## PROGRAM APPLICATION

### IMPORTANT DATES:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 11, 2016</td>
<td>Application and $1,500 non-refundable deposit due. The deposit is applied toward the total payment of $6,575 ($4,275 for program fee plus $2,300 for 10 units of academic credit. See page 3 for list of courses.)</td>
</tr>
<tr>
<td>April 15, 2016</td>
<td>Students will be informed via email of their acceptance.</td>
</tr>
<tr>
<td>April 25, 2016</td>
<td>Flight confirmation (paper ticket or e-ticket) and passport due to Continuing Education.</td>
</tr>
<tr>
<td>April 25, 2016</td>
<td>$5,075 final fee payment.</td>
</tr>
<tr>
<td>May 4, 2016</td>
<td>Mandatory pre-departure online orientation.</td>
</tr>
<tr>
<td>June 4, 2016</td>
<td>Mandatory program orientation on site in Tanzania.</td>
</tr>
<tr>
<td>August 4, 2016</td>
<td>Program ends.</td>
</tr>
</tbody>
</table>

### PROGRAM REQUIREMENTS:

Students from all colleges and universities can apply to this program, with preference given to CSU, Chico students. In order to be eligible to participate in the program, students must:

- Be in good academic and disciplinary standing.
- Submit a complete application packet by April 11, 2016.
- Have a valid passport.
- Assume financial responsibility for program expenses and agree to all terms and conditions to ensure a safe and effective study abroad experience.

### APPLICATION CHECKLIST:

Be sure to complete all sections of this application. Applications will be reviewed by the program faculty in the order received. You will be notified when your application has been accepted. Program updates and important communication will be sent to your Chico State email or other email address provided/preferred.

- Participant Information Form
- Financial Statement
- Two Faculty Recommendations Forms
- Study Abroad Health Statement
- Emergency Contact Information
- Foreign Travel Insurance Program Acknowledgement
- Authorization for Release of Information
- Release of Liability Waiver
- Student Code of Conduct Agreement
- Photocopy of your Student ID card
- If valid passport cannot be turned in with the application, it must be turned in to Continuing Education by April 25, 2016.
- $1,500 non-refundable application deposit. 100% return if program cancels.
PARTICIPANT INFORMATION

Name: _______________________________  Student ID Number: ________________________________

Major: ________________________________  Gender: □ Male □ Female  Date of Birth: ___________ __

Address: _______________________________________________________________________________

Home Phone: __________________________  Cell Phone: ______________________________________

Email Address: __________________________________________________________________________

Class Level: ___________________________  Expected Graduation Date: _________________________

Have you ever been on disciplinary probation? Please check one:  □ YES  □ NO

If “yes,” please attach a one-page letter to this application, describing the infraction and explaining why you feel this past infraction is not an indication of your ability or willingness to represent CSU, Chico and the U.S.A. with dignity and pride while abroad.

I certify that the information given in this application is true and complete and that I have read and understood the program requirements. I understand that important information pertaining to this program will be sent to me via email, and that it is my responsibility to read all updates and immediately report any problems with my email account to Regional & Continuing Education. I understand that completion of this application is not a guarantee of my acceptance into this program and that my eligibility to participate in this program will be determined by my application, my disciplinary history at all universities I have attended (including, but not limited to, previous exchange programs in which I have participated), and possibly an interview. By signing below, I consent to a complete review of my history of disciplinary standing. I understand that I am only eligible for this program if the results of this review indicate that I have a history of good disciplinary standing and that I meet all of the requirements for the program.

Signature: ____________________________________________ Date: __________________________

Print Name: ____________________________________________________________________________
FINANCIAL STATEMENT

The total estimated cost of participation in this program is approximately $9,075, depending on airfare and personal spending while traveling. See breakdown below.

PROGRAM AND COURSE FEES: $6,575

The program and course fees include enrollment in 10 units of academic credit and lodging and meals, ground transportation in Tanzania, field trips and related course activities, instruction and supervision at field sites, foreign travel health insurance, and in–country orientations.

Enrollment in four credit courses totaling 10 units is required for this program.

<table>
<thead>
<tr>
<th>SUBJ, NUM, SEC</th>
<th>TITLE</th>
<th>DATES</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELS 332-101</td>
<td>World Religions &amp; Global Issues (3 units)</td>
<td>6/4-6/23/16</td>
<td>Joel Zimbelman</td>
</tr>
<tr>
<td>SWAH 199-101</td>
<td>Special Problems (Swahili, 1 unit)</td>
<td>6/8-7/25/16</td>
<td>Lindsay Briggs</td>
</tr>
<tr>
<td>SOCI 354-101</td>
<td>Ethnicity and Nationalism (3 units)</td>
<td>6/23-7/14/16</td>
<td>Anthony Waters</td>
</tr>
<tr>
<td>HCSV 323-101</td>
<td>International Health (3 units)</td>
<td>7/15-8/4/16</td>
<td>Lindsay Briggs</td>
</tr>
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PERSONAL EXPENSES (variable; approximately $300)

Personal expenses include additional food and incidentals you may wish to purchase while abroad. Most expenses are already accounted for in the program fees; however, you are encouraged to plan for some personal expenses for entertainment or shopping by bringing some extra cash and/or a credit card to cover these expenses. Unexpected and urgent expenses may arise while abroad. Be prepared! In addition, extended visits to locations not on our itinerary (Kilimanjaro climb, Zanzibar, major game parks) are not covered by the program fee. Students are required to pay for and obtain required vaccinations and malaria prophylaxis. PLEASE NOTE a valid World Health Organization (WHO) yellow fever certificate will be required to enter the country.

