

THE UNIVERSITY OF AKRON
Summer Study Abroad in China (SSAC)

APPLICATION

Date _____

Name: _____
 Last First M.I. Preferred First Name

Student ID Number _____; Social Security Number: _____/_____/_____

Passport Number: _____

E-mail address(es) _____; (_____)

Current Address (address until time of departure):

Street _____ Phone _____

City _____ State _____ Zip _____

Permanent Address (e.g. address of parent, guardian, or spouse):

Street _____ Phone _____

City _____ State _____ Zip _____

Emergency Contact (person to whom UA may release information during your absence):

Name _____ Relationship _____

Street _____ Phone _____

City _____ State _____ Zip _____

May UA release your name and address to present or potential program participants? Yes ___ No ___

Institution presently attending (circle UA or specify other):

UA Other college/university _____

Class standing at beginning of summer program (circle one):

Freshman Sophomore Junior Senior Other (specify) _____

Major or Prospective Major(s) _____

Minor or Prospective Minor(s) _____

Please circle the appropriate response.

Gender: Female Male

Citizenship: US Citizen US Resident Alien Nonresident Alien International Student

Date of Birth (m/d/y) _____

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ACADEMIC INFORMATION

Please list or summarize the Chinese courses you will have taken prior to the beginning of the program:

Title	Credits	Grade	Semester and Year

PERSONAL PROFILE (approximately 250 words)

Please state how this program will help meet your academic and personal goals. (Use the back of this form for additional space.)

Have you ever lived, traveled, or studied in another country? Yes No

If yes, please describe and include dates.

I certify that all statements made on this Summer Study application in its entirety are true and accurate.

Signature

Date

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WAIVER AND RELEASE

I, _____, will register / have registered for Chinese 422 for Summer 2009. I will be traveling to foreign destinations, including China, during May-June 2009. I affirm that my registration for this course is entirely voluntary and understand that it is not required for my academic program. I represent to The University of Akron that I am physically capable of participating in this course and that, to the extent necessary in light of my prior health history, weight and general physical condition, I have consulted my personal physician or other health authority before making such representation. I acknowledge and recognize the risks of illness, personal injury, property damage, and other damage or loss inherent in any travel, and I am aware that vaccinations are recommended. I understand that unanticipated and unexpected dangers may arise. Recognizing that a significant portion of my activities will not be supervised by a University representative, I assume all risk of injury that may arise in connection with my activities. I am responsible for my travel, medical or other personal insurance deemed necessary by myself for domestic or international travel, and represent that I have obtained medical evacuation insurance. I understand that The University of Akron is not responsible for my safety in the event of any accidents or other incidents, including, but not limited to crime, terrorism, riots, revolution, or war that may occur during my domestic or international travel.

In consideration for being granted the opportunity to participate in this program and the use of services and facilities furnished or made available by The University of Akron, as well as the help, assistance and advisory services rendered by members of the faculty and employees of the University, I am hereby waiving and releasing The University of Akron, its employees, agents and representatives, from any and all claims, costs, liabilities, expenses or judgments, including attorney fees and court costs, arising out of my domestic or international travel, or any loss, damage, illness or injury resulting therefrom. I understand that if I should violate the laws or regulations of any country visited, The University of Akron may not be held liable for such conduct and reserves the right to terminate my participation in this course.

(Signature) Date: _____
Print Full Name Here: _____

