

UCI SUMMER SESSION | 2012 TRAVEL-STUDY PROGRAMS

ENROLLMENT PACKET CHECKLIST

Thank you for your interest in UCI Summer Session Travel-Study Programs!

Enrollment packets that are not 100% complete will not be processed. You must sign and date all portions and return all parts in order for your enrollment to be valid.

Listed below are the required components of the enrollment packet:

- _____ Complete and sign the **ENROLLMENT FORM** [PART 1 OF 5 (2 pages)]
- _____ Sign and date the **STUDENT CONDUCT AGREEMENT** [PART 2 OF 5]
- _____ Sign and date the **WAIVER OF LIABILITY FORM** [PART 3 OF 5]
- _____ Sign and date the **STUDENT PARTICIPATION AGREEMENT** [PART 4 OF 5 (2 pages)]
- _____ UCI Students ONLY, sign and date the **JUDICIAL AFFAIRS DISCIPLINARY CLEARANCE RELEASE** [PART 5 OF 5]
- _____ Enclose your \$500 deposit (either by check or credit card info)
- _____ Include a transcript (for non-UC students)
- _____ Make a copy for your records *before* submitting to the Travel-Study Office

Drop off completed enrollment packet in person (Building #231 on the campus map) or mail to:

UCI Summer Session
Travel-Study Office
PO Box 6050
Irvine, CA 92616-6050

REMEMBER:

Enrollments will be considered *provisional* until a program reaches minimum enrollment and all your pre-departure materials and final payments are received. When a program reaches minimum enrollment, and is confirmed, students will be notified by email.

UCI Summer Session highly recommends that all students purchase trip cancellation insurance, even after the program has reached its minimum enrollment.

In many cases, minimum enrollment will be reached by February or March. However, please be patient, and be aware that in some cases minimum enrollment could be reached as late as April 15, 2012.

QUESTIONS?

Please feel free to contact the Travel-Study Office! We can be reached by phone (949)824-4270 or via email: travel-study@uci.edu. Or drop-by the office, Monday-Friday 8am – 5pm. You can also find us on Facebook: [facebook.com/UCISummerSession](https://www.facebook.com/UCISummerSession).

UCI SUMMER SESSION | 2012 TRAVEL-STUDY PROGRAMS

ENROLLMENT FORM

[PART I OF 5]

I. STUDENT INFORMATION

Please write clearly. Use your FULL LEGAL NAME! **All fields are required.** If you have questions, call (949) 824-4270.

LAST:	FIRST:	MIDDLE:
PREFERRED ADDRESS:		
CITY:	STATE:	ZIP:
PRIMARY PHONE:	SECONDARY PHONE:	SCHOOL EMAIL*:
PERMANENT ADDRESS:		
CITY:	STATE:	ZIP:
SOC SEC#:	BIRTH DATE:	GENDER:
YOUR HOME CAMPUS:	YOUR HOME CAMPUS STUDENT ID#:	CLASS LEVEL AS OF NEXT FALL (2012):
WILL YOU BE AN INCOMING UC STUDENT (ADMITTED FOR FALL 2012)? YES <input type="checkbox"/> NO <input type="checkbox"/>		
MAJOR:	CURRENT OVERALL GPA:	Note: Students applying for the Cambridge programs must have a total GPA of at least 3.0. This will be verified prior to departure.
WHEN DO YOU ANTICIPATE GRADUATING? SPRING 2012 <input type="checkbox"/> SUMMER 2012 <input type="checkbox"/> NEXT FALL (2012) or later <input type="checkbox"/> Spring 2012 graduates are not eligible to join UCI Travel-Study. Summer 2012 graduates may join UCI Travel-Study by petition only. Please call (949)824-4270 for further directions.		
I HAVE A PASSPORT, CURRENT AND VALID 6 MONTHS OR LONGER FROM MY PROPOSED RETURN DATE TO THE U.S.** YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHAT IS THE CITIZENSHIP YOU HOLD A PASSPORT FOR?		
DO YOU INTEND TO APPLY FOR FINANCIAL AID FROM YOUR HOME UC CAMPUS THIS SUMMER? YES <input type="checkbox"/> NO <input type="checkbox"/>		

* You will be receiving official university communications via. e-mail. Please provide your current official school e-mail address.

** Students who do not have a valid, current passport are advised to apply within 30 days of submitting their Travel-Study application. All students are advised to double-check the expiration date on their current passport.

2. PROGRAM SELECTION

Check the website summer.uci.edu/travelstudy for updated course information and offerings. If a course is cross-listed, please indicate only a single course number and department.