AIRFARE (variable; approximately $2,200)

You are responsible for airfare to and from Moshi, Tanzania arriving in Moshi (JRO) on June 4, 2016 and returning to the United States on August 4, 2016. Fares depend on when you purchase your ticket, your itinerary, and the airline selected. Please submit a copy of your flight confirmation to Regional & Continuing Education no later than April 18, 2016. Refundable tickets are highly recommended.

VISA

A visa is required. The visa cost is included in program fees. A passport will be needed at time of application.
PROGRAM FEE PAYMENT SCHEDULE

$1,500 non-refundable deposit: April 11, 2016

$5,075 balance due, including monies for 10 academic credits: April 25, 2016

You may pay with Visa/MC, Money Order, Cashier’s Check, or personal check at Regional & Continuing Education. If you are not accepted to the program or the program’s minimum enrollment is not met by April 11, 2016, the deposit will be refunded to you.

If paying the $1,500 non-refundable deposit by check, please make the check payable to “CSU, Chico”.

I fully understand the costs of participating in this program, and I understand that program fees are non-refundable. I realize that I am responsible for air fare and personal expenses and that the estimates provided are subject to change due to fluctuations in the exchange rate, airline rates, and other changes not under the control of CSU, Chico. I understand that if my expenses exceed my resources, it is my responsibility to explore additional sources to finance the difference. Furthermore, I understand that it is my responsibility to budget my resources while participating in this program in such a way that I am able to cover all costs, including, but not limited to, additional travel, personal needs, and entertainment.

Signature: ___________________________________________ Date: ____________________

Print Name: __________________________________________________________________________
Name of Student: _____________________________________________________________________

In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Maturity</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cooperation/Adaptability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Initiative/Motivation</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Remarks: Based on your knowledge of the applicant, please comment on his/her ability to participate in a study abroad program. You may attach additional pages if you wish.

Faculty Signature: ___________________________ Date: _____________________

Printed Name: _____________________________________________________________________

Position/Department: _____________________________________________________________________

Please return to student in a signed and sealed envelope.
Name of Student: _________________________________________________________________

In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas.

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Faculty Signature: ______________________________ Date: _____________________

Printed Name: _____________________________________________________________

Position/Department: _______________________________________________________

*Please return to student in a signed and sealed envelope.*
STUDY ABROAD HEALTH STATEMENT

It is vital for CSU, Chico to have your current health information on file in case of an emergency. Please inform Continuing Education or your instructor of any changes in your health prior to and during the program, including prescription medications. This information will not affect your eligibility to participate in the program and will remain confidential.

Please answer the following health questions completely and to the best of your knowledge. If you answer YES to any of the questions, please describe on the space provided or use an additional page if needed.

1. Do you have any dietary restrictions or known food allergies? Describe any.
   □ Yes □ No

2. Do you have any allergies to medication(s)? List any and describe the reaction.
   □ Yes □ No

3. Are you taking any medication(s)? List all medications and what each treats.
   □ Yes □ No

4. Do you have any disability, condition or impairment that might affect travel or participation in an overseas study program?
   □ Yes □ No

5. Do you have any disabilities which could affect your adjustment to a new culture or to the academic program?
   □ Yes □ No

6. Do you require any other special accommodations (special services)?
   □ Yes □ No

7. Are you currently undergoing medical treatment for any reason?
   □ Yes □ No

8. Have you ever had a major illness such as rheumatic fever or tuberculosis?
   □ Yes □ No

9. Do you have any other allergies? Please specify.
   □ Yes □ No

I certify that the information on this statement is correct.

Signature: __________________________ Date: __________________________

Print Name: __________________________________________________________________________
EMERGENCY CONTACT & MEDICAL INFORMATION

Participant Name (Last, First): ____________________________________________________________

Emergency Contact

Name: _____________________________________________ Relationship: _____________________

Street Address: _______________________________________________________________________

City, State, Zip, Country: ________________________________________________________________

Phone Numbers:

Home: _____________________________________________________

Work: _____________________________________________________

Cell: _______________________________________________________

Participant Medical Information

Primary Physician: ____________________________________________________________________

Phone Number: ________________________________________________________________________

Medical Insurance Company: ____________________________________________________________

Policy/Group Number: _________________________________________________________________

PLEASE NOTE

Completing this form is voluntary. It will be referred to ONLY in case of a critical injury or emergency situation. In the instance that you are unable to provide medical information to an attending physician or hospital, we would be able to provide it for you with your consent by signing below.

