

Greece 2008 – Ancient Legacies

PROGRAM OPTIONS (Please indicate): ____ 26 May – 7 June 2008

Name _____ Gender: ____ Male ____ Female
(As listed on passport) Last First Middle

Present Address: *Good until:* ____/____/____

Permanent Address:

Phone: () _____

Phone: () _____

E-mail Address: _____

Cell Phone: _____

University Information (For students and those seeking university credit only)

Name of Home University: _____

Class Year (Circle One): Freshman Sophomore Junior Senior Graduate Other: _____

Social Security/I.D.#: _____ College GPA: _____

Highest Degree Earned: _____ Major & Minor: _____

Please initial the appropriate section:

____ I intend to register for credit through Southern Illinois University Carbondale. I understand that I will be sent registration information and that it is my responsibility to complete and return this information. **Note:** Class registration cannot be changed after the program begins.

____ I intend to register through another university (please indicate): _____ and I understand that it is my responsibility to make all arrangements for credit through that university.

____ I do **not** intend to register for credit. I understand that I will not be sent information on optional registration.

IMPORTANT: Tuition is not included in the program fee.

Passport Information

Date of Birth: _____ Passport #: _____ Expiration Date: _____

Citizenship: _____ Note: You do not need a passport to apply for the program, but you should apply for it immediately. Please send us the passport information or a copy of the information page after you receive it.

Important: Your passport must be valid for three months after your departure date from Greece.

Emergency Contact

In case of emergency, please notify: _____

Telephone: () _____ Relationship: _____

State any conditions which may affect you as a traveler: _____

Please continue on Page 2

General Information

Why are you interested in this program? _____

Experience, skills, interests, training (including courses) that might bear on your contribution to the program: _____

Have you ever traveled outside the United States and, if so, where? _____

Roommate Preferences

I would like to room with: _____ (both must indicate)

Smoking: I smoke/do not smoke and would prefer a roommate who is smoking/non-smoking/ does not matter.

Single Rooms (subject to availability): I would be interested in a single room: Yes/No. Please note that there is a higher cost required for a single room. We will contact you to verify the amount of the charge and your interest before making any changes in your reservation.

Please note that we will make every effort to accommodate your roommate requests, but we cannot guarantee that we will be able to do so. This depends in part on the composition of the group.

Travel Insurance

When traveling to Greece, you are required to have travel insurance that covers you in case of medical or other emergencies for the duration of your trip. *The following is provided by the Greek Embassy:*

For information on travel insurance coverage you are encouraged to contact your travel agent. There are also a number of travel insurance providers offering a range of different products, which you can access over the Internet. A search using an Internet search engine (Yahoo, Google etc.) should yield a number of results some of which are listed below.

- <http://www.accessamerica.com>
- <http://www.globaltravelinsurance.com>
- <http://www.travelguard.com>
- <http://www.travelinsure.com>
- <http://www.worldtravelcenter.com>

Before purchasing travel insurance coverage please contact your domestic insurance provider to check if your existing plan covers you and your family overseas. You may also contact your credit card company and request information on travel insurance coverage they may be offering. After purchasing travel insurance please allow some time for the insurance card to arrive to you.

Currently enrolled students should check with their academic advisors about how this program will apply to their degree. **Return to:** Study Abroad Programs; Southern Illinois University; Carbondale, Illinois 62901-6885. Telephone: (618) 453-7670. **Please make deposits payable to "Southern Illinois University."**

OFFICE USE ONLY

Date Application Received: _____

DATE	CHECK#	RECEIPT #	RECEIPT SENT	AMOUNT	BALANCE

Thank you for your interest in our programs.

Interdisciplinary Seminars in the Ancient World Experience

Thank you for your interest in participating in the 26th Annual Interdisciplinary Seminar with Southern Illinois University. Please fill out the indicated forms and return to Study Abroad Programs, Rm. B233 Northwest Annex, Southern Illinois University, Carbondale, Illinois 62901-6885; Telephone: (618) 453-7670, Fax: (618) 453-7647, E-mail: studyabr@siu.edu.

_____ **2008 (Greece) Interdisciplinary Seminar Application Form**

_____ **Assumption of Risk and Conditions of Placement form:** Please sign and return the agreement to Study Abroad Programs. You may wish to make a copy for your records. Please note that the schedule of payments is listed on the bottom of the page.

_____ **Payment:** Please enclose your initial payment of \$250.00 to secure your place on the program. All acceptances are subject to final approval by the instructor(s) and the university. Please make payable to "*Southern Illinois University*." Deposits will be refunded if the student is not accepted or if the program is canceled.

Optional Course Registration: You will receive forms for off-campus registration after you apply for the program if you request credit. All interested applicants should fill out the course registration form. Non-SIUC students should also fill out the Off-Campus Registration form in order to be admitted as a visiting student at SIUC. Please note that travel/study courses after Spring semester are considered part of summer enrollment. If you wish to take regular summer courses you will need to add them. **Please note that tuition is not included in the program fee. It will be billed separately by the Bursar.**

Photographs: Applicants will need to submit one photograph for identification purposes. We will provide more information about this later. You will also need **two** more photographs (1 1/2" x 2") for your passport if you do not already have one.

Insurance: All participants in international programs who are college, senior high or vocational students will receive the International Student I.D. Card which includes supplemental insurance. The card also offers discounts and a 24-Hour Travel Assistance Program. You will receive more information on this after enrollment. You are responsible for ensuring that you have adequate medical insurance for the program.

Passports: You should immediately apply for a passport if you do not already have one. If you do have one, it should be valid for at least three months beyond the period of the travel/study program. The forms may be picked up at authorized U.S. Post Offices, Passport Offices and some federal and state courts. In Carbondale, applications may be picked up at the main post office or at Study Abroad Programs, Room B233 Northwest Annex. International students are responsible for securing their own visas to foreign countries if one is required. You do not need a passport to apply for the program.

Please contact us if you have any questions or concerns about your registration.