

- Details subject to change.



Kenya

July 6 – 27, 2012

Informational Meeting:
TBD

General Cost (\$4,277 + Tuition & Insurance)

See Program Costs for Complete Information & Costs Breakdown
Tuition: \$829 per unit

Required Pre-Trip Class Sessions:
6 Sunday afternoons prior to departure

Program Directors:
Joy M. Bustrum, PsyD &
Charles N. Chege, PsyD

Program Offerings

Clinical Hours (Masters & Doctoral Students) – earn between 50 to 100 hours during this program

PPSY 798 Special Topics (2-3 units; Master's and Doctoral students required to take a minimum of 2 doctoral-level units.)

Program Description This program is open to Master's and Doctoral Level students, Alumni of the Clinical Psychology Graduate Program, and any faculty within the school of Behavioral and Applied Sciences. Through this travel study program, students will have the opportunity to provide services to specific populations; namely, to AIDS orphans within an educational context (Providence Children's Home and ByGrace Home and School) and to individuals/families who live in some of the largest slums in Kenya within a community context (Chosen Children of Promise and adjunctively as needed in liaison with Saint Thomas Medical Health Services). Other self-contained projects may be determined. The psychological issues prevalent in these Kenyan settings, combined with the students' training in providing psychotherapeutic services, create a unique learning environment. More specifically, students will be given the opportunity to engage in a bi-directional educational atmosphere wherein they will be learning of the need and of how to provide culturally appropriate services while simultaneously providing services in response to clearly identifiable needs. Due to the nature of these needs, clinical services will be intense, and abundant hands-on supervision will be available.

Passport Information - If you need to apply for a passport, begin the process now as airline tickets cannot be purchased without official passport copy name information. The Glendora Post Office is the nearest passport processing facility to APU. Located at 255 S Glendora Ave, Glendora 91741. Visit the following links for all of your passport questions: http://travel.state.gov/passport/get/first/first_830.html & <http://www.apu.edu/studyabroad/resources/passport/>

Applying to the Program

Submit a Program Application to the CGLE/Study Abroad Office. All needed forms to include in your application are listed on the application Cover Page. Applicant status notifications are sent to all applicants 2-3 weeks after the application due date listed above.

Program Options & Costs: (Student Information)

Use the following information to fill in the chart below to see your total program cost and who you will need to pay based on the options you choose.	Amount	Payment Method <small>(Charged to your APU Student Account OR Personal Payment directly to vendor)</small>
Tuition (2 unit minimum requirement)		
Amount: \$829 per unit (All Master's and Doctoral students pay this rate for this course/trip.) Forms: Grad Study Abroad Registration Form (On-line Reg Option not available for Study Abroad Programs)	\$ _____	APU Student Account
Program Costs		
Includes: In-country transportation, Room & Board, all fees Not Included: Safari, laundry, souvenirs, snacks, some meals (see below)	\$1,777	APU Student Account
Projected Out of Pocket Expenses (Personal)		
Optional Maasai Mara Safari (\$475)	\$ _____	Out of Pocket
Travel Visa: (approx. \$50) It is suggested that students obtain visa at Consulate in Los Angeles prior to travel.	\$ _____	Out of Pocket
Meals: Approx. one meal a day will need to be paid for out of pocket (\$63 for 21 meals)	\$ _____	Out of Pocket
Airport Pick-up/drop-off in Kenya (If travelling separate from group): Approx. \$30 each way	\$ _____	Out of Pocket
Flight (You are being given options for the purchasing of your flight for Kenya.)		
You are required to turn in the Flight Form (where all options are listed) to declare which option you will be using. You can find the Flight Form in this program's application packet. Option 1: APU will order and confirm your ticket for the dates & location listed on your Flight Form for \$2500 and charge it to your Student Account. Option2: You can order and confirm your own ticket. Using this option, requires you to pay the airline/travel agent directly. If you cannot schedule your flight to arrive when the APU Group Flight is arriving, you will need to pay a cash/out of pocket \$30 (approx.) expense for transport from the Kenya airport to the group location.	\$ _____	Depends
Insurance (You are being given options for the purchasing of your International Medical Insurance.)		
All options are listed on your Graduate Registration Study Abroad Form. The Study Abroad office can help you personally fill in this section of your form. Option 1: For students that currently have APU's on-campus health insurance, you can pay \$100 (charged to your student account) to add the supplemental International coverage for the dates of your program. Option 2: For students that DO NOT currently have APU's on-campus health insurance, you can pay \$650 (charged to your student account) for both the on-campus coverage (for the semester) and the international coverage (for the dates of your program). Option 3: (requires Proof of Medical Coverage and Student Health Insurance Plan Waiver) You can purchase your own Medical Insurance that has adequate international coverage (as listed on the Waiver Form) and pay the insurance company directly.	\$ _____	Depends
Total:		

