

Financial Markets Seminar (BADM 402/602)

Application Packet – page 1 of 6

Name: (<i>exactly as it appears on your Driver's License or Passport</i>)	
Email Address:	
Student ID#	
CELL Phone #	
Date of Birth:	
Driver's License Number	
Driver's License Expiration Date	
Passport Number (<i>if no driver's license</i>)	
Passport Expiration Date:	
Address: (<i>as it appears on your identification</i>)	
Gender: <i>CIRCLE one</i>	MALE / FEMALE
Graduate or Undergraduate Student: <i>CIRCLE one</i>	GRADUATE / UNDERGRADUATE
Have you attached a copy of your driver's license or passport to the last page of this application?	YES / NO (if no, do not submit your application)
Have you completed and signed pages 2 – 5 of this packet?	YES / NO (if no, do not submit your application)

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EMERGENCY NOTIFICATION SHEET

Please note that this information will remain confidential and only accessed in the event of a medical emergency.

Your Name _____

In case of emergency, notify:

Contact #1

Name _____ Relationship _____

Address _____

City _____ State _____ Zip code _____

Home Tel. Number (include area code) _____

Work Tel. Number (include area code) _____

Contact # 2

Name _____ Relationship _____

Address _____

City _____ State _____ Zip code _____

Home Tel. Number (include area code) _____

Work Tel. Number (include area code) _____

Current medical problems _____

Allergies _____

Routine Medications _____

Name of Medical Insurance Company _____

Policy Name _____ Policy Number _____

WINTHROP UNIVERSITY ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

I, _____, and the undersigned, in full recognition and appreciation of the hazards and exposures involved do hereby voluntarily agree to assume all of the risks and responsibilities involving my voluntary participation in the Financial Markets Seminar BADM 402/602 in New York City; and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release and forever discharge Winthrop University and all its officers, agents, employees and volunteers from and against any and all claims, demands, and actions, or causes of actions of any sort on account of damage to personal property, or personal injury, or death which may result from my participation.

I confirm that I have health and accident insurance in effect for the inclusive dates of my participation and no such coverage is provided for me by Winthrop University.

I have read and executed this document with full knowledge of its significance. In witness whereof, I have caused this release and indemnification agreement to be

executed this _____ day of _____, 2_____.

(Student's Signature) (Witness' Name printed) (Witness Signature) (date)

CONDUCT POLICY

If accepted into this course, I understand and acknowledge that Winthrop's Code of Conduct policies apply to me at all times during the trip.

I also acknowledge that my participation in this course is contingent upon my good standing with Winthrop University (academically, financially, and in terms of my overall student conduct record).

Winthrop University is committed to maintaining an environment for all members of the community and ensuring that our students represent the University in a positive light.

I hereby acknowledge and agree that while participating on this trip, I will not engage in behaviors or practices that would endanger or bring risk to myself or others at any time.

I also certify that I will not disrupt or remove myself (or others) from the academic experience. Should do so, I understand that the faculty trip leaders may dismiss me from the course at their discretion.

Should I be dismissed from the course, I acknowledge and agree that any costs associated with my dismissal are my personal financial responsibility.

Printed Name: _____

Signature: _____

Date: _____

ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I understand that upon acceptance of my application, I am responsible for paying the initial deposit of \$500 within (2) two business days from the date I am notified that my application has been accepted.

I understand that my reservation in the course will not become effective until I provide Professor Berbrick with a copy of my paid receipt from the Cashier's office for the initial deposit.

I understand that in addition to being responsible for the trip costs of \$1,600, that I am also responsible for paying the related tuition costs for the (3) credits for the course.

I understand that failure to fulfill the financial obligations noted in this application form may result in a registration hold on my student account.

I understand that failure to fulfill the financial obligations within the required timeframe as noted on the Registration and Payment document, that I may not participate in the trip.

Printed Name: _____

Signature: _____

Date: _____

Attach a photocopy of your driver's license or passport as a replacement to this page. Your application will not be approved without it.

Please make a note of the expiration date and be sure you have it renewed if it expires prior to our departure date.

The airline will not allow you to board the plane using an expired driver's license or passport.