

# Thailand May-June Intersession 2008

## Application Checklist and Directions

### Program Requirements:

*In order to be eligible to participate in the program, you must:*

- Submit a **complete** application packet by March 14, 2008.
- Complete a mandatory orientation to be scheduled in early May. Chico applicants will be notified of the meeting date, time, and location. Off-campus participants will complete the orientation online.
- Be enrolled in a university program in good academic and disciplinary standing or have instructor permission to apply.
- Register and pay all fees by the deadlines established: \$1780 at the time of application and \$1780 balance due by May 1.

### Application Process:

- **Deadline: March 14, 2008**  
*Applications will be reviewed in the order in which they are received. Students will be notified via e-mail as to whether or not they have been selected.*
- **Applications should be hand-delivered to Continuing Education Office, CCE 101 or mailed to: Center for Regional and Continuing Education, CSU Chico, Chico, CA 95929-0250.**  
*Partial applications will not be accepted. A complete application includes the following:*

- Application Form
- Study Abroad Health Statement
- Health Insurance Questionnaire
- Medical Insurance Form
- Financial Support and Planning Statement
- Authorization for Release of Information
- International Student ID Card Application Form
- Student Code of Conduct (signed and dated)
- One page type-written Statement of Purpose

Please discuss:

- 1) *What benefits do you anticipate gaining from taking this course in Thailand, rather than on campus at Chico State?*
- 2) *How do you plan to contribute to the success of the program, both as a student and cultural ambassador to Thailand?*

- Two Faculty Recommendation forms (must be from teachers who have taught you in a class)
- Photocopy of your Student ID card, passport, and Driver's License
- 2 COLOR passport size photographs (1-1/4"x1-1/2"). These photos must be standard issue passport photos. Please print your name clearly on the back of each photo.
- NON-REFUNDABLE deposit of \$1780.00.**

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**You may pay with check, money order or credit card at the Center for Continuing Education at the time you submit this application. If you are not accepted, this will be refunded to you. The remaining course fees of \$1780.00 will be due on May 1.**

**Airfare:**

- **Air travel to and from Thailand will be arranged by the Continuing Education Office. Air travel to Thailand is included in the course fee, and flights will be arranged by Continuing Education. Flights will be booked round trip from and returning to the location you select. Please indicate which departure location you prefer:**

**San Francisco**

**Chico**

- *Flights will be booked to depart May 28 and return on June 22. If you wish to extend your stay in Thailand beyond June 22, you must confirm a different return date no later than April 1.*
- ***Please indicate here if you expect to return later and provide a specific return date:***
- ***Any additional costs associated with a later return from Thailand will be the responsibility of the student. Continuing Education will notify you of any additional charges when your travel itinerary is confirmed.***

**Selection Process:**

Applications will be reviewed by the program director. In some cases, students may be requested to come in for an interview. Upon acceptance into the program, you will receive an email from the program director to confirm your acceptance and provide important information. You will continually receive updates via email to keep you informed of important details so it is very important that you keep us informed of any changes to, or problems with, your email account. It is the responsibility of the student, not that of the Continuing Education Office, to make certain that all emails and updates are received. Reading these updates is a part of your responsibility as a student of this program and students who do not follow directions included in these updates may be disqualified from the program.

## APPLICATION FORM

Thailand May/June Intersession 2008

<b>DEADLINE:</b>	February March 14, 2008
<b>SUBMIT APPLICATION TO:</b>	Center for Continuing Education CSU, Chico Chico, CA 95929-0250

Name: \_\_\_\_\_ Student ID Number (CSU only): \_\_\_\_\_

Major: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Class Level: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

List all colleges and universities attended (including previous exchange programs) and any relevant coursework:

Previous Foreign Travel Experience:

Have you *EVER* been on disciplinary probation? Please circle one: YES                      NO

If "yes," please attach a one page letter to this application, describing the infraction, and explaining why you feel this past infraction is not an indication of your ability or willingness to represent CSU, Chico and the U.S.A. with dignity and pride while abroad.