SELECT PROGRAM	COURSES: YOU MUST ENROLL IN 8-UNITS OF COURSEWORK* (PLUS: Choose two alternates where possible)		GRADE OPTION**
<input type="checkbox"/> ARGENTINA	DEPARTMENT & COURSE # (Choose ONE department if cross-listed)	COURSE NAME	LETTER or PASS/NO PASS
<input type="checkbox"/> CAMBRIDGE**			
<input type="checkbox"/> CAMBRIDGE II**	SAMPLE: <i>Political Science 159</i>	<i>Secret Intelligence</i>	<i>Letter</i>
<input type="checkbox"/> CHILE			
<input type="checkbox"/> ITALY	1.		
<input type="checkbox"/> KOREA	2.		
<input type="checkbox"/> THE MEDITERRANEAN			
<input type="checkbox"/> SOUTHEAST ASIA	Alt 1.		
<input type="checkbox"/> TOKYO (Arts/Hum)			
<input type="checkbox"/> TOKYO (Engineering)	Alt 2.		

* All programs require a minimum of 8 units except Tokyo (Engineering) and Argentina (Track B and C).

** All Cambridge courses must be taken for a letter grade.

3. DEPOSIT PAYMENT

The \$500 deposit is **non-refundable** and will be applied toward the total cost of the program (deposit payment for Cambridge programs is applied toward UCI course fees). If a program is full when you apply, we will not keep your deposit and you will be notified by phone.

Enclosed is a check made payable to the "UC Regents" in the amount of US\$: _____

CREDIT CARD: VISA ___ MC ___ AMEX ___ CARD #: _____ EXPIRATION: _____

AMOUNT TO CHARGE (US\$): _____ NAME ON CARD: _____ TODAY'S DATE: _____

BILLING ADDRESS: _____

CARDHOLDER'S PRIMARY PHONE #: _____ CARDHOLDER SIGNATURE: _____

4. PROGRAM POLICIES

Review all policies (pertaining to payments, refunds, grading, travel, and conduct) at **summer.uci.edu/travelstudy/policies**. I acknowledge that I have read, understood, and am accountable for the UCI Summer Session Travel-Study program policies posted at the above web address.

5. SIGNATURE

I hereby apply for the 2012 Summer Session Travel-Study program of the University of California, Irvine (UCI) located in _____, and taking place from _____, 2012 to _____, 2012.

I have reviewed and understand all Travel-Study fees* at **summer.uci.edu/travelstudy/fees.aspx** and have read and understand all policies as mentioned in Item 4 of this enrollment packet.

*Course fees for Summer Session are pending the State budget and approval by the Regents of the University of California, and are subject to change.

PARTICIPANT'S NAME (PLEASE PRINT)	PARTICIPANT'S SIGNATURE	DATE
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The University of California, in accordance with applicable Federal and State laws and University policy, does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, medical condition (cancer-related or genetic characteristics), ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran. The University also prohibits sexual harassment. This nondiscrimination policy covers admission, access, and treatment in University programs and activities.

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STUDENT CONDUCT AGREEMENT [PART 2 OF 5]

Individual student behavior will affect the experience of others and will influence the future of Travel-Study opportunities. Our previous groups, acting with consideration, courtesy, and maturity have been a great reflection of these programs and a credit to the University. We kindly ask that you review and sign below.

POLICY ON STUDENT CONDUCT AND DISCIPLINE

Admission to the University (and/or its programs) carries with it the presumption that students will conduct themselves as responsible members of the academic community. As a condition of enrollment, all students assume responsibility to observe standards of conduct that will contribute to the pursuit of academic goals and to the welfare of the academic community. Students who allegedly violate the University's standards of conduct will be afforded basic standards of procedural due process. The primary goal of the Office of Student Conduct is to afford students an opportunity to learn from their mistakes and to promote positive behavior and lifestyle changes that ensure academic and professional success.

OFF-CAMPUS BEHAVIOR

In addition to conduct which occurs on University property or in connection with official University functions, the University shall have the discretion to exercise jurisdiction over off-campus behavior if it 1) adversely affects the health, safety, or security of any member of the campus community or 2) adversely affects the interests of the University. In determining whether or not to exercise off-campus jurisdiction, the University will consider the seriousness of the alleged harm, the risk of harm involved, whether the victim(s) are members of the campus community and/or whether the off-campus conduct is part of a series of actions which occurred both on and off campus.

