

# Fisher in Mexico Application 2010

(Please print)

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Social security # \_\_\_\_\_ Passport # \_\_\_\_\_  
Student ID@ \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birth date \_\_\_\_\_

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School Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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School phone (area code) (telephone number) \_\_\_\_\_ e-mail contact \_\_\_\_\_

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College or University \_\_\_\_\_ Major \_\_\_\_\_  
Student status: Sr. \_\_\_ Jr. \_\_\_ Soph. \_\_\_ Semesters of college Spanish: 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_  
Years of high school Spanish: 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_  
Current cumulative GPA: \_\_\_\_\_ Current social standing: \_\_\_ good \_\_\_ on probation  
(as verified by Dean of Students)

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Home Mailing Address \_\_\_\_\_

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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 December 4, 2009.  
Non-refundable confirmation of \$1,650 due February 19, 2010.  
Balance of \$1,650 due April 26, 2010.

I understand that my non-refundable deposit will be used to reserve airfare and accommodations in Mexico. It may only be refunded to the extent that the airline 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 Mexico 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. 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. Rubén Gómez, 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 Mexico 2010**  
**Due February 19, 2010**

Enclosed please find my non-refundable confirmation of \$1,650. I understand that these funds represent my commitment to participate in the program and will be transferred to Mexico 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 Mexico on the check.

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

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St. John Fisher College  
3690 East Avenue  
Rochester, NY 14618

[may@sjfc.edu](mailto:may@sjfc.edu)  
Office Tel. (585) 385-8215  
Office Fax (585) 385-7311

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**Final Payment Coupon** (Please include with payment) **Fisher in Mexico 2010**  
**Due April 26, 2010**

Enclosed please find my final payment of \$1,650. 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 Mexico on the check.

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

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