STUDY ABROAD IN SCOTLAND
July 31 – August 13, 2016

$3,400 plus tuition and fees

_____   MUSC503 Music of British Isles – 3 credits
_____   COMM 477/677 Communication Studies in Scotland – 3 credits

_____   $3,600 Travel ONLY

Prices are subject to change without notice due to changes in travel costs

PLEASE LIST YOUR NAME AS IT APPEARS ON YOUR PASSPORT.

Full Name: ___________________________ Date: ________________

         Last      First      M.I.

Student ID #: @_________________________ /   /   Passport #: __________________________

   Date of Birth

Local Address: __________________________

         Street Address

         Apartment/Unit #

         City      State      ZIP Code

Local Phone: (   )_____________       Cell Phone: (   )_____________       Home Phone: (   )_____________

Major: ___________________________       E-mail: ___________________________

Number of Credits Earned: ___________________________       QPA: ___________________________

A $300 deposit is required to secure your place in this program. The deposit will be applied to the cost of the program and is non-refundable. Payment can be by check or money order made payable to Edinboro University, or by credit card. If you need to use a credit card, please contact the International Student Services Office for assistance.

Your registration also serves as your financial commitment to Edinboro University of Pennsylvania. Your financial obligations are as follows:

- I understand that my $300 deposit is non-refundable. Further, if I cancel my participation, I could be assessed additional expenses incurred at the time of cancellation.
- I will be obligated to pay $1,000 of the program fee by Friday, January 29, 2016.
- I will be obligated to pay $1,000 of the program fee by Monday, March 28, 2016.
- I will be obligated to pay the balance of the program fee by Friday, May 27, 2016.
- If Edinboro University cancels the program, my $300 deposit will be refunded.
- I understand that tuition and fees will be billed separately for the course.

I have read and fully understand my financial obligations.

Signature: ___________________________ Date: ___________________________

Revenue and expense will be reviewed at the completion of the program. Participants may receive a refund or be assessed additional fees based on that review.

—COMPLETE OTHER SIDE—
EMERGENCY AND MEDICAL INFORMATION

The following information will not be used to determine admission. It will be used to assist on-site personnel if you have a health emergency.

IN CASE OF AN EMERGENCY, CONTACT:

Use the spaces below to record the name, telephone number, type of connection (Work, Home, Cell, Pager) and what type of relationship each contact person holds to you.

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Telephone Number</th>
<th>Type</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You can use the area below to list any medical information (medications, implants, allergies, etc.) you feel emergency medical personnel needs to know before attempting to provide you aid. List the exact name (be careful to accurately copy spelling!) and dosage of each medication.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

INSURANCE INFORMATION

Medical Insurance Carrier Name:__________________________
Policy #: ____________________________
ID #: ____________________________
Group #: ____________________________

WE ADVISE YOU TO DISCUSS YOUR MEDICAL COVERAGE WHILE STUDYING ABROAD WITH YOUR HEALTHCARE PROVIDER.

Physician’s Name: ____________________________
Phone: (___) ________
Address: __________________________________________
Street Address: ____________________________ Apartment/Unit # ____________________________
City: ____________________________ State: ____________________________ ZIP Code: ____________________________

We ____________________________ 5/21/2015