A complete guide to the University of California Policies Applying to Campus Activities, Organizations, and Students can be found at: www.dos.uci.edu/conduct/uci_policy.php.

We kindly remind you that participation in the UCI Summer Session Travel-Study Program is a great opportunity and privilege. Please know that while overseas, you will continue to be a representative, not only of yourself and your family, but of your home campus and of the staff at UCI, as well as your host campus. Moreover, as a registered student at UCI, any misbehavior will adversely affect the future of these programs, and you may be subject to disciplinary action.

As a participant in a UCI Summer Session Travel-Study Program, you are expected to follow the guidelines set forth by both UCI and your host campus, and the laws of your host country. **Be on time. Be courteous. Be respectful. Ask for help. Help others. Look both ways.**

I understand that as a student participating in the University of California, Irvine, Summer Session Travel-Study Programs; I am responsible for adhering to the above behavioral standards and University policies.

PARTICIPANT'S NAME (PLEASE PRINT)

PARTICIPANT'S SIGNATURE

DATE

UCI SUMMER SESSION | 2012 TRAVEL-STUDY PROGRAMS **WAIVER OF LIABILITY FORM** [PART 3 OF 5]

UNIVERSITY OF CALIFORNIA, IRVINE (UCI)
UCI TRAVEL-STUDY PROGRAM

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the UCI Travel-Study Program. Hereinafter called "Activity," I, for myself, my heirs, personal representatives or assigns, **do hereby release, waiver, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Activity.

PARTICIPANT'S NAME (PLEASE PRINT)

PARTICIPANT'S SIGNATURE

DATE

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity, I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risks, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

PARTICIPANT'S NAME (PLEASE PRINT)

PARTICIPANT'S SIGNATURE

DATE

UCI SUMMER SESSION | 2012 TRAVEL-STUDY PROGRAMS

STUDENT PARTICIPATION AGREEMENT [PART 4 OF 5]

UNIVERSITY OF CALIFORNIA, IRVINE (UCI)

Student Participation of Agreement for Voluntary Travel-Study Program

- 1. PERSONAL PROPERTY:** I understand and agree that UCI has no liability or responsibility whatsoever for any personal property that I may bring on The Program and that any loss or damage to my personal property resulting from The Program shall be at my sole cost and expense.

- 2. STUDENT CONDUCT**
 - A. COMPLIANCE WITH UCI STUDENT CONDUCT POLICIES**

I hereby agree that, throughout the duration of The Program, I will conduct myself in accordance with all applicable UC student policies, including, but not limited to, UCI's Student Code of Conduct, and all student conduct rules established by UCI.

 - B. PROHIBITED ACTIVITIES**

During the period of my participation in The Program, I understand and agree that the use or possession of firearms, explosives, narcotics, and any other illegal substance, or my abuse of alcoholic beverages while participating in or traveling to or from The Program is strictly prohibited.

 - C. COMPLIANCE WITH PROGRAM RULES AND LAWS OF FOREIGN COUNTRIES**

I further understand and agree to comply with all Program rules, regulations, policies or directions of UCI personnel responsible for The Program and/or the laws and regulations of governmental authorities of all countries in which I travel.

 - D. DISMISSAL AND INDEMNIFICATION FOR FAILURE TO COMPLY WITH PROGRAM RULES**

I understand and agree that my violation of any of the above (2 A-C) is grounds for my immediate dismissal from The Program. I further agree that UCI's supervisory personnel on The Program have the right in their sole opinion, to determine if I have violated the above and to terminate my participation in The Program. In the event of such termination of my participation in The Program, I agree to return either to the UCI Campus or my US residence within 72 hours of such termination at my sole cost and expense. I further agree and understand that the violation of any rules or regulations may be just cause for my suspension or expulsion from UCI. In the event I am returned home, I agree no monies paid for or in connection with the Program will be refunded.

- 3. MEDICAL CONSENT:** In the event I am injured or become physically or mentally ill during my participation in The Program, I hereby authorize UCI and its representatives to obtain, at my sole cost and expense, such medical care as may be needed to protect my physical and mental health. In the event I am unable to do so myself, I hereby also authorize UCI and its representatives to provide consent on my behalf for such medical treatment, including, but not limited to, placing me under the care of a doctor or in a hospital or any place for medical examination and/or treatment or returning me to the country of residence at my own expense if such return is deemed necessary after consultation with medical authorities.

Note: Students must submit this page of the Student Participation Agreement along with page 2 that immediately follows.

PARTICIPANT'S INITIAL HERE

DATE

4. HEALTH INSURANCE COVERAGE FOR INTERNATIONAL TRAVEL-STUDY PROGRAMS

A. MY RESPONSIBILITY REGARDING MEDICAL COVERAGE FOR FOREIGN TRAVEL

I understand and agree that UCI assumes no liability for any medical, hospital, other health care provider, and/or related expenses incurred by me while on The Program I agree that I will be personally responsible for any and all medical, hospital and/or related expenses incurred by me while on The Program and during any breaks. I understand that medical facilities in foreign countries may require full payment for services prior to allowing a patient to be discharged from care.

B. LIMITED MEDICAL COVERAGE PROVIDED BY PROGRAM

While participating in a UCI sponsored and supervised program UCI makes available at no additional cost a limited travel accident/illness insurance plan. **Participants must register at www.uctravel.org to ensure coverage.** This insurance plan is available to all Program participants and provides limited coverage for emergency medical and travel services, it does not provide, nor is it intended to provide, comprehensive health care coverage while traveling in foreign countries. I acknowledge that UCI does not provide any additional type of insurance coverage for any loss I may incur or medical treatment I may require during or arising out of my participation in The Program.

5. ADDITIONAL CONDITIONS OF PROGRAM PARTICIPATION

A. PERMISSION TO USE PHOTOS WITH MY IMAGE

I understand that photos of me may be taken during the course of my participation in The Program and that those photos may be used on the Travel-Study web site and other marketing materials.

B. COST AND TRAVEL CHANGES

I acknowledge that UCI reserves the right at any time, prior to or during The Program, without prior notice, to make cancellations, changes or substitutions in emergencies or changed conditions, or in the interest of the group. Prior to departure, UCI further reserves the right to alter the costs in order to meet unexpected changes in air, bus, or train fares, hotels, or other living accommodations and the like (as the amount of fees is based on current tariff rates and expenses that are subject to change). I acknowledge that such alternates may create greater risks than the original plans.

C. CONSENT TO WITHHOLD GRADES FOR FINANCIAL OBLIGATIONS

I understand that if I incur and fail to pay any financial obligations for The Program, and/or pursuant to the terms of this Agreement including damages to living or educational accommodations, unpaid fees for travel, contractor services, etc., such failure may cause my grades and records to be withheld until such financial obligations are satisfied by me. I hereby grant my consent to withhold my academic transcripts and records until such financial obligations are satisfied.

D. NOTICE OF INJURIES INCURRED DURING THE PROGRAM

I agree to advise UCI immediately of any incident which involves or causes any harm to me. If I decide to leave The Program, I shall advise UCI's representative in advance in writing.

6. AUTHORITY: I represent and warrant that I am eighteen (18) years of age or older, have the authority to execute this Agreement, and am not under guardianship, conservatorship, or other legal authority.

PARTICIPANT'S NAME (PLEASE PRINT)

PARTICIPANT'S SIGNATURE

DATE

UCI SUMMER SESSION | 2012 TRAVEL-STUDY PROGRAMS
JUDICIAL AFFAIRS DISCIPLINARY CLEARANCE RELEASE [PART 5 OF 5]

TO BE COMPLETED BY UCI STUDENTS ONLY

Judicial Affairs Disciplinary Clearance Release

As a member of the University of California community, students are expected to be aware of their rights, as well as their responsibilities. Each member of the University shares the responsibility of maintaining conditions conducive to the achievement of the University's mission. UCI is committed to the "Principles of Community" which provide for an environment that is purposeful, open, disciplined, just, caring, diverse, and celebrative. All students taking part in UC Irvine Travel-Study programs are expected to uphold the University principles both at home and while abroad. UC Irvine's Principles of Community can be read online at www.dos.uci.edu/conduct/principlesofcommunity.php.

The following form is to be completed by UCI students only. The outcome of this review may affect your participation status in UCI Travel-Study.

By signing below I grant UCI Summer Session access to any record I may hold with the Dean of Students, Office of Student Conduct, from the point of application until the start of the UCI Travel-Study program. While prior disciplinary history does not preclude your participation, this information is taken into consideration during the enrollment review process and must be submitted in order for your enrollment status to be confirmed. I understand that UCI will be using this information solely to determine my admittance into the UCI Travel-Study program noted below.

Full Legal Name: _____

UCI ID#: _____

Program Location: _____

Program Dates: _____

Please check one of the following:

I waive my right of access to this review

I do not waive my right of access to this review

PARTICIPANT'S NAME (PLEASE PRINT)

PARTICIPANT'S SIGNATURE

DATE