

# WALSH UNIVERSITY GLOBAL LEARNING APPLICATION

Please check the program you are applying for: ( 2010-2011 Program details may be found at [www.walsh.edu/globallearning](http://www.walsh.edu/globallearning) )

## Summer 2010

Application Deadline:  
January 29, 2010

Managers Are Designers - (France, Italy, Spain)  
(May 9 – May 23, 2009)

## Graduate Programs

CHD in Uganda  
(May 9 – May 26, 2010)

MBA in Italy  
(June 5 - June 19, 2010)

MAED in Uganda  
(July 7 - July 23, 2010)

## Fall 2010

Application Deadline:  
March 10, 2010

Rome Experience I  
(August 14 - October 9, 2010)

Rome Experience II  
(October 16 - December 11, 2010)

## Spring 2011

Application Deadline:  
October, 2010

Rome Experience  
(February 19 - April 16, 2011)

## 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: Global Learning, Box 1154, Walsh University, 2020 East Maple St. North Canton, OH 44720.

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

Name

(last name)

(first name)

(middle name)

(preferred name)

School Year Mailing Address

STREET NUMBER

CITY

STATE

ZIP

PHONE NUMBERS

Home (Area Code + Current number)

Cell (Area Code + number)

Campus Extension #

E-mail \_\_\_\_\_

Campus Mailbox (if applicable) \_\_\_\_\_

Please notify Global Learning immediately of any changes to your mailing address/phone number.

\*Home address (ONLY if different from school year address.)

Alternate Home Address\* \_\_\_\_\_  
STREET NUMBER CITY STATE ZIP

Alternate Phone Number \_\_\_\_\_  
(Area code + Number)

Student ID number \_\_\_\_\_ Shirt Size: S  M  L  XL

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Majors: \_\_\_\_\_

Sex \_\_\_ Male \_\_\_ Female

EMERGENCY CONTACT # 1 \_\_\_\_\_  
Name Relationship

PHONE NUMBERS \_\_\_\_\_  
Home (Area Code + Current number) Cell (Area Code + number) Work #

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ Valid passport? Y or N

EMERGENCY CONTACT # 2 \_\_\_\_\_  
Name Relationship

PHONE NUMBERS \_\_\_\_\_  
Home (Area Code + Current number) Cell (Area Code + number) Work #

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ Valid passport? Y or N

### III. UNDERGRADUATE ELIGIBILITY

Applicants can be of any major but must be approved by both Academic Affairs and Student Affairs. Standard eligibility requirements include having successfully completed one full-time semester (at least 12 credit hours) at Walsh University, a minimum GPA of 2.5, and good social standing at the university. Exceptions to this policy are considered on a case-by-case basis.

To request an exception to the standard eligibility criteria, you must submit the following documents to Ryan Ozar, Director of Global Learning (330-244-4771) no later than the application deadline.

1. Write a letter requesting the exception. Explain why you wish to participate in the program and how you expect to benefit from it academically and personally.
2. Request a recommendation from your academic advisor or another Walsh professor who can attest to your academic ability to complete the global learning courses successfully.

I have successfully completed one full-time semester (at least 12 credit hours) at Walsh University  yes  no  
G.P.A. \_\_\_\_\_

I am requesting an exception to the standard eligibility criteria (please follow the process outlined above)  yes  no

I am currently a

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> freshman  | <input type="checkbox"/> senior                  |
| <input type="checkbox"/> sophomore | <input type="checkbox"/> graduate student        |
| <input type="checkbox"/> junior    | <input type="checkbox"/> other (please describe) |

### IV. ENROLLMENT

- If accepted for a Walsh Global Learning Program, I understand that I must enroll in all courses associated with the program.

### V. 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 double accommodations (at no additional cost)

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, Director of Residence Life, bbadar@walsh.edu if you have questions regarding on-campus housing upon your return.

### VI. TRANSPORTATION

- I will be departing and returning with the Walsh group.
- I prefer to make my own arrangements for transportation (This option may not be available for all programs. Contact Global Learning.)

**VII. 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 a Global Learning 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 Global Learning Program and course(s) requested and enclose my \$200 deposit. If I withdraw after the application deadline, I understand that the \$200 deposit is non-refundable and I am responsible for any unrecoverable expenses incurred by Walsh on my behalf. 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 will familiarize myself with all Walsh regulations, attend mandatory pre-departure orientations and submit all documents required by the Global Learning Office. If you leave or are expelled from the program for any reason there will be no refund of fees already paid and you are responsible for your return transportation home.

\_\_\_\_\_

signature of applicant

\_\_\_\_\_

date

**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 or 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