

BENEDICTINE COLLEGE

Florence Campus - Fall 2010 Application Form

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Student ID #</i>
Gender: <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	_____	_____	In Fall 2010 I will be a <input type="checkbox"/> <i>Freshman</i> <input type="checkbox"/> <i>Sophomore</i> <input type="checkbox"/> <i>Junior</i> <input type="checkbox"/> <i>Senior</i>
<i>Date of Birth</i>			<i>Present Phone</i>

<i>E-mail Address</i>			

<i>GPA</i>	<i>Anticipated Graduation Date</i>	<i>Anticipated Major</i>	<i>My Advisor</i>
_____	_____	_____	_____

Special Needs

Please accept my application to the Florence Campus for the Fall semester 2010.

In case I am not accepted in the Fall semester because of lack of space, I would positively consider applying for Spring 2011 or Fall 2011: *Yes* *No*

I have a valid passport *Yes* *No* *I have applied for one*

Enclosed documents:

- Study Abroad Agreement
- "Waiver Conditions and Responsibility" Form
- Language self assessment

Signature _____ Date _____
Participant's or Guardian's Signature

Please return the application to:

Daniel Musso
Director of Study Abroad
phone: 913.360.7975
e-mail: dmusso@benedictine.edu
St. Benedict's Hall, room # 413

WAIVER CONDITIONS AND RESPONSIBILITY

If I am accepted as a participant for the **Study Abroad Program “Semester in Florence, Italy - Fall 2010”**, sponsored by Benedictine College and led by **Sr. Judith Sutera**, I understand and accept that Benedictine College will have made arrangements for instruction, special events, air travel and lodging overseas. I understand and agree that all itineraries, accommodations, and other details are subject to change, without notice, at the sole discretion of Benedictine College (B.C.).

I understand that B.C. has the right to retain, or refuse to retain, any person (s) as a member(s) of the college-sponsored study abroad program/trip if, in the sole opinion of B.C., or its representative, the person's mental, physical or emotional condition or his/her actions or behavior appear to have potential to interfere with the rights, welfare, or enjoyment of other participants. **In such case, a refund of the cost to B.C. of the unused services included in the program, will be the limit of B.C. liability to the participant. Such a refund will be less than the amount paid to B.C. by the participant.**

I understand that if I withdraw, because of unexpected circumstances or emergency, a refund of the cost to B.C. of the unused services included in the program, will be the limit of B.C. liability to the participant. Such a refund will be less than the amount paid to B.C. by the participant, because all the anticipated or committed expenses will be deducted. In particular, withdrawal after May 15th, 2010 implies a committed expense of € (Euro) 2,500 in addition to study abroad deposits and travel arrangement deposits and fees.

If, in the opinion of B.C. or anyone acting on its behalf, I appear to need medical and/or surgical care, I hereby give permission for such care and agree to pay all costs involved.

I understand that the Benedictine College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to person or property of any nature whatsoever, caused to me or others prior to departure, while traveling, or while residing abroad. Neither shall the College be responsible to any person for any of my acts or omissions. I hereby agree to defend, indemnify and hold harmless Benedictine College, its employees, agents, and professors leading the group(s) from any claims or lawsuits arising out of my actions while a participant of the above B.C. study abroad program/trip.

I agree to release, indemnify, and hold harmless Benedictine College from and against any claim which I, the participant, my parents or guardian or any other person may have for any losses, damages, or injuries arising out of or in connection with my participation in this College-recognized study abroad option.

I attest that I, the participant, am legally of age; or if not, this waiver is being signed and dated by my parent or legal guardian on my behalf. I understand that a signed copy of this **waiver will be returned to the trip sponsor at the moment of the application** and that I will receive a copy of same before the departure.

Signature _____ Date _____
Participant's or Guardian's Signature

Name Printed _____

