

**DEADLINE – DECEMBER 1, 2014**

**APPLICATION FOR STUDY ABROAD – AAST4990: EXPLORING BLACK BRITAIN**

Traveling from May 24 – June 7, 2015

African American & Diaspora Studies  
Dr. Kerry Pimblott & Dr. Tracey Owens Patton

<b>Name</b> ( <i>Last, First</i> ):	<input type="checkbox"/> M <input type="checkbox"/> F	<b>W#</b>
<b>Standing:</b>	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Non-Student Participant	
<b>Major:</b>	<b>GPA:</b>	
<b>Have you ever been on academic or disciplinary probation? If so, please explain:</b>		
<b>Have you taken/will you have taken AAST3670: The African Diaspora? (This course is a prerequisite.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Are you a U.S. Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you are a U.S. citizen, do you have a valid passport?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, passport number:
	Issue date:	Expiration date:
<b>If you are not a U.S. citizen, what is your citizenship?</b>		
<b>What foreign languages have you studied, and for how long?</b>		
<b>Do you have any special dietary requirements?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you vegetarian or vegan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please list any dietary limitations, restrictions, and/or allergies:</b>		
<b>If you have a disability and will request on-site accommodations, you must contact the Disabilities Support Services office as soon as possible.</b>		

<b>In addition to completing this form, you must submit the following as part of your application:</b>	
<input type="checkbox"/> An unofficial transcript from WyoWeb	
<input type="checkbox"/> 1 letter of recommendation from a UW faculty member	
<input type="checkbox"/> A 1-page essay describing your interest in this program and what you expect to gain from the experience	
<input type="checkbox"/> A signed Medical Clearance form from student health	
Signature of Applicant	Date

I certify that the information given above is true and complete. I agree to release any and all records and transcripts held by the University of Wyoming, and other institutions, to International Programs, as necessary for my participation on a student exchange/study abroad program. I understand that as a participant on a student exchange/study abroad program, I will be subject to certain rules and requirements of the University and cooperating universities in the U.S. and overseas, which I agree to fulfill in all respects, subject to being sent home if I do not do so. I agree to assume financial responsibility for the program fees as determined by the University of Wyoming International Programs Office and for my own welfare while overseas.

If I am selected, by **Friday, January 30<sup>th</sup>, 2015 I am paying a \$1,000 non-refundable\* deposit to Moriah Hager, African American & Diaspora Studies, Ross Hall 111 (766-2481)**. This may be done by delivering a check (to African American & Diaspora Studies), or getting a form from Moriah to use so that you can pay with your Visa Card. **I will pay a second non-refundable\* payment of \$1,000 by Friday, March 20, 2015.** I accept that this deposit does not include flights, meals other than breakfast, insurance, or tuition and fees.

\*I understand that the phrase non-refundable operates except in a case of a physical medical or family emergency. For instance, if a student breaks their leg and cannot go on the trip, the plane ticket would be refunded and the student would receive 90% of the fare back if the student purchased flight insurance at the time of purchase. Please note that mental illness is not covered as a reason for refund by the TravelGuard policy.

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