



2010 Registration
KU School of Law
Summer Study Abroad Programs

Priority Deadline: March 15, 2010

1. Program for which you are registering:

- Limerick
- Istanbul

Send Complete Applications to:

KU Office of Study Abroad
 1410 Jayhawk Blvd, Room 108
 Lawrence, KS 66045-7537

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

Application Fee:

Current KU Students: no application fee.

Non-KU Students: non-refundable \$55.00 application fee, check payable to The University of Kansas.

2. Personal Data

↑ Last name	↑ First name	↑ Middle name	↑ KUID (KU students only)
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	- - - - -	↑ Social Security Number
↑ Date of Birth (month/day/year)			
↑ Sex			

US Citizen US Permanent Resident Non-US Citizen/Non-Permanent Resident: _____

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. Providing this information will not affect your participation in any KU study abroad program, and will be used only in accordance with applicable federal and state laws.

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

When will you move from this address? / /
 (month / day / year)

↑ Name of primary resident (parent/guardian/spouse/other)

↑ Street

↑ Street

↑ City, State, Zipcode

↑ City, State, Zipcode

↑ Phone (include area code)

↑ Phone (include area code)

↑ E-mail address (print clearly, separate characters)

Can you be reached by e-mail when school is not in session? Yes No

↑ Alternate e-mail address

4. Academic Data

KU Other:

↑ Institution where you are currently enrolled

Not currently enrolled

1L 2L 3L

↑ Current Status

↑ Names of other institutions you have attended

↑ Dates attended

↑ Degree awarded, if any

5. Optional Authorization to Release Student Account Information

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.

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

↑ 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

Note: Cancellation Policy

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 signing the financial contract they receive with their acceptance materials, 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 including insufficient enrollment. In the unlikely event of a cancellation, notices will be sent to all, and all money will be refunded.

Note: Airline Travel

Students should not purchase airline tickets until after they receive their acceptance materials and financial contract.

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 during the program 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