*I certify that the information given in this application is true and complete and that I have read and understood the program requirements. I understand that important information pertaining to this program will be sent to me via e-mail, and that it is my responsibility to read all updates and report any problems with my e-mail account to the Center for Regional & Continuing Education immediately. I understand that completion of this application is not a guarantee of my acceptance into this program, and that my eligibility to participate in this program will be determined by my application, my disciplinary history at all universities I have attended (including, but not limited to previous exchange programs I have participated in), and possibly an interview. In applying for this application and signing below, I consent to a complete review of my history of disciplinary standing. I understand that I am only eligible for this program if the results of this review indicate that I have a history of good disciplinary standing, and that I meet all of the requirements indicated on the Application Checklist.*

Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed) \_\_\_\_\_

## STUDY ABROAD HEALTH STATEMENT

It is vital for CSU, Chico Research Foundation and the host university to have your current health information on file in case of an emergency. Please inform Continuing Education or your instructor of any changes in your health prior to and during the program, including prescription medications. *This information will **not** affect your eligibility to participate in the program and will remain confidential.*

Please answer the following health questions completely and to the best of your knowledge. ***If you answer YES to any of the questions, please supply details.***

- |    |  |     |    |
|----|--|-----|----|
| 1. | Do you have any dietary restrictions or known food allergies?  | Yes | No |
| 2. | Do you have any physical disability or impairments that might affect travel or participation in an overseas study program?             | Yes | No |
| 3. | Are you currently undergoing treatment for any reason?   | Yes | No |
| 4. | Are you taking medication? If so, please list medications and what they treat below:   | Yes | No |
| 5. | Have you ever had:   |     |    |
|    | a) a surgical operation or been advised to have one?   | Yes | No |
|    | b) inpatient treatment in a hospital or psychiatric institution?   | Yes | No |
|    | c) a major illness such as rheumatic fever or tuberculosis?  | Yes | No |
|    | d) allergies to medication?  | Yes | No |
|    | e) other allergies?  | Yes | No |
| 6. | Do you have any disabilities which could affect your adjustment to a new culture or to the program that you will need assistance with? | Yes | No |
| 7. | Do you require any other special accommodations (special services)?  | Yes | No |

**I certify that the information on this statement is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

*Graduate, International, and Sponsored Programs*  
**HEALTH INSURANCE QUESTIONNAIRE**

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**Please read the following carefully before signing below:**

1. You are required to be covered by a CSU, Health Link Global Insurance policy through Somerton Student Insurance for the time you will be studying abroad. This coverage is provided as part of your course fees paid to Regional & Continuing Education at the time of registration.
  2. Do NOT discontinue your private health insurance while you are abroad, as it is not always easy to re-enroll upon return to the U.S.
  3. If you are going to continue your stay after the program ends, please be sure to research other options for travel insurance. Ask Somerton and/or your private provider for information on traveler's health insurance, which may be different from student health insurance. It is important that you are covered not only while studying, but also during your travels before and after your travel course takes place.
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By signing below, I indicate that I have read and understood the above information, and that I agree to be covered by CSU Health Link for the duration of my study abroad program. My signature below also indicates that I understand that it is my responsibility to ensure that I am covered by health insurance while traveling after the program has ended.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID Number

PSSC Food Forever – Thailand  
Study Abroad Program (Country and University)

May-June Intersession 2008  
Semester(s) and year of exchange

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Thailand May-June Intersession 2008**  
**Expenses**

**Total Course Cost: \$3560**

**The \$1780 deposit due with the application is non-refundable. Full fees are due May 1. All fees are non-refundable after May 28.**

**COURSE FEE PSSC 390: **\$525****

Course fee to be paid directly to Continuing Education

**ADDITIONAL COURSE FEES: (non-refundable) **\$3035****

These fees are estimated, and may be subject to change contingent upon airfare and exchange rates.

- University tours, speakers' fees, and various services at Chiang Mai campus
- Lodging
- Roundtrip airfare
- Transportation within Thailand (for field trips and events related to the course, excluding taxis)
- Field Trips
- International Health Insurance
- International Student Identity Card

**Additional Fees:**

**TEXTBOOK: **\$35 (approximate)****

You must purchase a textbook for this course prior to departure from Mr. Kopy

**PERSONAL EXPENSES: **\$300-500 (varies greatly)****

This includes food, incidentals, and taxi fare. Many personal expenses are already accounted for in the Program Fees; however it is impossible to determine how much students will spend on entertainment, shopping, laundry, etc. You will want to bring some extra cash and/or a credit card to cover these expenses.

**UNEXPECTED EMERGENCY FUND: **????****

Unexpected and urgent expenses may arise while abroad. Be prepared!!!

