

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:

- Paris (May 3- 23)**
Cost: \$4150
-

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 No

Are you a visiting student from school other than UNB: Yes No

If so, do you have a Letter of Permission from your Education Institution: Yes No

Academic Program and Year (eg. 3rd year Arts Classics): _____

Choose one of the following

- I will be taking the courses on the Travel Study Program for Academic Credit
 - I will be taking the courses only for the learning experience and will not be looking for Academic Credit
-

SECTION III: MEDICAL INFORMATION

Completion of this section is mandatory

For your safety, it is important that you disclose all health conditions you have. Any information you provide will be guarded with the strictest confidence.

Please list any medical conditions you may have, including conditions for which you are required to take medication:

Please list any mental health conditions for which you have sought treatment such as anxiety, bipolar disorder, clinical depression, drug and alcohol dependency:

Do you have any health issues or disabilities for which you may require special arrangements or assistance during your travel study? Yes No

Please list all medications you are taking:

Please list all dietary restrictions:

Please list any allergies you may have:

SECTION IV: EMERGENCY CONTACT INFORMATION

Completion of this section is mandatory

First Name: _____ Last Name: _____

Street Address: _____

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

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:

Department of French

University of New Brunswick
Tilley Hall Room 231, 9 Macaulay Lane
Fredericton, New Brunswick E3B 5A3
Attention: Natalie Fournier

- 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** (french@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: 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 not be accepted without the following:

- Completed Application
- \$1000 deposit
- Course Selection

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

Department of French

University of New Brunswick
Tilley Hall Room 231, 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 Department of French Office*

PARIS TSP (May 3- 23)

COST: \$4150

Students must choose two (2) courses. One from Section A and one from Section B.

SECTION A (Courses taught by Dr. Patrick Bergeron)

- FR 4534 Cinéma français
- CCS 4534 Cinema of France

SECTION B: (Courses taught by Dr. Christine Horne)

- FR 3594 Paris en fête
- CCS 3594 Paris in Literature
- FR 4034 Advanced Oral French
- FR 2034 Oral & Written Communication III
- FR 1034 Oral & Written Communication I

PHOTO CONSENT

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 for the purposes of assessing your Travel Study application and administering the Travel Study program. 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/>

NAME (PRINT) : _____

NAME (SIGNATURE) : _____

Date: _____