**Center for Global Education**

**Enrollment Authorization and Notice of Financial Obligations in a Travel Course**

Faculty: **Amy J Griffiths, Diane Flannery**  Course Number, Section: **CSP 514A**

Course Title: **Counseling, Intervention in Multi Settings** Travel Dates: **1/1/18 – 1/13/18**

**Passport/ID Full Legal Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 **First Middle Last**

Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Is Credit Required?

 YES NO, Non-CU Participant

Circle: FR, SO, JR, SR, GR

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@mail.chapman.edu Birth MO/Day/Year \_\_\_\_\_\_\_\_\_\_GPA:\_\_\_\_\_\_\_\_

Student Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place your Initials as Acknowledgement of Conditions below**

–initial*—* 1. By signing this document, I authorize Chapman University to immediately enroll/register me in **CSP 514A: Counseling, Intervention in Multi Settings , South Africa Travel Course** which has a total cost range of **$5,437.00-$5,981.00** and may incur expenses such as lodging, some meals, etc., not to exceed **$5,981.00**, and to make payments on my behalf for those expenditures.

–initial*—* 2. I understand that I must make a **$544 deposit** to the University Cashier in Bhathal Student Services or through the Student ePay System before **4PM,** **Wed, Oct 25, 2017.** I further understand that until my deposit receipt, Valid Passport or Passport Paperwork and this completed Enrollment form are all received by the Center for Global Education before **4PM,** **Wed, Oct 25, 2017**, I will not be enrolled in this course and my position in this course has not been secured.

–initial*—* 3a. I understand that by signing this document, making my deposit, and submitting both along with the Valid Passport or passport paperwork to the Center for Global Education, I will be enrolled in the above referenced course and my deposit **will not be refundable** unless one of the following occurs:

1. I fail to receive preliminary clearance from the Dean of Students office
2. The course is cancelled

–initial*—* 3b. I further understand that my deposit will not be refunded for any other reason; including, but not limited to, injury or illness.

–initial*—* 4. In addition to losing my deposit, I will also be responsible for the **TOTAL COST OF THE** **COURSE and ALL OTHER EXPENSES incurred on my behalf** if any of the following occur:

1. **I withdraw from the course any time after enrollment; or**
2. **I become unable to participate due to injury or illness at any time after enrollment; or**
3. **I become ineligible to participate after the preliminary clearance   has been provided by the Dean of Students office**

–initial*—* 5a. Given these consequences of nonrefundable deposit and requirements to pay the full Travel Course expenses as indicated in number 4 above, the university strongly recommends students consider the purchase of trip cancellation insurance, for which they may be eligible for.

***(Continued)***

–initial*—* 5b*.* **I understand that I may have an ‘option’ to purchase trip cancellation insurance. Quotes may be obtained at** [**http://edu.insuremytrip.com/chapman/**](http://edu.insuremytrip.com/chapman/)**.  Coverage is limited to trips having a maximum trip length of 45 days and maximum expense of $10,000. This insurance is a personal choice and not required for a Chapman University Travel Course.**

–initial*—* 6. Tuition fees are separate from the Travel Course fees listed in Condition one. Prior to departure, **the Office of Student Business Services may bill me for tuition for these credits**. Rules and regulations governing Travel Course tuition fees, as well as Travel Course Tuition Waivers, can be found at <http://www.chapman.edu/international-studies/center-for-global-education>

–initial*—* 7.  I understand that the University will only accept a credit card payment for the initial deposit indicated in number 2 above, and all other charges will be billed to my student account and will not be eligible for payment by credit card. **Final Payment** to the University Cashier is due before **4 PM,** **Wed., Dec 13, 2017.**

–initial— 8. I understand that my student conduct and Office of Student Business Service records will be reviewed up to the time of departure and my participation is dependent upon receiving a clearance from both offices. If the clearance is revoked by the Dean of Students’ office based on any incident that occurs after **Thurs,** **Nov 2, 2017** I will still be financially responsible for the total cost of the Travel Course and all other expenses incurred on my behalf.

–initial*—* 9. I understand that I am enrolling in this class for a grade. If I wish to audit, I am responsible for obtaining the approval of the Faculty, Travel Course & Internship Manager and the Registrar’s Office.

–initial*—* 10. If receiving credit, I understand that the CGE Office will enroll me in this Travel Course through the Office of the Registrar. When the Travel Course occurs during Interterm or Spring Break, I will receive my grades at the end of May. If the Travel Course occurs during the Summer Session, I will receive my grade at the end of August in compliance with Summer Session 4 term guidelines.

–initial— 11. I understand that the cost for Tuition credit is not included in the Travel Course program fees. If I wish to be considered for a one-time Tuition Waiver, I will complete and submit a Tuition Waiver form to the Business Office in order that they may determine my eligibility status.

–initial— 12. I understand that round trip airfare may or may NOT be included in the cost of the Travel Course program and that itinerary details are subject to change at any point.

–initial— 13. I understand that if I am required to be sent home from the trip due to violations of the Conduct Code or any other unforeseen occurrence such as Illness, or Natural Disaster, I will be responsible for any additional costs for my care or return home.

***\*\*\*This completed form, deposit receipt and Trip Insurance form are all turned in to CGE, 576 N. Glassell\*\*\****

**By signing below I acknowledge that I am over 18 and I agree to accept the conditions above and authorize my enrollment in this Travel Course.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature

**The above-named student is authorized to enroll and all pre-requisites have been met or waived.
Faculty Signature(s)**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Faculty Sig: Amy Griffiths or Diane Flannery Printed Faculty: Amy Griffiths or Diane Flannery

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PS# 100-5690-56900** NARD Code: