

WALSH UNIVERSITY GLOBAL LEARNING APPLICATION

Please check the program you are applying for:

Spring 2008

Rome Experience

Summer 2008

Rome SPS Program (*May 2008*)

Rome Undergraduate Program (*June 2008*)

Uganda

Rome/Medjugorje Pilgrimage (*June 2008*)

Fall 2008

Rome Experience I
(Aug. - Oct.)

Rome Experience II
(Oct. - Dec.)

I. APPLICATION SUBMISSION

A check in the amount of \$200 made payable to Walsh University must accompany this application. Please retain a copy of the completed application for your files. Applications should be submitted to International Programs & Services, Student Affairs, David Campus Center

II. PERSONAL DATA (FULL NAME AS IT WILL APPEAR ON YOUR PASSPORT)

Name

(last name)

(first name)

(middle name)

(preferred name)

Current Mailing Address

STREET NUMBER

CITY

STATE

ZIP

PHONE NUMBERS

Home (Area Code + Current number)

Cell (Area Code + number)

E-mail

Please notify International Programs & Services immediately of any changes to your mailing address/phone number.

*Please provide an alternate address ONLY if you wish mailings to be sent to this address **after April 27, 2008**

Alternate Home Address*

STREET NUMBER

CITY

STATE

ZIP

Alternate Phone Number

(Area code + Number)

Student ID number _____

Age _____ Birthdate _____

Sex Male Female

Emergency Contact _____ Relationship _____ Phone Number _____

Address _____
STREET NUMBER CITY STATE ZIP

VI. ACCOMMODATIONS

Walsh University will select my roommate(s) unless I choose one of the following options:

I prefer single accommodations (at an additional cost and if available)

I prefer to room with the following individual _____

Note: This individual must also request you as their roommate.

Walsh University will attempt to accommodate your rooming requests. Please contact Bryan Badar, Acting Director of Residence Life, bbadar@walsh.edu if you have questions regarding on-campus housing upon your return.

VII. TRANSPORTATION

I will be departing and returning with the Walsh group. (Deviations to the schedule may be considered for some programs if requested prior to ticketing. Contact International Programs and Services for details.)

I prefer to make my own arrangements for transportation (This option may not be available for all programs. Contact International Programs and Services.)

Special airline requests. (vegetarian meal, etc.) _____

Walsh University will attempt to accommodate your special airline requests, however, please be aware that seating assignments are at the discretion of the airline. Any changes to information indicated within the "Transportation" section must be made in writing to International Programs & Services.

VIII. ASSUMPTION OF RISK, AGREEMENT TO ABIDE BY CODE OF CONDUCT, RELEASE OF LIABILITY, AND LIMITED MEDICAL AUTHORIZATION

Code of Conduct: I hereby agree that in consideration of my being permitted to participate in this Walsh University program I will be subject to the supervision and authority of the faculty and/or director in charge; that standards of conduct will be stipulated by the faculty and/or director that I will meet; and that I will display maturity and responsibility as a representative of my college or university. I also understand and agree that the faculty and/or director in charge has the authority to make decisions regarding my continued participation in the program if they determine that my conduct warrants disciplinary action or if they determine that my continued participation, for whatever reason, poses an immediate risk of harm to me or to others.

Assumption of Risk and Waiver of Liability: I recognize that participation in an international educational program entails certain risks to my property and person that, in rare circumstances, can be serious or even lethal. I freely assume those risks. I further understand and agree that Walsh University shall not assume any liability for damage to or loss of my property or for financial obligations incurred by me within the United States or elsewhere. I also agree to give up any rights I may otherwise have to sue or otherwise bring claims against Walsh and its employees for personal injuries or death or other harm, except for those injuries, death or other harm caused by a deliberate wrongful act of the aforementioned university, and/or officers, faculty, employees or agents. Further, I agree that any claim I may bring shall be governed by the laws of the State of Ohio and shall be pursued only in the appropriate court or administrative agency within the State of Ohio. I understand that it is possible for me to purchase insurance, at my own expense, that will indemnify me against the risk of the financial losses outlined in this paragraph. I acknowledge that it is my responsibility to obtain medical insurance and understand the limitations of this coverage and agree that Walsh University is not responsible for any uninsured losses. I further acknowledge that I am free to purchase additional medical insurance if I so choose.

Medical Emergency: In the event of an emergency, I authorize the faculty and directors of the program to take whatever action they deem is warranted and appropriate regarding my health and safety. This includes but is not limited to placing me in a hospital or other health care facility within the country I am visiting and/or arranging for my transport back to the United States if deemed medically necessary and appropriate. I understand that any additional medical or evacuation costs above and beyond that covered by insurance will be at my own or my parents' expense.

Having read the above and desiring to participate in the Walsh University Program, I hereby apply for admission to the Walsh University International Learning Program and course(s) requested and enclose my \$200 deposit. I understand that should I cancel prior to the application deadline, I will receive a full refund less the \$100 non-refundable portion of my application deposit. If I cancel after the application deadline, I am responsible for the \$100 non-refundable portion of the deposit and any unrecoverable expenses incurred by Walsh on my behalf. In addition, should I cancel within 30 days of the trip's scheduled departure, I will also be charged an additional administrative cancellation fee of \$300. Should Walsh cancel a program prior to departure, a full refund will be issued. Should Walsh terminate a program in progress, all program payments to Walsh less non-recoverable expenses will be refunded. Further, I have read and understand the procedures for admissions, registration, and payment of fees; will familiarize myself with all Walsh regulations; and, once admitted, will provide upon request information (including a health care provider's statement) about any medical problems I have that might affect my ability to fully participate in all Walsh activities.

signature of applicant

date

If the applicant is under the age of 18 at the time he or she is making this application, his or her parent or legal guardian must review and sign in the space indicated below.

Declaration and Release of Parent or Guardian for Walsh University students who are under the age of 18 at the time of making application:

I certify that I am the parent or legal guardian of [name of student] _____ who has applied for participation in the [name of program] _____. I have read Section V., printed above and I understand it. Further, in consideration of [name of student] _____ the terms and conditions set forth in the "Assumption of Risk, Agreement to Abide by Code of Conduct, Release of Liability, and Limited Medical Authorization" section above.

name of parent or guardian

date

On this date [date the form is being signed] _____, before me personally appeared [name of parent of guardian] _____ to me known to be the person described in and who executed the foregoing instrument and acknowledge to me that [he/she] executed the same as [his/her] free act and deed.

notary public