

OHLONE COLLEGE
43600 Mission Boulevard
Fremont, CA 94539-0390

**APPLICATION FOR STUDYABROAD PROGRAM
In INDIA
Summer Semester, June 1-July 31, 2008**

Applications may be turned in beginning January 28, 2008

Application deadlines are as follows:

January 28, 2008

February 28, 2008

A check for \$400, made payable to Ohlone College must accompany your application.

Students meeting the first application deadline will be given first priority for study in India.

Directions:

1. Please fill out the following application carefully.
2. There are two recommendation forms which you must have completed. (Please provide addressed, stamped envelopes for the people whom you ask for recommendations.) Your Ohlone reference will not need a stamped envelope.
3. The application and payments are due by 4:30 p.m. on the due date. You may mail the application to the Study Abroad Coordinator, Kay Harrison at Ohlone College, or you may put your application in Kay Harrison's mailbox in the mailroom in Bldg. 1. Kay Harrison's phone number is (510) 979-7441, her e-mail address is <kharrison@ohlone.edu>
4. You must submit a check for \$400 with your application. Please make the checks payable to Ohlone College. (If you cancel after May 1, 2008, you will not receive a refund.)
5. You will be scheduled for an interview to assess your preparedness to participate in the Study Abroad Program.

OHLONE COLLEGE
APPLICATION FOR SUMMER SEMESTER IN INDIA, 2008
AND
STATEMENT OF LIABILITY RELEASE

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1. Name: _____
 2. Address: _____
 3. Home Phone: _____ Other Phone: _____
 4. Age: _____ Birth Date: _____
 5. 12 semester units college work completed with 2.0 GPA: _____ Yes _____

Please attach an unofficial transcript of your application.

NOTE: If units taken other than at Ohlone College, official transcript must be provided.
(Complete last page.)

6. Contact Person(s) in U.S.A. in case of emergency during the course of study:
 - A.

_____	_____	_____	_____
Name	Relationship	Home Phone	Work Phone
 - B.

_____	_____	_____	_____
Name	Relationship	Home Phone	Work Phone
7. Health Insurance Plan's Name and Medical Identification Number:
 - A.

_____	_____
Plan's Name	Medical Identification Number

NOTE: All health plan ID cards should be taken along on trip. Health plan should provide coverage outside of United States.

(If health plan is other than Kaiser or Blue Cross, please attach a copy of pertinent health plan section(s) to this application.)

- B. If you have a medical condition needing special consideration when making an extended trip, please describe:

- C. Students are advised that they are responsible for contacting their physician for appropriate advice and/or vaccinations for their travel plans.

D. Is medication taken? _____ Yes _____ No

If Yes: Name of Medication Dosage Doctor's Instructions

<u>Name of Medication</u>	<u>Dosage</u>	<u>Doctor's Instructions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Be sure all medication containers are adequately marked and that supplies are adequate for duration of trip.)

E. Name, Address, and Phone Number of your doctor(s):

F. If there are other special safety or medical considerations for your trip, please describe:

8. Required Authorization-Medical Treatment for Participants Under Age 18:

A. Are you dependent (living at home and supported partially by your parents), or independent (self-supporting and living on your own)?

Check one: Dependent _____ Independent _____

B. Will medical coverage expire if you are included under your parent's health plan and you turn 18 during trip? _____

C. If yes, what health plan provisions will you arrange?

- D. If a medical emergency arises, we hereby authorize the staff of Ohlone College Study Abroad Program to obtain any and all necessary medical services for your child, including medical treatment by a physician.

Parent's Signature	Date
Parent's Signature	Date

9. Names of personal references (one of which must be an Ohlone College Staff member if units taken at Ohlone). Please have references complete Recommendation Forms.

Name	Phone Number
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Address

Name	Phone Number
------	--------------

Address

10. You may be eligible for financial aid and/or some scholarships. You must contact the Financial Aid office to process applications for federal and state aid.

11. Statement of Liability Release:

We/I hereby release the Ohlone Community College District, its officers, agents, and employees, the State of California and all other persons and/or groups individually and/or collectively involved in the organization and/or implementation of the Ohlone College Study Abroad Program from all claims and any responsibility for any illness, injury, accident, death, and/or personal or property loss(es) we/I may incur during the Program. Furthermore, we/I have read the attached description of the Ohlone College Study Abroad Program, and we/I agree to abide by all its provisions. We/I also shall accept any guidance and direction from the Study Abroad Coordinator at all times during the term of the Study Abroad Program. We/I also understand that if in the judgment of the Study Abroad Program Coordinator, I cause serious inconvenience for the rest of the group, or in some way threaten the well-being of the group, I may be expelled from the program. The use of drugs and marijuana is absolutely forbidden. The excessive use of alcoholic beverages is not allowed. Sanctions for any serious misconduct range from a written warning to dismissal. The judgment of the Study Abroad Program Coordinator will be final in all matters of discipline; and if dismissal is made, no refund will be given.

Signature of Applicant	Date
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Parent's Signature (if under 18)

Date

Parent's Signature (if under 18)

Date

OHLONE COLLEGE DISTRICT
STUDY ABROAD PROGRAM

AMENDMENT TO STATEMENT OF LIABILITY RELEASE
STUDENT LEAVING PROGRAM AND TRAVELING INDEPENDENTLY

Date _____

I, _____ plan to leave the Study Abroad Program on
(Please Print Name)

(Date)

I understand that I am entitled only to the paid provisions announced in the itinerary up to the date of my leaving the Study Abroad Program, and that I am required to make my own travel arrangements upon leaving the tour. I understand further that when I leave the group in India, I am responsible for my own needs (food, hotel, tours, additional airfare, etc.) and that I release Ohlone College and the Ohlone Community College District from all liability and responsibility.

(Student's signature)

(Parent's signature if student is under 18 years of age.)

(Signing parent, please print name here.)

OHLONE COLLEGE
APPLICATION FOR STUDY ABROAD SUMMER PROGRAM

Write at least 350 and no more than 500 words describing why you would like to join the study tour to India and what you hope to gain from this experience. Please type or use ink. If you wish, you may word process your comments on another sheet of paper.

OHLONE COLLEGE
APPLICATION FOR STUDY ABROAD PROGRAM

LIST COLLEGE COURSES COMPLETED:

<u>Course</u>	<u>Campus</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COURSES IN PROGRESS:

<u>Course</u>	<u>Campus</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may attach an unofficial transcript to this application.

Position

City

Zip