San Mateo County Community College District
Skyline College Study Abroad in China Program
Summer 2009 (April 4 – April 17, 2009)

Application Procedure

1. Complete the Application form to secure your spot.
2. A deposit of $200 is due with the application or pay by February 2nd, 2009 deadline date with Admission & Records
3. Pay the balance of fees on or before the deadline dates (see payment schedule).

The Study Abroad in China Program fees includes the following:

- Round-trip transpacific airfare between the U.S and China, and inter China air fare between Beijing and Shanghai.
- Program fees (Three-units of registration fee at California Resident rate); One-Week Beijing and One-Week Shanghai program fees (seminars, learning materials, certificates, and the field trips).
- Lodging and Food Accommodation
- Student will stay in a twin-beds room at the University Foreign Student Residence with air conditioning, a shower, a TV and a telephone. Daily meals of breakfast, lunch and dinner at the university cafeteria and restaurants.
- Group Medical Insurance policy
- Ground Transportation which includes to and from airports, field trips, sight seeing trips and their entrance tickets
- $200 non-refundable application fee

Program fees do not include the following:

- Single Room Upgrade (about $200 additional)
- Passport and visa fees
- Personal expenses

Payment Schedule the Program Fees

$200 deposit	Due with the application or by **Monday, February 2nd, 2009**
$1200 airfare and surcharges	Due on or before Monday, **February 9th, 2009**
$ 1200 Balance of the program	Due on or before Monday **March 10th. 2009**

Checks should be made payable to "Skyline College". You may also use credit cards for payment.

Group Airfare Regulations:
Return must be to the original departure airport (PVG) Tickets cannot be rerouted, and stopovers are not permitted. You may change the return dates, but only if the desired date is available and in the same class of service. You are subject to airline imposed change fees ($150) and space availability.

Program Dates:

1.	Mondays, February16 & March16	Attend the mandatory pre-departure meetings
2.	Saturday, April 4	Depart for Beijing from SFO at 11:16 am via UA 889.
3.	Sunday, April 5	Arrive at Beijing at (2:25 p.m.) and transfer to BLCU
4.	Saturday, April 11th	Depart for Shanghai from Beijing at 5:30 p.m. Arrive at Shanghai at (7:40 p.m.) and transfer to hotel
5.	Friday, April 17th	Depart for SFO from Shanghai at 12:25 noon via UA 858
6.	Saturday, April 17th	Arrive at SFO at 8:12 a.m.
7.	Monday, May 4th	Attend the post-trip meeting and your research report due

San Mateo County Community College District
Skyline College Study Abroad in China
Spring 2009

Instructions:

1. Please type or print in black ink.
2. Be sure you have read the payment schedule and refund polity in this application
3. Be sure to read and sign the Agreement and Release

Part A – Personal Data

Name _____ Passport # _____
(first and last names as they appear on your passport) (if you have one)

Gender ☐ Male ☐ Female

Telephone # (_____) _____ Cell Phone (_____) _____

Home Address _____
Number Street City State Zip

E-Mail Address _____ Citizen of _____

Age _____ Date of Birth _____ Social Security # _____
MM/DD/YY

Emergency Contact Name _____ Relationship _____

Home Phone (_____) _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Part B Payment Options

Deposit amount due is $200. Payment should accompany this application or pay by the deadline date of February 4, 2009. Please return this form and payment to admissions and records.

Check one: My check/money order is enclosed payable to "Skyline College" or

Bill my credit card for $200 or

Bill my credit card for the entire program cost ($2600)

Credit Card # _____ Expiration date _____ Amount to be charged _____

Signature _____ Cardholder's Address _____

Phone (_____) _____ Name on card (if different from yours) _____

Part C Academic Background

Do you have a Associate degree or higher (A.S./A.A.)? ☐ Yes ☐ No

If you plan to enroll in Spring 2009, what will your class level?

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Not applicable

What is (was) your major area of study?

_____

How did you hear about this program?

☐ Summer schedule ☐ Flyer ☐ Dept/professor ☐ Program fair

☐ Website ☐ Counselor ☐ Newspaper Other _____

Part D Health and Welfare

For your safety, it is important that you disclose all health conditions you may have. All information will only be used in the event of an emergency. Your willingness to answer the following questions will help us in better accommodate you.