Signature: _________________________________________________ Date: ____________________

Print Name: __________________________________________________________________________
FOREIGN TRAVEL INSURANCE PROGRAM ACKNOWLEDGEMENT

Please read the following carefully before signing below:

1. You are required to be covered by the Foreign Travel Insurance Program offered through the Office of Risk Management for the time you will be studying abroad. This coverage is provided as part of your course fees paid to Regional & Continuing Education at the time of registration.
2. Do NOT discontinue your private health insurance while you are abroad, as it is not always easy to re-enroll upon return to the U.S.
3. If you anticipate extending your stay beyond the program end date it is strongly recommended that you continue enrolment in the Foreign Travel Insurance Program. Contact the Office of Risk Management to extend coverage.
4. Any emergency situation, including injury or illness incurred abroad, MUST BE REPORTED IMMEDIATELY to the number found on the Travel Assistance Card provided by the California State University Foreign Travel Liability Insurance Program. This insurance program will not cover pre-existing illnesses or injuries.
5. Only laptops loaded with the typical Microsoft Office suite or similar commercially available software should be taken out of the United States.

By signing below, I indicate that I have read and understood the above information, and that I agree to be covered by Foreign Travel Insurance Program for the duration of my study abroad program. My signature below also indicates that I understand that it is my responsibility to ensure that I am covered by medical insurance while traveling after the program has ended.

________________________________________________   ________________________________
Name                                             Student ID Number

________________________________________________   ________________________________
Date of Birth                                     Country of Citizenship

________________________________________________   ________________________________
Signature                                         Date
AUTHORIZATION FOR RELEASE OF INFORMATION

Consent to disclose information to a parent, guardian, or other trusted person(s).

I ____________________________ give my consent for the Program Director and the staff of CSU, Chico and Regional & Continuing Education to release any information for the purpose of discussing any matters pertaining to my student status and situation while I reside overseas to the following person/people:

(Only one person is necessary; however, you may name two if you wish.)

Name: _______________________________________________________
Relationship: __________________________________________________
Phone Numbers: _______________________________________________
   Primary: _____________________________________________________
   Secondary: ___________________________________________________
Address: ______________________________________________________
   ____________________________________________________________

Name: _______________________________________________________
Relationship: __________________________________________________
Phone Numbers: _______________________________________________
   Primary: _____________________________________________________
   Secondary: ___________________________________________________
Address: ______________________________________________________
   ____________________________________________________________

This authorization is valid 6/1/16-8/4/16

Any information shared with the individual(s) authorized to receive information is confidential and may not be shared with a third party.

Signature: __________________________________________________ Date: ____________________
Print Name: __________________________________________________________________________
Student ID Number: ___________________________________________________________________
Summer 2016

Dear Participant:

You are applying to participate in a California State University-affiliated program which requires air and/or ground transportation.

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air and/or ground travel required by the California State University-affiliated programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking a California State University-affiliated air and/or ground travel, you are required to sign a “Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims.” Please review the statement carefully before signing it.

Sincerely,

Risk Management

CSU, Chico

530 898-6588
Activity: Chico State Faculty-led Program to Tanzania Summer 2016
Activity Dates: June 4 - August 4, 2016
Activity Location: Moshi, Tanzania

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California; the Trustees of The California State University; California State University, Chico; CSU, Chico Research Foundation; University Foundation; and their employees, officers, directors, volunteers, and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity. I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to, from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature: ___________________________ Date: ________________

Print Name: ____________________________________________________________

If Participant is under 18 years of age, also see next page.
If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

___________________________________________________   __________________________
Signature of Minor Participant’s Parent/Guardian                     Name of Minor Participant’s Parent/Guardian (print)  Date

_________________________________________________________________________________
Minor Participant’s Name
CSU, CHICO FACULTY-LED STUDY ABROAD:
STUDENT CODE OF CONDUCT AGREEMENT

Students who participate in CSU, Chico’s faculty-led study abroad programs are subject to all of the same rules and regulations required of them at CSU, Chico while abroad. Participation in a Chico State study abroad program is a privilege and not a right. Students who study abroad are considered representatives of CSU, Chico and “cultural ambassadors” of the state of California and the United States of America. All CSU, Chico students studying abroad are expected to represent themselves, their campus, and their country with dignity and pride and to respect the rules, regulations, and laws of the host university and the host country, as well as the rights and responsibilities afforded Chico students.

I understand that while I am participating in a faculty-led study abroad program, I am considered a current student at CSU, Chico and will be held accountable for any violations on my part of the Code of Student Rights and Responsibilities and Title V, California Code of Regulations, http://www.csuchico.edu/sjd/discipline/studentRights.html and that any violation of this code will be reported immediately to the Office of Student Judicial Affairs.

In addition, I am bound by the rules and regulations set forth by the program hosts and the laws of the host country. I waive and release all claims against the University and/or program hosts that arise at a time when I am not under the direct supervision of the University and/or program hosts or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

I also acknowledge and understand that campus officials acting on behalf of CSU, Chico and/or the program hosts reserve the right to decline to retain me in the Program at any time should my actions or general behavior on or off campus, in the sole discretion of the University and/or the program hosts, be determined to impede or obstruct the progress of the Program in any way.

Signature: _________________________________________________ Date: ______________

Print Name: __________________________________________________________________________