

Brown Summer Abroad Student Acceptance Form



Office of Summer and Continuing Studies
Brown University, Box T
Providence, Rhode Island 02912-9120
Tel 401-863-7900 fax 401-863-3916
summer@brown.edu
www.brown.edu/summer

PLEASE NOTE: This form must be properly executed as a prerequisite to your registration. Submit this completed form with the **non-refundable \$300 deposit** by **February 28, 2009** to secure your place in the summer program abroad. This deposit will be deducted from your total program fee and will serve to hold your place in the elected courses.

Please print

Student's Name _____
LAST, FIRST MIDDLE

Country _____ Email _____

Date of birth _____ Phone (cell) _____

Program of Study Abroad _____ Current year of study _____

Social Security _____ Concentration _____

I shall attend the 2009 Brown University Summer Program abroad. I will attend all of the mandatory pre-departure orientation sessions posted on the program website. I understand that my failure to meet these obligations may result in the forfeiture of my deposit and enrollment in the program. I understand that I will be enrolled as a Brown undergraduate for the Summer 2009 and I hereby certify that I have read and will abide by the program policies as defined in the Brown University Academic Code & Non-Academic Code of Conduct policy (www.brown.edu/Administration/Dean_of_the_College/curriculum/).

Student's signature _____ Date _____

Census Information *(This question is optional)*

For U.S. citizens and permanent residents only: How do you describe yourself? Select more than one category if appropriate.

<input type="checkbox"/> African American	<input type="checkbox"/> American/Alaska Native	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Cuban American	<input type="checkbox"/> IDENTIFY TRIBAL AFFILIATION _____	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> South/Central American	<input type="checkbox"/> SPECIFY ORIGIN _____
<input type="checkbox"/> Latino American	<input type="checkbox"/> SPECIFY ORIGIN _____	<input type="checkbox"/> Hispanic Other
<input type="checkbox"/> Cape Verdean	<input type="checkbox"/> Japanese American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Chinese American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Filipino American
<input type="checkbox"/> Indian American	<input type="checkbox"/> SPECIFY ORIGIN _____	<input type="checkbox"/> Korean American
<input type="checkbox"/> Other		<input type="checkbox"/> Southeast Asian American
<input type="checkbox"/> Mexican American		<input type="checkbox"/> SPECIFY ORIGIN _____

INSURANCE COVERAGE please print

Insurance Carrier _____

Carrier Address _____

Carrier Phone _____ Policy Number _____

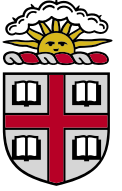
Photocopy your insurance card and return the copy with this form.

MEDICAL HISTORY

Are you receiving any kind of treatment for a medical condition such as asthma, diabetes, a heart condition, high blood pressure, emotional, neurological, convulsions, other, etc.? Yes No

If so, what is the medical condition? _____

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List any medications that you currently take and provide background on how long you have been on this medication:
(Please inform Summer Continuing Studies prior to your departure of any changes in this list of medications.) _____

Please list any known allergies to drugs, food, and/or insects. _____

Do you require an Epi-Pen? Yes No

Important: Individuals with disabilities, time is of the essence. If you have reason to believe you qualify, according to federal Statute, for special accommodations for disability, please indicate by checking the space below.

Yes, I have reason to believe I qualify for special accommodations for disability Not applicable

Are there any other concerns, medical or otherwise, you wish to bring to our attention so we can better meet your needs during your Brown program abroad? If so, please attach a separate statement. Visiting students should complete the Disability and Medical Accommodation Form, available on the program website.

EMERGENCY CONTACT INFORMATION

In the event of an emergency, we will call the student's parent/guardian first. If we cannot reach the parent/guardian, we will call the alternate contact designated below. (Please be sure to inform the Office of Summer & Continuing Studies if any of this information changes during the summer program.)

Parent/Guardian _____ Relationship _____

Summer Address _____

Summer phone BUSINESS/DAY () _____ EVENINGS () _____

CELL () _____

Alternate Emergency Contact _____ Relationship _____

Alternate phone BUSINESS/DAY () _____ EVENINGS () _____

CELL () _____

PHOTO AUTHORIZATION AND RELEASE

PERMISSION AUTHORIZED If you have no objection to the use of your photograph and/or video in accordance with the terms below, place a check here and sign below. I hereby give permission to Brown University to take photographs and/or video of me during this year's summer program and to use the images so taken in whatever way Brown University shall choose. By this authorization I agree that I shall not receive any fee and that all rights, title, and interest of the images and use of them belong to Brown University.

I further release and indemnify Brown University, including the Corporation, its Trustees, faculty, employees, staff, and other agents from and against any and all liability and responsibility for any claim or cause of action on account of any damages, expenses, or other loss caused, suffered, or occurred during, arising out of or in any way associated, directly or indirectly with my appearance in the photographs, the make of such images, and/or their use.

Witness _____ Signature _____ Date _____

PERMISSION DENIED Brown University and its representatives on occasion take photographs and/or video for the University's use in print and electronic publications. This serves as public notice of the University's intent to do so and as a release to the University of permission to use such images as it deems fit. If you should object to the use of your photograph and/or video, you have the right to withhold its release by placing a check here and signing immediately below.

Witness _____ Signature _____ Date _____

Please mail this form and the \$300 deposit to:

Office of Summer & Continuing Studies Brown University, 42 Charlesfield Street, Box T Providence, RI 02912-9120

Checks must be drawn on U.S. banks in U.S. dollars and made payable to Brown University.

Be sure to write the student's name on the check.