Do you have any special dietary needs? If yes, please describe _____

Do you have any allergies or chronic aliments? ☐ Yes ☐ No if yes, please describe _____

_____

Are you presently under treatment for any mental or emotional matters? ☐ Yes ☐ No If yes, please list

and state purpose _____

Are you presently taking any prescription medication on a regular basis ☐ Yes ☐ No If yes, please list and

state purpose _____

Do you smoke? ☐ Yes ☐ No

Housing Preference ☐ Double Occupancy ☐ Single Occupancy (about $200 additional)

Roommate preference (if any) _____

I certify that the information submitted on this application is correct. I agree that Skyline College at San Mateo County Community College District reserves the right to cancel, or amend any part of any program should circumstances make these actions necessary.

Signature _____ Date _____

Agreement and Release Form

I, the undersigned, an applicant for the Study Abroad in China Program (BUS 680 SB) of Skyline College at San Mateo County Community College District, acknowledge that I have read and accept the terms and conditions set forth in this agreement. This agreement is a legally binding contract. I acknowledge and accept the terms of the refund policy as outline below

If a participant withdraws in writing	Participants receives
On or before February 2nd, 2009	All fees paid less $200 non-refundable deposits
After February 9th, but before March 16th	UA credit of $1395 less $150 to be used within 12 months.
After March 16th, 2009	UA credit of $1395 less $150 to be used within 12 months and students is responsible for the entire program.

All requests for refund must be made in writing, signed, and taken or sent to Admissions and Records, Skyline College, 3300 College Drive, San Bruno, CA 94066 Unsigned withdrawal statements will not be processed.

I unconditionally release Skyline College and the San Mateo County Community College District (SMCCCD) from any claims for damage, injury, loss or expense or any nature resulting from events beyond its control including without limitation, war, strikes, crimes, terrorism, sickness or quarantine, government restrictions or regulations, This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by any host institutions, bus, or car rental agency, airline, taxi or tour service organizer, hotel service, hotel, restaurant, school, university/college or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the institute.

I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that the institute cannot provide supervision or support during periods of independent travel.

I agree that if I become ill or incapacitated, the institute or its emergency assistance company may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the U.S. I release the institute from any liability relating to this medical care. I also authorize the institute to take whatever action it deems to be necessary and in my best interest (including transporting me back to the U.S. at my own expense) in the event of political unrest or any other unforeseen event of condition. If Skyline College on my behalf incurs any costs not covered by insurance, I agree to make repayment to San Mateo County Community College District within 5 days of my return to the United States.

I will comply with the host institute's rules, standards and instructions, and understand that failure to do so may result in my being sent home at my expense, without refund. I understand that my participation may be terminated if I am expelled from school or otherwise disciplined by school or civil authorities, or if the institute, in its sole discretion, determines that my conduct is incompatible with the interest, harmony, comfort or welfare of other students. I agree to indemnify the institute if I do anything that causes the institute so sustain financial loss or liability.

I understand that Skyline College of the SMCCCD will purchase group insurance coverage for my benefit while in the program, including limited accident and sickness medical expenses, accidental death and dismemberment and emergency medical evacuation. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that the institute is not responsible for any uninsured losses.

I understand that the institute reserves the right to make changes, cancellations or substitutions in the event of changed conditions or emergency, or based upon the interest of the group. I understand that if I am terminated from the program, there will be not refund from the program.

I understand that obtaining a passport and visa is my sole responsibility. I agree to hold Skyline College and SMCCCD harmless in the event that I am unable to obtain the necessary documents for participation in the program and to indemnify the Skyline College and SMCCCD for any costs to it that result from my failure to obtain the required documentation.

I understand that from time to time the institute's publicity material may include state by its participants and or/their photographs, and video tapes, and I consent to such use of my comments and photographic likeness.

This agreement will be effective when my application is accepted by the college and shall be governed by the laws of the State of California. This agreement cannot be modified except in writing by the Skyline College at SMCCCD.

I agree that any dispute with the Skyline College and SMCCCD that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the California Code of Civil Procedure. By signing this agreement, I understand that I am waiving any right to have any claim against the institute decided in court before a judge or jury.

Reference in this agreement to "the institute" shall include Skyline College of the SMCCCD, and all of its employees, agent, group leaders, teachers, and host institutions and its employees.

Signature of Applicant Date

I, the applicant or parent or legal guardian of the applicant, and that I have read the Agreement and Release and hereby waive any claim that I might have against the institute or its agents, both in my own behalf and in my capacity as legal representative the applicant, any claim arising from the applicant's participation in the program

Signature of Parent/Guardian if Applicant is under 18 years of age Date