

CS 3010G: STUDY TOUR TO GREECE: ANCIENT GREEK HISTORY, ARCHAEOLOGY AND CULTURE – THEN AND NOW

Application for Admission to the 2016 course

Application deadline: **November 4, 2015**

Your application will be assessed by a committee of faculty members. In late November, a group of applicants will be contacted by email with an invitation to join us for a short interview. Please ensure that the email address you give us is the one you check regularly.

Final offers of participation will be made before December 1st. Students selected will be required to enroll, for the Winter Term, in CS 3010G Study Tour to Greece (in preparation for the trip in May 2016).

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address (Local)		Apartment/Unit #	
City	Prov.	Post Code	
Phone		E-mail Address	
Honors Spec.	Major	Minor	
Home Faculty		Student Number	
Year of study			

TRAVEL INFORMATION		
Do you have a valid Canadian passport?	YES (<input type="checkbox"/>)	No (<input type="checkbox"/>)
Do you have any allergies?	YES (<input type="checkbox"/>)	No (<input type="checkbox"/>)
Please give details and explain the necessary treatment:		
Do you have other health concerns of which we should be aware? If yes, please provide information:		
Medications:		

REFERENCE	
<i>Please provide contact information for one individual familiar with your academic work whom we may contact..</i>	
Full Name	Title
Department	Phone ()
E-mail Address	

Please also answer the following questions:

TRAVEL EXPERIENCE:

1. TELL US A LITTLE ABOUT YOUR PAST TRAVEL EXPERIENCES (INCLUDING CAMPING!). WHERE, HOW LONG, WHAT SORT OF ACCOMMODATIONS, WHAT SORTS OF ACTIVITIES, etc.

2. HAVE YOU LIVED OUTSIDE NORTH AMERICA? Yes () No ()
IF "Yes", LIST COUNTRIES AND LENGTH OF TIME IN-COUNTRY:

3. HAVE YOU PREVIOUSLY PARTICIPATED IN ANY FIELD SCHOOL, STUDENT EXCHANGE, SERVICE LEARNING, STUDY ABROAD, OR SIMILAR PROGRAM?

Yes () No ()

IF "Yes", GIVE THE NAME OF THE PROGRAM(S):

ESSAY

*In an essay of no more than **one page** (single spaced), explain why you are interested in taking part in the Study Tour to Greece and how this experience will contribute to your undergraduate education. Also, discuss your plans for the future and explain how participation in the field school could help you achieve your goals. Please include anything else about yourself that you would like to bring to the attention of the application review committee. Attach a copy of this essay to your application.*

DEPOSIT AND DUE DATE

*Completed applications, including the signed **Participation Agreement** (see below) and a **check deposit of \$800** should be submitted in hard copy to the Department of Classical Studies by 4pm on November 4, 2015 for consideration for admission for the 2016 Study Tour to Greece. The check should be made out to **UWO-Classical Studies**; it will only be cashed in case of acceptance to the Study Tour after December 1, 2015.*

Signature*: _____ Date: _____

***NB – By signing this form you acknowledge, and provide consent, that your academic record can be printed and reviewed as part of this application.**

PARTICIPATION AGREEMENT

Between the University of Western Ontario and the student participant identified below.

The purpose of this agreement is to promote a clear and concise understanding of the relationship between the University of Western Ontario (the "University"), its Study Tour to Greece program ("STG program"), the coordinators of STG program being Dr. Bernd Steinbock and Dr. Catherine Pratt (the "Coordinators") and the student participant (the "Participant") during the duration of the STG program (beginning January 4, 2016 to May 20, 2016 inclusive).

In consideration of the University allowing me to participate in the STG program, I agree as follows:

- I confirm that I am a full-time student at the University, King's University College, Brescia University College or Huron University College.
- I consent to the collection and use of my personal information by the University as necessary to facilitate my participation in the program. I consent to the disclosure of my personal information to a third party, where it is necessary to facilitate my participation in the program (i.e. to the program facilitator or government authority).
- I have a valid passport.
- I am able to participate in the mandatory STG program pre-departure workshops.
- I understand that if I miss one of the above workshops for any reason without prior permission from the Coordinators, I risk forfeiting my space in the STG program.
- I will pay the required fees to participate in the STG program. I understand that if I withdraw from the STG program after December 1st, 2015, my STG program deposit is non-refundable. I understand that the program fees are due in full by February 1st 2016. I understand that if I withdraw from the STG program after February 1st 2016 all program fees are non-refundable.
- I will be responsible for any travel and related costs, including any additional costs related to me missing my scheduled departure time, the costs for any alternative transportation which I arrange, and any costs resulting from my need to return home for any reason prior to the scheduled departure day, including my termination from the STG program for cause.
- I acknowledge that I am to comply with any policies of the program facilitator and the University's policies including its Code of Student Conduct. I will uphold the guidelines of the STG program as communicated by the Coordinators. I understand that my failure to abide by such guidelines, policies and/or the Code of Student Conduct may result in my immediate termination from the STG program.
- I am willing to accept the variable living/working conditions of the experience to which I have committed (i.e. weather, sleeping arrangements, etc.).
- I will be responsible for consulting with a physician and obtaining all physician-specified medical precautions (i.e. immunizations necessary for travel).
- If I am over the age of 29 years, it is my responsibility to arrange for health insurance at my expense.

- I have been informed that to participate in this activity, I must have valid medical insurance against any health or dental care that I may require while on the trip I have or will obtain prior to departure such valid insurance and I agree to produce proof of it upon request.
- I understand it is my responsibility to communicate openly with my Coordinators about any concerns or questions that may arise during my participation in the STG program.
- I acknowledge that I am aware that by participating in the STG program, I will be exposed to certain risks, including, but not limited to all risks associated with travel in a foreign country, which may result in injury to me, damage to or loss of my property or even death. I acknowledge that I have reviewed the materials given to me relating to the arrangements for travel, food and accommodation and I fully and voluntarily accept all the risks of participating in the STG program.
- In consideration of the University allowing me to participate in the program and as a condition of my participation, I, on behalf of myself, my heirs, executors, administrators and assigns, hereby release the University, directors, officers, employees, agents and assigns from any and all manner of claims, causes of action, and suits of any nature or kind whatsoever, however arising, including, but not limited to, claims for loss, damage or compensation arising out of the negligence of any employee or agent of the University, and including (but not limited to) claims for injury to my person or property or death and I hereby waive any such claim, cause of action or suit that I might have against any of them in connection with my participation in the STG program.
- During the trip, I will follow the instructions of the Coordinators. Should I refuse to follow any reasonable directions of the Coordinators, I acknowledge that I may be required to leave the trip. In that event, I will be given reasonable assistance to return to Canada, but any financial liability arising from my leaving the trip for this or any other reason is my sole responsibility.
- I also agree to abide by all local laws and regulations and to take responsibility for my own conduct, should I become liable to any person for any loss or damage which I have caused. I hereby agree to indemnify and hold harmless the University, its directors, officers, employees, agents and assigns against any liability for any cost, expense, loss, damage or claim for compensation of any kind whatsoever for which any of them may become liable as a result of my unlawful conduct, my misconduct or my negligence.
- I acknowledge having read the agreement and I understand its contents. It has been explained to me that without this agreement, the University would not permit my participation in the STG program. The University has recommended that I obtain legal advice before signing this agreement.
- I am over the age of 18 years and have legal capacity to enter into and sign this Agreement.

Student Participant (print name)

Signature

Date

Witness (Print Name)

Signature

Date