***Special Note:***

*California State University, Chico has no control over fluctuations in the international currency exchange rates or international airfare rates, which can change these expenses.  
You will be informed as such changes arise.*

**CSU, Chico**  
**PSSC 390 Food Forever - May-June Intersession 2008**  
**Financial Support and Planning Statement**

**Name:** \_\_\_\_\_  
(Please print full name)

**Student ID #** \_\_\_\_\_

***FINANCIAL PLANNING WORKSHEET***

**Source of Financial Support while studying abroad (check all appropriate boxes)**

Personal Savings \$ \_\_\_\_\_

Work (in the U.S., before going abroad) \$ \_\_\_\_\_

Funds from parents, relatives or private sponsor \$ \_\_\_\_\_

Financial Aid Award and/or Scholarship/s  
**Please attach award letter(s)** \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_  
*(credit card, private loans, etc.)*

***Estimated total resources for the program*** \$ \_\_\_\_\_

***Estimated total expenses for the program*** \$   \$3560  

***Subtract total expenses from total resources*** \$ \_\_\_\_\_

“I fully understand the amount of money necessary to allow for education and living expenses while studying abroad, and I certify my statements on this form are correct. I realize that the expenses listed in the documents provided by the Center for Regional & Continuing Education are estimates and are subject to change due to fluctuations in the exchange rate, changes in airfare, and other changes not under the control of the university. I understand that if my expenses exceed my resources, it is my responsibility to explore additional sources to finance the difference. Furthermore, I understand that it is my responsibility to budget my resources while participating in this program in such a way that I am able to pay all applicable fees at CSU, Chico and the host institution, as well as all additional living expenses, including, but not limited to, room and board, insurance, travel, personal needs and entertainment. ”

Signature: \_\_\_\_\_

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

# AUTHORIZATION FOR RELEASE OF INFORMATION FROM

## I. Consent to disclose information to a parent, guardian, or other trusted person(s).

I, \_\_\_\_\_, give my consent for Dr. Lee Altier, Program Director, and the staff of the Study Abroad, Regional & Continuing Education, Student Records and Registration, Financial Aid and Student Financial Services offices at California State University, Chico to release any information for the purpose of discussing all matters pertaining to my student status and situation while I reside overseas with:

(Only one person is necessary; however, you may name two if you wish.)

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

*This authorization is valid beginning on the date of departure and will be terminated on the last day of classes in the host country. The dates of this agreement are to be determined by those published by the host university or study abroad program guides. Any information shared with the individual(s) authorized to receive information is confidential and may not be shared with a third party.*

## II. Consent to disclose e-mail address to fellow students.

The Center for Regional and Continuing Education at CSU, Chico has my permission to share my e-mail address with other students of CSU, Chico who are also studying abroad through university programs.

YES – I'd like to communicate via e-mail with other students while abroad.  NO—I'd rather not.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date

**Please return form with the Thailand 2008 May-June Intersession application packet.  
Center for Regional & Continuing Education  
California State University, Chico  
Chico, CA 95929-0250  
Telephone 530-898-6105**

**2007-08 International Student Identity Card Application  
CSU, Chico Faculty-Led Programs**

Please **type or print** application in clear block letters. Sign the bottom of the form.

**Social Security #** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name Mo./day/year

**Local Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Citizenship: \_\_\_\_\_

School Name: \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Beneficiary Information**

Your Card carries insurance. Provide the name and address of a beneficiary.

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify that this information is true and I understand that any false statements on my part may result in forfeiture of the benefits associated with this Card.

Signature of cardholder: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

Int'l Student Identity Card # \_\_\_\_\_ Date Issued \_\_\_\_\_

*CSU, Chico*  
**Study Abroad**  
**Code of Conduct**

The Office of Student Judicial Affairs handles all student grievances, student discipline and sexual harassment cases against students. All communication with this office is confidential. For more information on the Code of Conduct and Student Discipline Process as referenced in this document, or on the Student Grievance Procedures, the campus Code of Student Rights and Responsibilities, or the Policy on Sexual Harassment, please visit the following website: <http://www.csuchico.edu/sjd/discipline/studentRights.html>

## Causes for Student Disciplinary Action

No disciplinary action shall be imposed except in accordance with this Code. Students enrolling in California State University, Chico assume an obligation to conduct themselves in a manner compatible with the educational mission of the University. Specific violations for which students may be subject to sanctions have been established by Trustee action. The Title 5, California Code of Regulations section which provides for these violations follows: 41301. Expulsion, Suspension, and Probation of Students.

