by its terms. I further acknowledge that I am the parent or legal guardian of the Student and that I sign this Agreement voluntarily.

Name of Parent or Guardian (printed)

Signature

Date

Name of Student (printed)

Signature

Date

* Students who are currently covered by private insurance can be reimbursed upon their return by their company for medical expenses incurred abroad. It is your responsibility to verify insurance coverage while abroad. Please contact your insurance company for further information.

Confirmation Payment Coupon (Please include with payment) **Fisher in France 2010**
Due February 25, 2010

Enclosed please find my non-refundable confirmation of \$2,700. I understand that these funds represent my commitment to participate in the program and will be transferred to France to finalize reservations and accommodations. No portion may be refunded unless the program is cancelled for any reason. Please make checks payable to St. John Fisher College, noting Fisher in France on the check.

Signature of applicant Date _____

Please mail to: Dr. Terry May, Director, Foreign Study
St. John Fisher College
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Rochester, NY 14618

may@sjfc.edu
Office Tel. (585) 385-8215
Office Fax (585) 385-7311

Final Payment Coupon (Please include with payment) **Fisher in France 2010**
Due April 30, 2010

Enclosed please find my final payment of \$2,000. I understand that it is non-refundable as advanced reservations for the program abroad are based on a package group rate. No portion of my payment may be refunded unless the program is cancelled for any reason. Please make checks payable to St. John Fisher College, noting Fisher in France on the check.

Signature of applicant Date _____

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