## MID-CONTINENT CONSORTIUM FOR INTERNATIONAL EDUCATION

\*Austin Peay State University \*Carson-Newman College\* Lambuth University\* Lipscomb University\*

\*University of Louisville\* Tennessee State University \* Union University \*

\* University of Memphis \* University of Tennessee at Chattanooga \* University of Tennessee at Martin\*

## APPLICATION FOR THE 2009 SUMMER IMMERSION PROGRAM AT THE UNIVERSITY OF QUEBEC-CHICOUTIMI

## I. PERSONAL DATA

| Name   |                    |                   |                          |
|--|--------------------|-------------------|--------------------------|
| (First Name) (Preferred Name, if d   | ifferent) (Middl   | e Initial)        | (Last Name)              |
| Current Address  |                    |                   |                          |
| (Street name & number)   | (City)             | (State)           | (Zip Code)               |
| Permanent Address  |                    |                   |                          |
| (Street name & number)   | (City)             | (State)           | (Zip Code)               |
| Phone Numbers  |                    |                   |                          |
| Phone Numbers Home: (Area code & number) Cell:   | (Area code & nu    | mber) Other: (Ar  | rea code & number)       |
| E-Mail Address (please include the best e-mail a   | address at which y | ou may be contact | ed in the summer months) |
| Age Birthdate  |                    | S.S. #            |                          |
| Sex: ( ) Male ( ) Female (   | ) Smoker           | ( ) Non-sm        | noker                    |
| <b>Medical Information:</b> Please supply information circumstances (allergies, chronic problems, need participate in the program at UQAC. |                    |                   |                          |
| Emergency Contact  |                    | Phone Num         | ber                      |
| Address  |                    |                   |                          |
| II. ACADEMIC INFORMATION   |                    |                   |                          |
| School currently attending   |                    |                   | G.P.A                    |
| Degree seeking student ( ) yes ( ) no (  | Classification     |                   |                          |
| Major or area of academic interest   |                    |                   |                          |
| Full-time teacher ( ) yes ( ) no Sch   | nool               |                   |                          |

III. TRAVEL ARRANGEMENTS [Note: if travel arrangements have not yet been made, please leave this section blank. Be sure to make them as soon as possible and forward them by e-mail to Dr. Richard Gray rgray@cn.edu (Program Manager), so that he may anticipate your arrival.] I plan to travel to Chicoutimi by: ( ) plane: list airline, flight, date, and arrival time at Bagotville airport (YBG) or Québec City (YQB) [Note: if your flight is arriving at Québec City instead of Bagotville airport, please also list connecting bus arrival information below] ( ) car: date, estimated arrival time, and name of others with whom traveling ) bus (Intercar Saguenay): date and estimated time of arrival in Chicoutimi ) other arrangements: specify IV. RELEASE: In consideration of my application for the 2009 Summer Study Program at the University of Quebec in Chicoutimi under the sponsorship of the Mid-Continent Consortium for International Education, I hereby covenant and agree that, as a participant in this program, I shall be subject to the supervision and authority of the faculty in charge, that standards of conduct may be stipulated by the faculty, and that I will be expected to display maturity and responsibility as a representative of my University and the Consortium. It is further acknowledged that the Resident Director has the authority to make decisions regarding the continued participation of any individual whose conduct may necessitate disciplinary action. It is further understood and agreed that neither the Consortium nor any of its member institutions shall assume any liability for damage or loss of property or for any financial or other obligations by me either in the United States or Canada. Moreover, I specifically agree to release, discharge, save, hold harmless, indemnify and defend the Consortium and its member institutions, their officers, faculty, employees, agents and each of them from any and all past, present, and future claims, demands, and for causes of action which for now or in the future would be asserted against any of the aforesaid by me, or by any person or party on my behalf or by any third party or parties by reason of any accidents, injuries, or actions by me in transit to or returning from or while participating in this program. Neither the Consortium nor its employees or designated trip leaders make promises or warranties concerning the safety of trip participants. Travel in Canada may expose participants to risks such as criminal and terrorist acts, and differences in food handling and sanitation standards. As a trip participant, I understand and recognize that I may be exposed to a number of hazards such as adverse weather conditions. By signing this form, I acknowledge that I have read the foregoing and agree that my personal safety is my own responsibility, and I assume all risk associated with the study-abroad program I am undertaking. I release and agree to hold harmless the Mid-Continent Consortium and its member institutions, and their employees, and their designated leaders from all claims which may arise out of my participation in this program. V. APPLICATION DECLARATION: Having read the above and desiring to participate in the Mid-Continent Consortium's program in Chicoutimi, I hereby apply for admission to this program. I agree to make payment (by bank check or money order) for the various fees associated with this program as specified in the Student Checklist. I understand that \$200.00 of my down payment is not refundable after April 15, and that the remainder or other payments made may be used to pay any cancellation penalties imposed by providers of services to the Consortium in the event that I am unable to participate as planned. Further, I have read and understand the procedures for admission, registration, and payment of fees, will familiarize myself with all regulations established by the Consortium and the University of Quebec at Chicoutimi, and have provided information about medical problems I have which could affect my full participation in activities of the Consortium Program in Chicoutimi. I further assure that there are no health-related reasons or problems which preclude my participation in this program. In case of injuries, I hereby authorize and give consent to the program leaders to obtain medical treatment and services for me as are deemed necessary.

| VI. APPLICATION RECOMMENDATION AND ACTION TAKEN:   |      |  |  |  |
|--|------|--|--|--|
| This applicant is recommended for admission to the Mid-Continent Consortium 2009 Summer Program at Chicoutimi: |      |  |  |  |
| Executive Director of the Consortium   | Date |  |  |  |

Date

Signature of Applicant

(must be 18 years of age or older)