



Survey of Polish Culture

MAY 11-25, 2010

POL 2710
POL 3990

(1-3 credits)
(1-3 credits)

Cost: \$2,575

(Program fees may change due to unexpected increases in airline surcharges as well as exchange rate fluctuations. If this occurs, those fees will be passed on to program participants.)

WAYNE STATE UNIVERSITY

Study Abroad & Global Programs

9406 Was. Warren • 11301 Michigan • Detroit, MI 48202 • Phone: (313) 577-3207 • Fax: (313) 577-7267

PROGRAM APPLICATION

To apply to this program, please fill out this application, attach an unofficial transcript and submit it with a \$25 application fee made payable to Wayne State University.

Spring/Summer

10

Poland

Applicant Information:

<input type="checkbox"/> Mr.	Preferred First Name/Nickname	Last Name	Full Legal Name (as on passport)
<input type="checkbox"/> Ms.			

Current Address

City	State/Province	Postal Code	E-mail <small>*Most correspondence from our office will be via e-mail. Please list one you check regularly.</small>
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Phone	Alt. Phone	Country of Citizenship **
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**Please note: If you are not a US Citizen, it is your responsibility to obtain a visa to enter the country you will be visiting. Not all programs require a visa so check online or with an advisor if you are uncertain.

Are you currently a WSU student? <input type="radio"/> Yes, my WSU PID # is: _____ <input type="radio"/> No, I have never attended the university. <input type="radio"/> No, my last class was in _____ (MM/YYYY). <input type="radio"/> No, my current institution is: _____	Status during program: <input type="radio"/> Freshman <input type="radio"/> Post Bachelor <input type="radio"/> Sophomore <input type="radio"/> Masters <input type="radio"/> Junior <input type="radio"/> Doctoral <input type="radio"/> Senior <input type="radio"/> Other Professional	Current GPA: _____ Are you in the Honors Program? Y N Are you a DCE Student? Y N
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Race/Ethnicity <small>*For statistical purposes only; does not affect program eligibility. If you are multi-racial, please choose the one you identify with most.</small> <input type="radio"/> Hispanic <input type="radio"/> Asian or Pacific Islander (API) <input type="radio"/> American Indian, Eskimo or Aleut(AIEA)	<input type="radio"/> White (Non-Hispanic) <input type="radio"/> Black (Non-Hispanic)	Date of Birth (MM/DD/YYYY)	Gender M F
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Emergency Contact: Please list who should be notified in case of emergency

Name	Relationship to you
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Current Address

City	State/Province	Postal Code
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Home Phone	Work Phone	Cell Phone	Fax (optional)
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E-mail

References: Please list the names, telephone numbers, and e-mail addresses of two references who may be contacted regarding your application

Name	Phone	E-mail
Name	Phone	E-mail

How did you learn about this study abroad program?

- Faculty Member, Study Abroad Office, Class, Study Abroad Fair, Former Participant, Other

Have you traveled abroad for longer than a week? Y N If yes, where?

Please describe your experience.

Payment, Deposit and Refund Policies

Program Fee: \$2,575 Program fees may increase due to unexpected increases in airline surcharges.

Program Deposit: The non-refundable deposit of \$400 is due within 14 days of accepting admission into the program.

If you are accepted into the program after payments are due, you are expected to become current with those payments.

Withdrawal Policies: Withdrawals must be in writing.

Refund Policy: 90 days or more before start of the program 75% of program fees less \$400 non-refundable deposit

I have read and understand the Payment, Deposit and Refund Policies as listed above. I understand I will be notified of my acceptance by an official letter sent from the Office of Study Abroad and Global Programs that will be mailed to the current address I provided.

Signature _____ Date _____

Parent/Guardian Signature : _____ (if applicant is under age 18)

Release of Student Information

During the course of a student's participation in a study abroad program, the Office of Study Abroad and Global Programs may wish to provide relevant information from the student's educational records to the student's parents or other third parties.

Please sign below to indicate that you have read this form and authorize the Office of Study Abroad and Global Programs to provide relevant information from your educational records to your parents and any relevant third parties:

Signature _____ Date _____

Parent/Guardian Signature : _____ (if this section is not signed, no student information other than "directory information" will be released to family members, etc. except in an emergency)

For Office Use Only

Date Received: Special Endorsements: Non-Matriculation Form, International Undergrad Admission Application, Undergrad Admission Application for Canadians