

# ASIA COUNCIL SUMMER STUDY ABROAD IN CHINA PROGRAM APPLICATION FORM

## ZHENGZHOU UNIVERSITY, MAY 8–JUNE 5, 2018

Please affix a passport-size color photo in the box on the right. Complete the application by typing, then save it and print it out. Give your application to you participating professor or your Asia Council representative for signature, and mail your completed application form to Dr. Baogang Guo, Department of Social Sciences, Dalton State College, 650 College Drive, Dalton. GA 30720. DON'T send your payment until you are notified by Dalton State business office when an account has been crated for you.\*



\*Application fees should be paid online through Dalton State College (DSC) website: [www.daltonstate.edu/](http://www.daltonstate.edu/). After submitting your application, you will receive a DSC login name and ID by email. Log in to the website based instruction given to you. Applications will not be processed until both this form **and** the \$300 fee is paid and received by the program director. All subsequent program payments after the application fee should be paid through the online system as well. You can make payment online by using credit card (a small fee will be charged) or e-check (no charge). If you prefer to pay by personal check, please make your check payable to "Dalton State College," put a note "for China program" on the check, and mail it directly to: DSC Business Office, 650 College Drive, Dalton, GA 30720.

### A. PERSONAL INFORMATION

Names: \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone Numbers: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Gender: Male  Female  Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

Student ID Number: \_\_\_\_\_ Program T-shirt size:  Small:  Medium:  Large:  Extra-large:

Any disability that needs accommodation: Yes  No  If yes, please specify \_\_\_\_\_

Roommate preference (if any): Names: \_\_\_\_\_ Smoker  Non-smoker

Special Dietary Needs: \_\_\_\_\_

Emergency Contact: Names: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

### B. PASSPORT INFORMATION

Country of Citizenship: \_\_\_\_\_

I am applying for a passport

I have a current passport: \_\_\_\_\_

Passport Number      Date of Issue      Place Issued      Expiration Date

Print exactly the full names shown on your passport: \_\_\_\_\_

Last Name      First Name      Middle Name

### C. ACADEMIC INFORMATION

College/University currently attending: \_\_\_\_\_

Classification (Fr., So., Jr., or Sr.): \_\_\_\_\_ Major \_\_\_\_\_ GPA: \_\_\_\_\_

#### For DSC Business Office Use Only:

Student ID: \_\_\_\_\_

Student: Email: \_\_\_\_\_

#### D. COURSE SELECTION AND REGISTRATION

You are required to register two three-hour courses for program participation. Since some courses may not make, you must list below your first and alternate choices for these courses. Be sure to note whether courses are designated **AM-1**, **AM-2**, or **PM-1** so that you can avoid schedule conflicts.

1st Course: \_\_\_\_\_ Alternate Course: \_\_\_\_\_

2nd Course: \_\_\_\_\_ Alternate Course: \_\_\_\_\_

#### E. AUTHORIZATION AND WAIVER OF LIABILITY

*I acknowledge that participation in a study abroad program involves some risk of injury, illness, or loss of personal property. I agree to release and forever discharge the institution, through which I am registering for the program, \_\_\_\_\_ (name of your college or university), Dalton State College, Valdosta State University, the Asia Council and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in the Summer Study Abroad in China-General Studies Program and related activities.*

*I hereby agree to maintain accident and health insurance in force and effect for the entire duration of my participation in the study abroad program. I further certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study; any medical or health-related problems have been explicitly described in this application.*

*I further agree that I shall be subject to the supervision and authority of the faculty in charge and to standards of conduct stipulated by the faculty in charge. I further acknowledge that the supervising faculty or program director has sole authority to make decisions regarding the continued participation of any individual in the program whose conduct may necessitate disciplinary action. Finally, I authorize the supervising faculty or program director to obtain and provide medical treatment and/or services that I may require during the study abroad program.*

*I agree to pay any small program price adjustment due to an unexpected rice hike caused by air travel or currency exchange rate should such a change deemed necessary by program directors. I am aware that the deadline for submission of this application is **February 5, 2018**, and I agree to abide by the deadlines for fee payment as follows: **February 5, 2018, \$300 application fee plus first payment of \$1,550; April 2, 2018, final payment of \$2,000**. I further acknowledge and accept the schedule for refunds, should I withdraw from the program, and accept the penalties associated with late withdrawal. Please see the program brochure for withdrawal and refund information. All withdrawals must be submitted in writing to the program director before refunds will be processed. All costs are subject to change of unanticipated increase in airfares or other program costs, as well as fluctuations in money exchange rates. The program administrators make every effort to keep program as advertised and will inform prospective participants of any changes as they occur.*

*Students with special physical, psychological, or learning needs should inform program directors in writing and submit current documentation to substantiate the need(s), within two weeks of submitting this application so that a determination can be made regarding to whether accommodation on the program is possible. We may not be able to process requests for accommodations that are received fewer than 90 days before departure.*

#### F. SIGNATURE OF APPLICANT

I understand that submitting an application for admission to the program does not guarantee acceptance to the program, that candidate must meet program requirements and be approved by program director and that participation is subject to availability and is on a first-come, first-serve basis.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### G. RECOMMENDATIONS AND OFFICIAL SIGNATURES

This applicant is recommended for admission to the 2018 Summer Study Abroad in China-General Studies Program.

\_\_\_\_\_  
Signature of Campus Faculty Representative

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
China Program Director or Co-director

\_\_\_\_\_  
Date