Following procedures consonant with due process established for the campus of enrollment, any student of that campus may be expelled, suspended, placed on probation, or given a lesser sanction for one or more of the following causes which must be campus-related:

- (a). Cheating or plagiarism in connection with an academic program at a campus.
- (b). Forgery, alteration, or misuse of campus documents, records, or identification or knowingly furnishing false information to a campus official.
- (c). Misrepresentation of one's self or of an organization as an agent of a campus.
- (d). Obstruction or disruption, on or off campus property, of the campus educational process, administrative process, or other campus function.
- (e). Physical abuse, on or off campus property, of the person or property of any member of the campus community or of family members or the threat of such physical abuse.
- (f). Theft of, or nonaccidental damage to, campus property or property in the possession of, or owned by, a member of the campus community.
- (g). Unauthorized entry into, unauthorized use of, or misuse of campus property.
- (h). On campus property, the sale or knowing possession of dangerous drugs, restricted dangerous drugs, or narcotics as those terms are used in California statutes, except when lawfully permitted for the purpose of research, instruction, or analysis.

- (i). Knowing possession or use of explosives, dangerous chemicals, or deadly weapons on campus property or at a college campus function without prior authorization of the campus President.
- (j). Engaging in lewd, indecent, or obscene behavior on campus property or at a campus function.
- (k). Abusive behavior directed toward, or hazing of, a member of the campus community.
- (l). Violation of any order of a campus President, notice of which had been given prior to such violation and during the academic term in which the violation occurs, either by publication in the campus newspaper or by posting on an official bulletin board designated for this purpose, and which order is not inconsistent with any of the other provisions of this section.
- (m). Soliciting or assisting another to do any act which would subject a student to expulsion, suspension, or probation pursuant to this section.
- (n). Unauthorized recording, dissemination, and publication of academic presentations for commercial purposes. This prohibition applies to a recording made in any medium, including, but not limited to, handwritten or typewritten class notes.

**In signing below, I acknowledge and represent that I have read and understood the foregoing violations of the Code of Student Rights and Responsibilities. Furthermore, I acknowledge and understand that while I am participating in a Study Abroad program, I am still considered a current student at CSU, Chico and will be held accountable for any violations on my part of the Code of Student Rights and Responsibilities and Title 5, California Code of Regulations, and that any violation of this code will be reported immediately to the Office of Student Judicial Affairs. In addition, I am bound by the rules and regulations set forth by the host institution. I waive and release all claims against the University and/or host institution that arise at a time when I am not under the direct supervision of the University and/or host institution or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions. I also acknowledge and understand that campus officials acting on behalf of CSU, Chico and/or the host institution reserve the right to decline to retain me in the Program at any time should my actions or general behavior on or off campus, in the sole discretion of the University and/or host institution, be determined to impede or obstruct the progress of the Program in any way.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Student name (PRINTED IN BLOCK LETTERS)

## Statement of Purpose

# Faculty Recommendation for Study Abroad Programs

Name of Student \_\_\_\_\_

Country/University \_\_\_\_\_

In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. (Circle the most appropriate response.)

	Excellent	Very Good	Average	Below Average	Unable to Judge
Academic Ability	4	3	2	1	0
Maturity	4	3	2	1	0
Cooperation/Adaptability	4	3	2	1	0
Initiative/Motivation	4	3	2	1	0

Remarks: Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from a semester or a year of study overseas. You may attach additional pages if you wish.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Position/Department \_\_\_\_\_

*Please return to student in a signed and sealed envelope*

# Faculty Recommendation for Study Abroad Programs

Name of Student \_\_\_\_\_

Country/University \_\_\_\_\_

In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. (Circle the most appropriate response.)

	Excellent	Very Good	Average	Below Average	Unable to Judge
Academic Ability	4	3	2	1	0
Maturity	4	3	2	1	0
Cooperation/Adaptability	4	3	2	1	0
Initiative/Motivation	4	3	2	1	0

Remarks: Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from a semester or a year of study overseas. You may attach additional pages if you wish.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Position/Department \_\_\_\_\_

*Please return to student in a signed and sealed envelope*