NOTE: All budgeted items are based on a 10 student minimum for the program. Any variations in the final student count in the program may lower or increase some budgeted expenses that students would be required to pay.

Mandatory Due Dates & Meetings	
Nov 15 th	Application Due Date
Nov 30 th	Applicant Status Notifications
TBD	Program Information Meeting(s)
TBD	Pre-Trip Class Sessions

Payment Due Dates		
DUE: Jan 15 th	\$ 2500	Flight Payment (pay to APU OR travel agent)
DUE: Feb 15 th	\$ 1777	Remaining Program Costs (pay to APU)
DUE: March 15 th	\$ varies	Tuition Payment (pay to APU)
To Bring With You or Pay	Varies	Insurance, safari, some meals, visa, etc
	\$	Total Costs

To Turn in ALL Applications, Forms & Payments Contact	For All Program Questions Contact
Center for Global Learning & Engagement 701 E. Foothill Blvd. • PO Box 7000 • Azusa, CA 91702 OFFICE (626)857-2440 • FAX (626)857-2444 studyabroad@apu.edu • www.apu.edu/studyabroad	Dr. Joy M. Bustrum jbustrum@apu.edu Dr. Charles N. Chege cchege@apu.edu Tel: (626) 815.5201 Fax: (626) 815.5015

Date of Application: _____ Semester/Term applying for: _____

Personal Information:

Legal/Passport Name: _____ APU ID #: _____

Cell Phone (_____) _____ Other Phone (_____) _____

APU Box #: _____ APU Email Address: _____ Gender: (circle) M F

Place of Birth (state/country): _____ Country of Citizenship: _____

Educational Information

Academic Status: Masters Student Doctoral Student Student Leader/Other: _____

Academic Major/Program(s): _____ Cum GPA _____
(2.5 GPA minimum is required)

Instructor (Name & Department) available for a possible verbal reference: _____

Questions for applicant to answer on separate pages & submit with application (*also provide a copy of your CV):

1. Briefly provide a rationale for your interest in the summer 2011 travel study program to Kenya.
2. Talk about the clinical experience that you have garnered thus far, and relate this to what skills you will bring and services you feel you can provide in Kenya. Detail your experiences with supervision. In addition, please attach your CV to the end of this application.
3. Describe any previous experiences you have had cross-culturally. What did you learn about yourself and others?
4. What are the greatest rewards and the most pertinent challenges you feel you will face during a cross-cultural clinical experience?
5. What plans do you have for generating the finances required for this trip?
6. How flexible and adaptable are you to unfamiliar cultures? How do you handle abrupt changes with existing plans especially far away from your familiar surroundings?
7. What experiences do you have with serving underprivileged and often destitute people, e.g skid row etc?
8. Would you consider yourself as having a "servant's heart"? Please elaborate.

ALL Materials To Be Attached To This Application Cover Sheet:

- | | |
|--|--|
| <input type="checkbox"/> Application Cover Sheet | <input type="checkbox"/> Program Options & Costs Form |
| <input type="checkbox"/> Question Responses | <input type="checkbox"/> Copy of CV |
| <input type="checkbox"/> Unofficial Transcripts | <input type="checkbox"/> Grad Study Abroad Registration Form |
| <input type="checkbox"/> Copy of Passport (or proof of application for passport) | <input type="checkbox"/> Flight Form |
| <input type="checkbox"/> International Waiver Form | <input type="checkbox"/> (Optional) Insurance Waiver - if applicable |
| <input type="checkbox"/> Student Agreements Form | |

Application Deadline: Tuesday, November 15, 2011

Applicant's Signature: _____ **Date:** _____

By signing this application form you are confirming that all information provided is true to your knowledge.

SEND ALL APPLICATION FORMS TO:

APU Center for Global Learning & Engagement (CGLE)/Study Abroad Office
Azusa Pacific University, 701 East Foothill Blvd., PO Box 7000, Azusa, CA 91702-7000
If you have questions, please contact us at (626) 857-2440 or studyabroad@apu.edu

Name: _____ APU ID#: _____
 APU International Program: _____ Semester/Term: _____

1. Policy Agreement: By signing below you are stating that you have thoroughly read each policy and are in agreement to follow each policy. (All undergraduate students need to fill in the necessary information in section D also.)

Student Signature: _____ (Signature Needed for Graduate & Undergraduate students)

A. Student Standards of Conduct Policy	B. Student Disability and Healthcare Abroad
Due to the unique nature of the study abroad experience, all persons participating in an Azusa Pacific University administered or endorsed Travel-Study Program shall be subject to the "Standards of Conduct" policy appearing in the APU Undergraduate Student Handbook, APU Graduate Catalog, or any similar Standards set by the particular program. In the case of conflicting standards, the more stringent standard applies. Because of the possibility of serious effects on group safety and coherence, on-field staff will deal with violations immediately and has discretion in imposing sanctions after investigating and holding a formal or informal hearing. The opportunity for appeal is limited by the nature of the study abroad experience. In addition to those listed in the Student Handbook, sanctions for violation of the Standards of Conduct while studying abroad include immediate expulsion from the program and the immediate return home of the participant, at the expense of the student participant. Additional sanctions may be imposed upon the student's return to campus.	The Center for Global Learning & Engagement (CGLE), Azusa Pacific University, is committed to assisting all students in selecting study abroad opportunities that meet their needs, including students with disabilities. Many towns, communities, and institutions abroad are not equipped with wheelchair access or easily accessible for hearing or vision impairments. Further, some trips require activities that may be strenuous for some participants, including long climbs or hikes. The center will seek to advise students to appropriate study abroad programs for any disability needs. Students in this course/program who have a disability that might prevent them from fully demonstrating their abilities should meet with an advisor in the APU Learning Enrichment Center as soon as possible to initiate disability verification and discuss accommodations that may be necessary to ensure full participation in the successful completion of course/program requirements. Program directors and the CGLE will do as much as possible to ensure the overall safety of study abroad participants. However, specific or special needs should be researched by the individual participant. The CGLE can assist students with medication translation, healthcare facilities in nearby areas abroad, personal emergency planning, copies of important medical or travel documents (copies of passports, prescriptions, health insurance policies, etc.). If a student participant has been treated for depression, anxiety, eating disorders, or anything else that can be classified as a mental health condition, students should obtain appropriate insurance coverage for treatment abroad, separate from the global medical insurance provided from Azusa Pacific University. For more information, please contact the CGLE.
C. General Agreements	
1. I will allow APU to use the photo from my student account and/or photos taken during the extent of my study abroad program for forms, marketing materials and recruitment. 2. I will allow APU to share contact/directory information with other APU staff, faculty, and students working/participating in my study abroad program.	

D. (ALL Undergraduate Students Only) Undergraduate Academic Level Policy:

Major/Program: _____ Expected Graduation Term (i.e. December 2055): _____

Current Academic Level: Freshman Sophomore Junior Senior

Expected Units Completed Immediately Prior to Your Study Abroad Term: _____

APU Policy: (from APU UG Catalog) **"Seniors are not allowed to Study Abroad their last semester."**

Any student originally intending to study abroad their final semester must request APU's General Petition Form from the Registrar's Office and submit the completed form to the Registrar.

2. Undergraduate Financial Responsibilities: (ALL Undergraduate Students Only) All students intending to study abroad need to meet with a Student Financial Services Study Abroad Counselor to write in the correct information and sign below indicating that you are fully aware of all financial costs and due dates for your program. Call 626.812.3009 for SFS office hours.

Financial Costs	
Total Program Costs:	
Estimated Financial Aid:	
Estimated Credit on Account:	
Balance Due:	
Notes:	

Financial Due Dates	
Date:	Amount Due:
Date:	Amount Due:
Date:	Amount Due:
Date:	Amount Due:
Date:	Amount Due:

Date: _____ **SFS Signature:** _____ **Student Signature:** _____



Name: _____ APU ID#: _____

APU International Program: _____ Semester/Term: _____

Fill in the chart below to document your choice in program sections that offer options. You will be billed according to the information you provide from this and other application forms.

	Amount	Payment Method <small>(Charged to your APU Student Account OR Personal Payment directly to vendor)</small>
Tuition (2 unit minimum requirement)		
Amount: \$829 per unit (All Master's and Doctoral students pay this rate for this course/trip.) Forms: Grad Study Abroad Registration Form (On-line Reg Option not available for Study Abroad Programs)	\$ _____	APU Student Account
Program Costs		
Includes: In-country transportation, Room & Board, all fees Not Included: Safari, laundry, souvenirs, snacks, some meals (see below)	\$1,777	APU Student Account
Projected Out of Pocket Expenses (Personal)		
Optional Maasai Mara Safari (\$475) <input type="checkbox"/> Yes, I'm going. <input type="checkbox"/> No, I'm not going.	\$ _____	Out of Pocket
Required Travel Visa: (approx. \$50) It is suggested that students obtain visa at Consulate in Los Angeles prior to travel.	\$ _____	Out of Pocket
Required Meals: Approx. one meal a day will need to be paid for out of pocket (\$63 for 21 meals)	\$ _____	Out of Pocket
Airport Pick-up/drop-off: If travelling to/from Kenya separate from group a transport will bring you to group: \$60 (\$30 each way) If traveling to/from Kenya with the group then transport is included. (\$0)	\$ _____	Out of Pocket
Flight (You are being given options for the purchasing of your flight for Kenya.)		
You are required to turn in the Flight Form (where all options are listed) to declare which option you will be using. You can find the Flight Form in this program's application packet. <input type="checkbox"/> Option 1: APU will order and confirm your ticket for the dates & location listed on your Flight Form for \$2500 and charge it to your Student Account. <input type="checkbox"/> Option2: You can order and confirm your own ticket. Using this option, requires you to pay the airline/travel agent directly. If you cannot schedule your flight to arrive when the APU Group Flight is arriving, you will need to pay a cash/out of pocket \$30 (approx.) expense for transport from the Kenya airport to the group location.	\$ _____	Depends
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All options are listed on your Graduate Registration Study Abroad Form. The Study Abroad office can help you personally fill in this section of your form. <input type="checkbox"/> Option 1: For students that currently have APU's on-campus health insurance, you can pay \$100 (charged to your student account) to add the supplemental International coverage for the dates of your program. <input type="checkbox"/> Option 2: For students that DO NOT currently have APU's on-campus health insurance, you can pay \$650 (charged to your student account) for both the on-campus coverage (for the semester) and the international coverage (for the dates of your program). <input type="checkbox"/> Option 3: (requires Proof of Medical Coverage and Student Health Insurance Plan Waiver) You can purchase your own Medical Insurance that has adequate international coverage (as listed on the Waiver Form) and pay the insurance company directly.	\$ _____	Depends
Total:		

Participant's Signature _____

Date _____



Statement of Responsibility, Release & Authorization to Participate in an Azusa Pacific University International Studies Program.

I, _____ (name), am a student or "Visiting Student" at Azusa Pacific University ("the University"). I have agreed to participate in _____ (program), a study abroad sponsored or endorsed by the University, in collaboration with international host organization(s) _____ (name of organization, if any), in _____ (country). I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

1. Comprehensive Health & Accident Insurance: I hereby represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance through HTH Worldwide Insurance, which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and/or traveling while on the program. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States and, I absolve the University of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.

Special Addendum for Exceptional Program: I, _____ (initial), understand that my insurance coverage for _____ (program) in _____ (country) is provided for this activity by HTH Worldwide Insurance.

2. Right to Make Changes: I understand that the University reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the University makes a flight arrangement. Any additional expense resulting from the above will be paid by me. The University reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.

3. Responsibility or Liability: I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond the University's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfer meal costs or other expenses. My baggage and personal property are transported at my risk entirely. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University's sole discretion to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States if the University determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

4. Right to Decline, to Accept or Retain Me: The University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, or any provision of _____ (program &/or international host organization), which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the Program in the sole discretion of the University's employees, agents and representatives and I may be referred to the appropriate Azusa Pacific University officials for further disciplinary action. I understand and

hereby acknowledge that institution(s) I attend or in whose facilities I reside or learn in connection with the Program, if I violate either or both institution's rules, policies or student conduct codes. I hereby consent to the jurisdiction of all such institutions (including Azusa Pacific University), to discipline me, separately or cumulatively, for any instance(s) of misconduct which occur(s) during the Program or during my time abroad. I agree not to challenge in any forum or proceeding the authority or jurisdiction of Azusa Pacific University to discipline me at any time for my misconduct abroad, during or in connection with the Program or any travel related thereto.

5. Consular Information: I understand and hereby acknowledge that I have received and reviewed the U.S. State Department Consular Information concerning travel to, in and around _____ (country); that I am aware of and understand the risks and dangers of travel to, in and around _____ (country), including but not limited to the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in or around _____ (country).

6. Field Trips and Elective Travel: I may elect to participate in field trips and/or personal travel during the Program, including but not limited to a trip to _____ (country). I hereby represent and warrant that my participation in these activities is not required by the University and is wholly voluntary. I understand and hereby acknowledge that I may face an increased risk or injury or death due to civil unrest, violence, terrorism, crime or political instability by traveling to or in _____ (country). I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in or around _____ (country).

7. Laws and Customs of the Host Country: I agree to respect and adhere to the laws and customs of the host country or countries and understand that the intentional violation or disrespect for those laws and customs may result in my dismissal from the Program. Further, I acknowledge that the violation of such laws and customs may have legal ramifications with consequences beyond the control of the University's representatives and the U.S. government.

8. Authorization for Health and Medical Treatment: I, _____ (name), do hereby authorize _____ and/or _____ the Program director/leader, hereafter "the Agent," to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent in the event of my disability to give specific consent to any and all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby authorize the medical facility, which has provided treatment to me to surrender my physical custody to the Agent upon completion of treatment.

9. Security & Safety: I recognize that in case of political unrest, an official representative of the University will take measures the University deems appropriate for the protection of Program participants. I understand that the University and its official representatives assume no responsibility for damage to or loss of property, injury or death arising out of political unrest.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Name (Printed): _____

Witness Name*(Printed): _____

Signature: _____

Witnessed by: _____

Dated: _____

Dated: _____

*Signatures can be witnessed by anyone. Does not need to be CGLE Staff
5.2010

Name: _____ APU ID#: _____

APU International Program: _____ Semester/Term: _____

1. General Flight Agreements:

- A. _____ (Initial) I will notify the APU's Center for Global Learning & Engagement and my Program Director in writing via email immediately if my travel intent should change. I know I *might* be expected to change the itinerary directly with the ordering party stated below and not hold APU responsible for any related fees/charges.
 _____ (Initial) I understand that staying beyond the program dates relinquishes APU and its affiliates of all supervision and responsibilities.
- B. **Ordering of Flight:** I understand that my flight for the program listed above will be researched, ordered, booked and confirmed by:
 _____ APU and/or its affiliates (APU's Faculty Director/APU affiliated travel agent/APU's CGLE)
 _____ Myself (Your Name: _____) – I will research, order, book and confirm my own flight.
- C. **Payment of Ticket:** I understand that the payment of the ticket for the program stated above will be:
 _____ (Student Account) – Charged to my student account and I will make payments to my APU student account to cover the costs. NOT an option if flight is ordered, booked and confirmed by student.
 _____ (Personal) – Paid for directly by me to the ordering party (travel agent/airline/myself) by cash, check or credit card. NOT an option is flight is ordered, booked and confirmed by APU and/or its affiliates.

2. Departing Flight: (From 'Home' to Program Location)

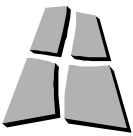
- Group Departing Flight: YES,** I am committed to departing with the group from the group departing location and group departing day/time. _____ (Initial)
- Flight Deviation: No,** I will not be departing with my Study Abroad Program group.
 _____ (Initial) I request:
 Preferred **Departure Date:** _____ (Write in "GROUP" if same as group.)
 Preferred **Departure Location:** _____ (Write in "GROUP" if same as group.)
- Notes: _____

3. Return Flight: (From Program Location to 'Home')

- Program Group Return Flight: YES,** I am committed to returning with the group from the group return location and group return day/time. _____ (Initial)
- Flight Deviation: No,** I will not be returning with my Study Abroad Program group.
 _____ (Initial) I WILL NOT be returning with the group. I request:
 Preferred **Return Date:** _____ (Write in "GROUP" if same as group.)
 Preferred **Return Location:** _____ (Write in "GROUP" if same as group.)
- Notes: _____

Participant's Signature _____

Date _____



Center for Global Learning and Engagement Graduate Study Abroad Registration Form

SECTION I – STUDENT INFORMATION

Name _____ APU ID # (or SSN) _____

Home Address

Street _____ City _____ State _____ ZIP _____

Home phone (_____) _____ - _____ Email _____

Billing Address (if different than above)

Street _____ City _____ State _____ ZIP _____

SECTION II – CURRICULUM

Year: _____ Term: _____ Session: _____ Major: _____

Program Name: _____ Country: _____ Dates: _____

Class # _____ Subject/Course # _____ Title _____ Units _____

Class # _____ Subject/Course # _____ Title _____ Units _____

Class # _____ Subject/Course # _____ Title _____ Units _____

Class # _____ Subject/Course # _____ Title _____ Units _____

SECTION III – FINANCIAL ARRANGEMENTS

COSTS:

- Tuition per unit \$ _____ x # of Units _____ = \$ _____
- Online Fee \$40.00 per unit x # of Online Units _____ = \$ _____
- Study Abroad Fees (Room and Board) \$ _____

Insurance Options: (pick one)

- Intl Study Abroad Health Fee - \$100 (with APU insurance in prior term) \$ _____
- Intl Study Abroad Health Fee -\$650 \$ _____
- Student Health Plan Waiver Form (form required)

***TOTAL FOR THIS TERM/TRIP:** \$ _____

*In addition to these charges, students are responsible for purchasing their own airline tickets.

NOTE: This is not a confirmation of charges. After your registration form has been processed your charges may be viewed online at <http://home.apu.edu>. For password and access issues contact the IMT Support Desk at support@apu.edu or call (626) 866-APU-DESK.

PAYMENT OPTIONS:

(Payment in full is due at the beginning of each term)

- Bill my sending agency: _____
 - Payment Plan – Amounts and Due Dates:
 - \$ _____ Deposit and Reservation due on _____
 - \$ _____ Half of Balance due on _____
 - \$ _____ Remaining Balance due on _____
 - Standard Options:
 - Cash (hand carried to Graduate Center)
 - Check sent with this form
 - Online Options (sign on through home.apu.edu):
 - Electronic Check Payment (ACH) in US \$
 - Credit Card Payment:
- Charges verified by Study Abroad _____ on _____

SECTION IV – PROMISSORY NOTE

For value received, I promise to pay to Azusa Pacific University at 901 East Alost Avenue, Azusa, CA 91702-7000, the above listed charges and service charges in the monthly installments indicated. I agree that should the monthly payments be delinquent more than 10 days, that the entire balance of unpaid principal, interest, penalties, costs, and charges shall become immediately due and payable at the option of Azusa Pacific University. Non-current accounts will accrue interest on the balance at the rate of 1% per month, or 12% per year, computed monthly. Each payment shall be credited first, on penalties and costs due, then on interest and the remainder on principal. If any collection steps are taken to collect any overdue amount under this Note, the undersigned promises to pay, in addition to the entire balance of delinquent principal and interest, all reasonable attorney's fees and all reasonable charges and costs incident to the collection of any amount not paid when due according to the terms of this Note. I further promise to abide by the university's policies as stated in the catalog and other printed materials, which state that my attendance in class, taking final examinations, release of grades, and participation in the graduation ceremony, is contingent upon timely payment of the monthly installments in accordance with the terms of the Note. I agree and understand that I will not be able to re-enter Azusa Pacific University or obtain grades, transcripts and diploma(s) until this Note is paid in full. I further agree that in the event bankruptcy is initiated by the undersigned or any of his creditors, the undersigned thereafter waives all access to transcripts and diploma(s) until all amounts are paid to the university.

All students must read and sign below.

I promise to pay all stated enrollment charges and required fees listed in the current catalog and printed materials associated with the courses I listed above including any class schedule changes for all sessions within this semester (Fall, Spring or Summer). I understand that the charges shown on this form are an estimate only, and I am responsible to check my monthly statements, call my student account counselor and/or check Cougars' Den for confirmation of the correct charges associated with the courses I listed above.

Student's signature _____ Date _____

Revision: 8/10

Original—Student Financial Services

Copies—Student, Registrar, Study Abroad

Grad Center Use only: Cleared on _____ Cleared by _____



Student Health Insurance Plan Waiver

Student Information

Last Name: First Name: APU ID#: _____
 U.S. Citizen International Student - Country of Origin: _____

I have health insurance that satisfies the conditions listed below and do not wish to purchase the Student Health Insurance Plan.

If your coverage does not meet all of these criteria of comparable coverage, you may not waive. If you do not know whether your coverage meets these conditions, contact your health insurance plan administrator to get current, accurate information about your plan before completing this form.

Initial

_____ My plan provides coverage for medically necessary care equivalent to the coverage provided by APU's student health plan including overseas coverage. (Note - HMO's providing emergency coverage only do not meet this requirement).

_____ My insurance plan includes coverage for emergency evacuation and repatriation of remains.

_____ My insurance plan provides maximum benefit coverage of at least \$100,000 U.S. dollars.

_____ My coverage will remain in force as long as I am a registered student at the Azusa Pacific University.

_____ My deductible is \$500 or less.

Insurance Information

_____ Insurance Company:

_____ Subscriber Name:

_____ Insurance Policy Number:

_____ Insurance Company Phone #:

By selecting YES below, I affirm that I have health insurance coverage that meets all five of the conditions described above. I am requesting to waive the APU Student Health plan. I certify that the information supplied is correct, and I am responsible for any incorrect information, whether intentional or otherwise. I understand I am legally responsible for any medical expenses incurred during my enrollment at the University, and that the University and its medical insurance program will not be responsible for any of my medical expenses. I understand that this information will be checked and verified, and if my plan does not meet these requirements, or I am uninsured, I may automatically be charged for and enrolled in the Student Health Insurance Plan.

_____ Signature

_____ Date