



**KENYA STUDY ABROAD PROGRAM**

**<<http://www.coe.uga.edu/ksap/>>**

**May 15 – June 11, 2005**

**APPLICATION FORM**

**Directions: Please complete all relevant blanks, sign the form and return to Dr. Jepkorir R. Chepyator-Thomson, 365 Ramsey Center or Dr. Norman Thomson, 212I Aderhold Hall, University of Georgia, Athens, GA 30602.**

**A. Personal Information**

**Name:** \_\_\_\_\_  
Last Name                      First Name                      (Preferred First Name)                      Middle Name

**Current Mailing Address:** \_\_\_\_\_  
Apartment/Street Number                      City                      State                      Zip Code

**Permanent Mailing Address:** \_\_\_\_\_  
Apartment/Street Number                      City                      State                      Zip Code

**Phone Numbers:**  
Campus: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_      Home: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_      **Birthdate:** \_\_\_\_\_

**Student Identification Number: #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Female**       **Male**       **Non-Smoker**       **Smoker**

**B. Academic Information**

**Institution:** \_\_\_\_\_

**College/School:** \_\_\_\_\_

**Classification:** \_\_\_\_\_      **GPA** \_\_\_\_\_

**(Undergraduate: Year 1, 2, 3, 4, 5 or Grad)**

**Major or area of academic interest:** \_\_\_\_\_

**Briefly describe your area(s) of study/research interest in the KSAP:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe what you hope to learn in the KSAP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be applying for financial aid?  Yes  No

Will you be applying for a HOPE grant?  Yes  No

Will you be applying for a Scholarship?  Yes  No

Will you be participating for UGA Honors credit?  Yes  No

C. Flight Arrangements:

Flight arrangements are made with a licensed agent who is able to provide us with discount rates on an international carrier. Participants travel as a group.

D. Deadlines for Submission:

Kenya Study Abroad Program

The deadlines for submission of this application is February 14, 2004 with a payment of \$ 300 to be applied to the program, and I agree to abide by the deadlines for fee payments as follows: March 2, 2005, = \$1500 and April 4, 2005, = \$1600. I further acknowledge and accept the schedule for refunds, should I withdraw from the program, and accept the penalties associated with late withdrawal, as follows:

Withdrawal before March 2: \$200 will be refunded.

Withdrawal between March 3 and April 4: \$1300 will be refunded.

Withdrawal after April 5: No money will be refunded.

Tanzania Mt. Kilimanjaro Climb and

Uganda Safari to Bwindi Impenetrable Forest National Park

The deadline for submission of payment for these trips is March 15 and April 4, 2005.

I will be participating in the Mt. Kilimanjaro climb (\$800, April 4).  Yes  No

I will be participating in the trip to Bwindi Impenetrable Forest National Park (\$750, March 15).  Yes  No

Please make all checks payable to The University of Georgia and submit to Ms. Anne Ogden, Rm. 358, Department of Kinesiology, Ramsey Sports Center, University of Georgia, Athens, GA 30602. Note: For your protection, all program withdrawals must be made in writing to the program coordinators in order for refunds to be processed by The University of Georgia Business Offices.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Signature of parent / guardian for applicants under 18 years of age.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date