**Center for Global Education**

**Enrollment Authorization and Notice of Financial Obligations in an International Internship Program**

Faculty: **Riva Tukachinsky** Course Number, Section: **INTI 490C**

Course Title: **International Internship in Santiago, Chile**  Program Dates: **5/23/18-7/21/18**

**Passport/ID Full Legal Name**

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**First Middle Last**

Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Units of Credit Required: 3

Circle: SO, JR, SR

Email [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@mail.chapman.edu](mailto:__________________@mail.chapman.edu) Birth MO/Day/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

–initial*—* 1. By signing this document, I authorize Chapman University to confirm my application and register me in **INTI 490C: Santiago, Chile International Internship** which has a total cost range of **$5900.00-$6490.00** not to exceed **$6490.00** and to make payments on my behalf for the Internship program.

–initial*—* 2. I understand that I must make a **$400** application deposit to the University Cashier in Bhathal Student Services Center or through the Student ePay System before by **4PM**, **Wed. Nov 15, 2017.** I further understand that until my deposit receipt, this completed Enrollment form and Valid Passport or Passport paperwork are all received by the Center for Global Education before **4PM,** **Wed. Nov 15, 2017**, I will not be enrolled in this International Internship and my position in this course has not been secured.

–initial*—* 3a. I understand that by signing this document, making my deposit, and submitting this Enrollment Form, deposit receipt and Passport to Center for Global Education, I am committed to the above referenced course and my application 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. My GPA falls below the minimum requirement of 3.0

–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 **monies paid on my behalf to program providers and ALL other expenses incurred on my behalf** if any of the following occur:

1. **I withdraw from the course any time after my commitment period; or**
2. **I become unable to participate due to injury or illness at any time after commitment; 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 International Internship expenses as indicated in number 4 above, the university strongly recommends students consider the purchase of trip cancellation insurance. ***(Continued)***

–initial*—* 5b*.* **I understand that I 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 International Internship Program.**

–initial*—* 6. Tuition fees are separate from the International Internship Program 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 Internship tuition fees, as well as 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 application 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. **First Payment** **to the University Cashier is** **due before 4PM, Thurs. Feb 1, 2018 and Final Payment is due** **before 4PM, Wed. April 18, 2018.**

–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. Feb 1, 2018**, I will still be financially responsible for all expenses incurred on my behalf.

–initial*—* 9. I understand that I am enrolling in this Internship for credit, and there is no opportunity to audit the International Internship for zero credit.

–initial— 10. I understand that the cost for Tuition credit is not included in the International Internship 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*—* 11. I understand that the CGE will enroll me in this International Internship through the Office of the Registrar. The International Internship occurs during the Summer Session, so I will receive my grade at the end of August in compliance with Summer Session 4 term guidelines.

–initial— 12. I understand that if I am required to be sent home from the Internship program due to violations of Chapman University’s 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, receipt of application deposit, valid Passport/paperwork are 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 International Internship program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

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

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Authorized Signature: James J. Coyle, Ph.D. Printed Name: James J. Coyle, Ph.D.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Budget #** 3006  **PS** 100-5592-55920 NARD Code: