Wayne in Abruzzo: Summer Study
Program in Italy
Abruzzo, Italy June 28 – August 1, 2006
ITA 1010, 2010, 2710, 3100, 5990 (8 Credits)
Cost: $2835 plus tuition. (Program fees may change due to unexpected increases in airline surcharges. If this occurs, those fees will be passed on to program participants.)

To apply to this program, please fill out this application, attach an unofficial transcript and submit it with a $25 application fee to:

Study Abroad and Global Programs
5115 Gullen Mall
1600 David Adamany Undergraduate Library
Detroit, MI 48202
Phone: (313) 577-3207
Fax: (313) 577-7687
E-mail: studyabroad@wayne.edu
Website: www.studyabroad.wayne.edu

Wayne State University

Applicant Information

☑ Mr. Preferred First Name/Nickname Last Name Legal Name (as on passport)

☐ Ms.

Current Address

City State ZIP Code

Phone Alt. Phone E-mail *Most correspondence from our office will be via e-mail. Please list one you check regularly.

Current GPA Are you a current WSU student? Status during program

☐ Yes. My WSU PID # is: Freshman

☐ No Sophomore

☐ No Junior

☐ Other

Are you an honors student? Are you a DCE student? Date of Birth (MM/DD/YYYY) Gender

☐ Yes ○ Yes ○ M

☐ No ○ No ○ F

Emergency Contact: Please list who should be notified in case of emergency

Name Relationship to you

Current Address

City State ZIP Code

Home Phone Work Phone Cell Phone Fax

Email

For Office Use Only

Received:

Fee received:

Data Entry:

Sent to Dept:

Dept Decision:
**References:** Please list the names, telephone numbers, and e-mail addresses of two references who may be contacted regarding your application.

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How did you learn about this study abroad program?

- Faculty Member
- Study Abroad Office
- Former Participant
- Class
- Study Abroad Fair
- Other

Please describe

Have you traveled abroad for longer than a week?

If yes, where?

Please describe

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**Payment, Deposit and Refund Policies**

<table>
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<th>Program Fee:</th>
<th>$2835</th>
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Program Deposit: The non-refundable deposit of $200 is due within 14 days of accepting admission into the program. The remaining balance is due in three equal payments of $527 are due on 1/13/06, 2/10/06, 3/10/06, 4/7/06 and 5/5/06. If you are accepted in to the program after payments are due, you are expected to make those payments up as quickly as possible.

Withdrawal Policies:

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<th>Withdrawals must be in writing.</th>
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<td>60 days or more before start of the program</td>
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<td>45-59 days before start of the program</td>
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Refund Policy:

| 1-44 days before start of the program | All payments are non-refundable |

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I have read and understand the Payment and Deposit Policies as listed above. I understand I will be notified of my acceptance by an official letter sent from the Office of Study Abroad and Global Programs that will be sent to the current address I provided. I also understand my acceptance letter will include a Decision Form that I must return within two weeks from the date of my acceptance letter or I will be withdrawn from the program. I understand that in order to secure my place in the program, a $200 non-refundable program deposit is due within 14 days of being accepted into the program. I understand that program fees may change due to unexpected increases in airline surcharges. If this occurs, I understand that those fees will be passed on to me.

Signature ___________________________ Date ________________

Parent/Guardian Signature: ____________________________________________ Date ________________

(If applicant is under age 18)

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**Release of Student Information**

During the course of a student's participation in a study abroad program, the Study Abroad and Global Programs Office may wish to provide relevant information from the student's educational records to the student's parents or other third parties. Depending on circumstances, information to be released might include student account information, information about the program in which the student is enrolled, or non-emergency information related to the student health or safety.

Please sign below to indicate that you have read this form and authorize the Office of Study Abroad and Global Programs to provide relevant information from your educational records to your parents and any relevant third parties:

Signature ___________________________ Date ________________

Parent/Guardian Signature: ____________________________________________ Date ________________

(If this section is not signed, no student information other than “directory information” will be released to family members, etc. except in an emergency)
Study Abroad and Global Programs

The medical review of this form and admission into a program are independent of one another. The purpose of this form is to help the Study Abroad and Global Programs Office provide appropriate assistance to you should the need arise during your study abroad experience. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in a WSU study abroad program. The information provided will remain confidential as allowed by law. Relevant information will be shared with program staff, faculty, or appropriate professionals as it relates to your health and safety.

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<tr>
<th>Name</th>
<th>WSU ID#</th>
<th>Gender</th>
<th>M</th>
<th>F</th>
<th>Date of Birth</th>
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<td>Citizenship</td>
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<td>Current mailing address</td>
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City | State | ZIP |

Name of study abroad program:

Country/countries of program:

Date and year of program:

This information is required to coordinate treatment in the event of a medical emergency. Answer “N/A” if not applicable. Attach another sheet if necessary.

**ALLERGIES**

Medication allergy: Reaction: Treatment, if exposed:

Food or environmental allergy: Reaction: Treatment, if exposed:

**MEDICATIONS**

Please list any medicines you are taking on a daily basis:

**Additional Health Conditions**

Do you have any health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your ability to participate in this program?  
○ Yes  ○ No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Conditions(s)  How often do you have symptoms?  Plan for managing this condition while abroad
Disabilities

Are you registered with the Educational Accessibility Services (EAS) for Persons with Disabilities?

- Yes (if yes, you are advised to discuss your plans to study abroad with your EAS specialist so you might increase your options abroad)
- No

Do you have a disability that will require accommodations while abroad?

- Yes: Please list special accommodations

- No

Medical Records

The following must be completed. If you do not have a regular physician, indicate where your medical records are kept.

Physician Name:

Office phone: (   )  Emergency phone: (   )

Address:

City:  State:  Zip:

Health and Emergency Agreement

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization Form for access and review by the director of WSU Study Abroad and Global Programs and the appropriate health care professionals at WSU. If further medical information is required, I understand that I will be contacted by a health care professional at WSU who will ask for a specific release for my personal health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the director of WSU Study Abroad and Global Programs, the WSU program leader, host family, and the host institution’s resident director.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Wayne State University, through its representatives, to secure any necessary treatment. If coverage is not provided through the WSU Study Abroad and Global Programs insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Wayne State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, Wayne State University may notify my emergency contact listed on the Study Abroad application.

I certify that all responses made on this form are complete, true and accurate, and I will notify the Study Abroad and Global Programs Office immediately of changes in the state of my health. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that approval and participation in this study abroad program is contingent on receipt by the WSU Study Abroad and Global Programs Office of this completed and signed form.

Signature _______________________________ Date __________________