Visiting Undergraduate Acceptance Form

PLEASE NOTE: You may not participate in Continuing Education programs until this form has been received.

CONTACT INFORMATION - please print

Last Name: ___________________________ First Name: ___________________________ Gender: □ Male □ Female

Home Address: ___________________________ City/State/Zip/Country: ___________________________

Date of Birth (mm/dd/yy): ___________________________ Prior Brown Affiliation: ___________________________

Home Phone: ___________________________ Cell Phone: ___________________________

Email Address: ___________________________ Emergency Contact Name: ___________________________

Emergency Contact Relationship: ___________________________ Emergency Contact Phone: ___________________________

DISABILITY AND MEDICAL ACCOMMODATIONS

If you have any disability-related concerns or current injuries, significant food allergy, if you will require any academic accommodations, if you will bring any injectable medications to the program or medications that require refrigeration or if you will require a special housing accommodation due to a physical or mental health concern, please complete and submit a Disability and Medical Accommodation Form to Student and Employee Accessibility Services (SEAS). If you have a significant food allergy, please also submit the Guest Allergy Form. Please be aware that all accommodation requests will be considered however there may be limits as to what can be provided without sufficient notice. SEAS recommend a minimum of two weeks notice. Please contact SEAS at seas@brown.edu or (401) 863-9588 with questions.

☐ I have read the above information regarding the Disability and Medical Accommodations Form and understand that I must complete that form to indicate the existence of a disability and need for accommodation. This form does not serve that purpose and is not shared with SEAS.

PHOTO AUTHORIZATION AND RELEASE

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. I hereby give permission to Brown University to take photographs and/or video of me during this year’s 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. ☐ PERMISSION AUTHORIZED ☐ PERMISSION DENIED

UNIVERSITY POLICIES

☐ I understand that I am subject to applicable University policies including but not limited to student code of conduct and the academic code.

Signature: ___________________________ Date: ___________________________

Please return this form to: Brown University Continuing Education
Attn: Forms Coordinator
Box T
Providence, Rhode Island 02912-9120
Fax: 401-863-3916
Email: ceforms@brown.edu

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