

# UNB TRAVEL STUDY APPLICATION FORM

Upon receipt of your application, a member of the Travel Study team will be in touch with you to confirm your registration. You will not be registered for the program until program fees are paid in full. An initial deposit of \$1000 is required to hold your place in the program. The remaining balance must be paid by February 10, 2020.

| TRAVEL STUDY APPLICATION FOR:   ☐ Italy (May 6-28)  Cost: \$3950 UNB Students |  |  |
|---|--|--|
| SECTION I: PERSONAL INFORMATION   |  |  |
| First Name:   | Last Name:                                 |  |
| Street Address:   |  |  |
| City:   | Province, Territory or State:              |  |
| Country:  | Posta/Zip Code:                            |  |
| Daytime Phone Number:   | Evening Phone Number                       |  |
| Email Address:  | Date of Birth (YYYY/MM/DD)                 |  |
| Gender (accommodation purposes): ☐ Male                                       | ☐ Female                                   |  |
| Preferred Roommate:   |  |  |
| SECTION II: STUDENT STATUS  |  |  |
| Are you a current full-time UNB Student:   Yes                                | □ No UNB Student Number:                   |  |
| Have you ever taken a course from UNB? ☐ Yes                                  | s □ No                                     |  |
| Are you a visiting student from school other than                             | n UNB: □ Yes □ No                          |  |
| If so, do you have a Letter of Permission                                     | from your Education Institution:   Yes  No |  |
| Academic Program and Year (eg. 3 <sup>rd</sup> year Arts Cla                  | assics):                                   |  |

| Choose one of the following                            |  |
|--|--|
| ☐ I will be taking the cou                             | rses on the Travel Study Program for Academic Credit   |
| ☐ I will be taking the cou                             | rses only for the learning experience and will not be looking for Academic Credit  |
| SECTION III: MEDICAL INFO                              | RMATION  |
| Completion of this section is m                        | nandatory  |
| the accompanying Professor f                           | t that you disclose all health conditions you have. This information will be disclosed to or reference in case of any medical emergency. Any information you provide will be fidence in compliance with UNB's Privacy Policy*. |
| Please list any medical condition medication:          | ons you may have, including allergies and conditions for which you are required to take  |
|  |  |
| Please list any mental health co                       | onditions for which you have sought treatment such as anxiety, bipolar disorder, clinical  |
| depression, drug and alcohol d                         |  |
|  |  |
| Do you have any health issues travel study? ☐ Yes ☐ No | or disabilities for which you may require special arrangements or assistance during your   |
| Please list all medications you                        | are taking:  |
| Please list all dietary restriction                    | as and food allergies:   |
|  |  |
| Section IV: Emergency Co                               | DNITACT INFORMATION  |
| Completion of this section is m                        |  |
|  | Last Name:   |
|  |  |

| City:   | Province, Territory or State:                         |  |  |
|---|---|--|--|
| Country:  | Posta/Zip Code:                                       |  |  |
| Daytime Phone Number:   | Evening Phone Number                                  |  |  |
| Email address:  |   |  |  |
| Do you give permission to release personal information about you to this individual: ☐ Yes ☐ No |   |  |  |
|   |   |  |  |
| SECTION V: TRAVEL INFORMATION   |   |  |  |
| This information is necessary in case passport and travel information is lost.                  |   |  |  |
| *Do you have a valid passport? : $\square$ Yes $\square$ No                                     | *Passport must be valid for 6 months past return date |  |  |
| What is your citizenship?   |   |  |  |
| Is this your first time travelling abroad? ☐ Yes ☐ No   |   |  |  |
| Is this your first time attending a Travel Study?   | : □ Yes □ No  |  |  |
|   |   |  |  |

#### **SECTION VI: FEE PAYMENT INFORMATION**

Fee payments can be made in person, online or via mail to:

#### **The Gregg Centre**

University of New Brunswick Tilley Hall, Rm 43, 9 Macaulay Lane Fredericton, New Brunswick E3B 5A3

Email: greggcentre@unb.ca

Att: Val Gallant

- Make cheques payable to "The University of New Brunswick"
- Payments can be made using the online banking to UNB; be sure to notify our office that a payment has been made greggcentre@unb.ca

Directions for online banking: (http://www.unb.ca/financialservices/students/paymentoptions/onlinetelephone.html)

#### NOTE:

- No refunds will be issued after March 1, 2020
- All cancellations will be subject to a \$300.00 administration fee. This administration fee will automatically be deducted from your deposit.

#### **SECTION VII: PRIVACY POLICY**

From time to time group photos taken during your travel study may be published on our website for promotional purposes. Group photos taken during travel can be used for promotional purposes and your consent to using your image on the UNB website or flyers would be appreciated. For more information on UNB's Photography Management Policy please consult the policy at http://es.unb.ca/apps/policy-repository/

Do you consent to us using your image on our website or in flyers: ☐ Yes ☐ No

#### \* UNB Privacy Statement

UNB is committed to protecting the personal information of our program participants. The information collected on this application form will be used solely for the purposes of assessing your Travel Study application and will be accessible on to the program administrators and your Travel Study program director. This information is being collected under the authority provided for the New Brunswick Right to Information and Protection of Privacy Act. For more information on the protection of personal information at UNB please consult the University Secretariat, University of New Brunswick, PO Box 4400, Fredericton, NB, E3B 5A3.

www.unb.ca/secretariat (506) 453-4613.

http://www.unb.ca/privacy/

#### **SECTION VIII: TRAVEL INSURANCE REQUIREMENTS**

UNB requires participants to have the following insurance coverage:

- 1. \$1,000,000 or equivalent for basic major expenses, including accident and illness expense, hospitalization, and related benefits
- 2. \$10,000 or equivalent for emergency medical evacuation
- 3. \$10,000 or equivalent for accidental death and dismemberment
- 4. \$7,500 or equivalent for repatriation of remains
- 5. Trip cancellation and interruption

#### **HOW TO SUBMIT APPLICATION**

| Application will no | t be accepted without the following: |
|---------------------|--------------------------------------|
|                     | Completed Application                |
|                     | \$1000 deposit                       |
|                     | Course Selection                     |

#### Mail or Drop Off completed application and \$1000 deposit to:

The Gregg Centre
Email: greggcentre@unb.ca
University of New Brunswick
Tilley Hall, Rm 43, 9 Macaulay Lane
Fredericton, New Brunswick
E3B 5A3

### **COURSE SELECTION**

## RETURN COURSE SELECTION for the appropriate TSP Application is NOT complete without selection of courses.

\*Course Registrations for the Travel Study will be completed by the Travel Study Office

| ITALY TSP (May 6-28) COST: \$3950                             |
|---|
| Course Co- taught by Dr. Cindy Brown and Dr. Lee Windsor      |
| ☐ History 3810 The Second World War in Italy (6 credit hours) |
|   |
|   |
| Name (Print):   |
| Name (Signature):   |
| UNB STUDENT NUMBER:   |
| DATE:   |