



2008 Registration
KU School of Law
Summer Study Abroad Programs

Priority Deadline: March 1, 2008

1. Program for which you are registering:

Limerick

Send Complete Applications to:

Istanbul

KU Office of Study Abroad
1410 Jayhawk Blvd, Room 108
Lawrence, KS 66045-7515

tel: 785.864.3742 • fax: 785.864.5040
osa@ku.edu • www.studyabroad.ku.edu

2. Personal Data

Form fields for Last name, First name, Middle name, KUID, Date of Birth, Sex, and Social Security Number.

US Citizen, US Permanent Resident, Non-US Citizen/Non-Permanent Resident

Race/Ethnic Group (Optional): In an effort to track participation of culturally diverse students in study abroad programs, The University of Kansas collects information about participants. This information is requested on a voluntary basis and will be kept confidential.

Please check all blocks that apply to you:

American Indian or Alaskan Native, Asian or Pacific Islander, African American, Hispanic, Non-US Citizen, White

3. Current Address - where you will be when school is in session

Permanent Address - where you will be when school is not in session

Form fields for Current Address and Permanent Address, including When will you move from this address?, Name of primary resident, Street, City, State, Zipcode, Phone, E-mail address, and Alternate e-mail address.

4. Academic Data

<input type="checkbox"/> KU <input type="checkbox"/> Other: ↑ Institution where you are currently enrolled	<input type="checkbox"/> Not currently enrolled	<input type="checkbox"/> 1L <input type="checkbox"/> 2L <input type="checkbox"/> 3L ↑ Current Status
↑ Names of other institutions you have attended	↑ Dates attended	↑ Degree awarded, if any

5. Authorization to Release Student Account Information (Optional)

The financial and non-directory information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). The Office of Study Abroad cannot release certain information to another person without your written authorization. This form will grant the Office of Study Abroad authority to release specific information about you to the person(s) you designate below.

↑ Designee 1. Name (please print), relation to you	Last 4-digits of social security #	Month/Year of Birth
↑ Designee 2. Name (please print), relation to you	Last 4-digits of social security #	Month/Year of Birth

I authorize the Office of Study Abroad to release my study abroad program, academic, financial aid and payment information to the person(s) listed above. I understand this authorization will remain in effect until I submit a written request to the Office of Study Abroad to cancel this authorization.

X ↑ Applicant Signature	↑ Date
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Note: Cancellation

Students must notify the University of Kansas by letter or e-mail of their intent to withdraw from the program. If a student withdraws after being accepted for the program, s/he will be liable for the program deposit plus any non-recoverable expenses incurred on the participant's behalf. Students are responsible for any and all costs arising out of his/her own voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action by representatives of the University of Kansas. The sponsoring school reserves the right to cancel the program for any reason. In the unlikely event of a cancellation, notices will be sent to all, and all money will be refunded.

Note: Financial Aid

Please inquire about the possibility of financial aid and scholarships with your law school's study abroad coordinator.

Note: Health and Liability Insurance

The sponsoring school is not responsible for student's medical care or expenses in case of illness or accident. All students are required to obtain health insurance that will cover them while outside of the United States.

6. Applicant Agreement and Release

I affirm that the information given in this application is true and correct to the best of my knowledge. I agree to allow the KU OSA to access the academic and financial records available through the University of Kansas and authorize the Office of Financial Aid to share information from my file regarding my application to study abroad.

X ↑ Applicant Signature	↑ Date
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