

OHLONE COLLEGE  
43600 Mission Boulevard  
Fremont, CA 94539-0390

**APPLICATION FOR SEMESTER ABROAD PROGRAM  
In Sydney, Australia**

**Fall, 2010**

**First due date:** February 22, 2010

Students meeting the first deadline will be given first priority for semester in Australia.

**Second due date:** March 15, 2010

**Third due date:** April 19, 2010

**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 is due by 4:30 p.m. on the due date. You may mail the application to Study Abroad Coordinator, Kay Harrison or to the 2009 Semester Abroad Coordinator, Professor Jeff Watanabe at Ohlone College, or you may put your application in Professor Watanabe's mailbox in Building 1 or leave at his office, Room at Newark 2421. Professor Brosamer's phone number is (510) 742-2361, or his e-mail address is <jwatanabe@ohlone.edu>
4. You must submit a check for \$400 with your application. Please make the check payable to CAPA.
5. You will be scheduled for an interview with members of the Study Abroad Committee and the Semester Abroad Coordinator to assess your preparedness to participate in the Semester Abroad Program.

OHLONE COLLEGE

APPLICATION FOR 2010 SEMESTER ABROAD PROGRAM  
AND  
STATEMENT OF LIABILITY RELEASE

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1 Name: \_\_\_\_\_

2 Address: \_\_\_\_\_  
Street Number City State Zip

3 Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

4 Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

5. Contact Person(s) in U.S.A. in case of emergency during trip:

A. \_\_\_\_\_  
Name Relationship Home Phone Work Phone

B. \_\_\_\_\_  
Name Relationship Home Phone Work Phone

6. 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

_____	_____	_____
_____	_____	_____
_____	_____	_____

(Be sure all prescription medication containers are professionally 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:

\_\_\_\_\_

\_\_\_\_\_

7. 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 Semester Abroad Program to obtain any and all necessary medical services for your son and/or daughter, including medical treatment by a physiciaon

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

8. 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
Address	

Name	Phone Number
Address	

9. 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. If you are interested in being considered for other financial aid, please indicate: \_\_\_\_\_ Yes \_\_\_\_\_ No

10. 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 Semester 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 Summer Abroad Program, and we/I agree to abide by all its provisions. We/I also shall accept any guidance and direction from the Semester Abroad Coordinator at all times during the term of the Semester Abroad Program. We/I also understand that if in the judgment of the Semester 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 illegal 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 Semester 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
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Parent's Signature (if under 18)	Date
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OHLONE COMMUNITY COLLEGE DISTRICT  
STUDY ABROAD PROGRAM

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

Date \_\_\_\_\_

I, \_\_\_\_\_, plan to leave the FALL, 2010, Ohlone  
(Please Print Name)

College Semester Abroad Program on \_\_\_\_\_ in Australia.  
(Date)

I understand that I am entitled only to the paid provisions announced in the itinerary up to the date of my leaving the Semester 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 Sydney, I am responsible for my own needs (food, hotel, tours, additional airfare, etc.) and that I release Ohlone College and the 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.)

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Write at least 350 and no more than 500 words describing why you would like to spend Semester in Australia 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 and attach it to this application form.

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LIST COLLEGE COURSES COMPLETED:  
(YOU MAY ATTACH AN UNOFFICIAL TRANSCRIPT)

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

COURSES IN PROGRESS:

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

