University of Florida
4-Week Galway, Dublin and London Program
Summer 2010

Application Procedure

1. Complete the AIFS application form.
2. Submit deposit check of $700, payable to “University of Florida,” to the UF International Center (170 Hub). If selecting the optional tour to Venice, please indicate on the attached AIFS application form, and include credit card details in Part C for the $100 tour deposit.
3. Attach a photocopy of the information page of your passport (the page with your picture). If you do not yet have a passport, please apply for one immediately, and mail a copy once you have received it.
4. Mail or give the completed application package to: Dr. Michael Weigold, Box 118400, 2018 Weimer Hall, University of Florida, Gainesville, FL 32611, Telephone (352) 392-8199, E-Mail: mweigold@gmail.com.
5. UFIC will bill you for the balance of the program fee. AIFS will bill you for the $125 refundable damage deposit; airfare ($875); taxes, fees, and fuel surcharges of $297 (subject to change); balance of Venice excursion ($699, if applicable), and optional insurance upgrade.

The program fee includes the following:

In Galway (May 4-8)
- housing in twin- and triple-bedded rooms in a tourist-class hotel on a bed-and-breakfast basis;
- orientation program consisting of an orientation meeting with AIFS staff, welcome reception and half-day guided sightseeing tour of Galway by private coach;
- day trip to the Aran Islands;
- full-day excursion to The Burren and the Cliffs of Moher by private coach;
- transfer by private coach from Galway to Dublin with a sightseeing stop en route;

In Dublin (May 8-13)
- housing in twin- and triple-bedded rooms in a tourist-class hotel on a bed-and-breakfast basis;
- guided walking tour of Dublin;
- tour of the Guinness Storehouse with a marketing presentation;
- full-day guided excursion outside Dublin by private coach;
- AIFS courier/tour manager to accompany the group in Galway and Dublin;
- group transfer from Dublin to London by coach and ferry with sightseeing stop en route to London;

In London (May 13-May 31)
- housing in twin-bedded rooms at the IES Residence Hall in Chelsea. Rooms have en suite facilities and dial-up Internet access points, a common room, shared kitchen, 24-hour reception desk and electronic key card entry;
- optional homestay accommodation in a twin-bedded room in a residential neighborhood of London with continental breakfast five days per week and kitchen access for the preparation of other meals. Students choosing this option will receive a $300 reduction in the program fee;
- travel pass for use on the buses and underground trains in the inner two zones of the London transport system. Students choosing the homestay option will receive a pass that covers travel between the homestay and central London (typically zones 1-3);
- half-day guided sightseeing tour of London and a trip on the London Eye;
- cultural program including one guided day-trip outside of London, a guided walking tour and an evening theater performance;
- access to the AIFS Summer Optional Cultural Calendar, which will include day trips, walking tours and theater events;
- farewell boat ride along the River Thames with buffet and DJ;
- access to the wireless-enabled AIFS Student Center and the services of the AIFS Program Coordinator and Student Advisors for information, advice, fax and mail services and emergency contact service;
- access to the student computer lab with free e-mail, printing and Internet facilities;

All Sites
- medical and program fee refund insurance policies;
- $50 non-refundable application fee.

All visits/events will be arranged in cooperation with the University of Florida and are subject to change depending on availability. If a visit/event becomes unavailable, it will be replaced by a suitable alternative.

Program fee does not include the following:
- optional transportation package including round-trip airfare Orlando-Shannon/London-Orlando, and round-trip transfers between the airports overseas and your program sites on the specified program date(s) at a cost of $875;
- mandatory U.S. government and airline-imposed departure taxes, fees and fuel surcharges of $297 (subject to change);
- $125 refundable damage deposit;
- optional 3-day/2-night excursion to Venice for $799 including airfare, accommodations in twin- and triple-bedded rooms in a tourist-class hotel on a bed-and-breakfast basis in Lido or Venice, a half-day walking tour of Venice to end at the Doge’s Palace with entrance, a 3-day Vaporetto pass and a group meal. A minimum of 40 participants is required for this excursion to operate. The maximum enrollment is 62.
- tuition fees to your university;
- textbooks;
- meals not listed above;
- passport and visa fees if applicable;
- additional field trips or excursions required by your instructors;
- personal expenses such as laundry;
- optional personal effects coverage.
PAYMENT SCHEDULE FOR AIFS FEES

<table>
<thead>
<tr>
<th>Summer Program</th>
<th>Fee</th>
<th>Deadline</th>
<th>Optional</th>
<th>Fee</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damage Deposit (Mandatory/</td>
<td>125.00</td>
<td>March 12, 2010</td>
<td>Airfare</td>
<td>$875.00</td>
<td>March 12, 2010</td>
</tr>
<tr>
<td>Refundable</td>
<td></td>
<td></td>
<td>Taxes/Fees (subject to change)</td>
<td>$297.00</td>
<td>March 12, 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Venice Excursion Deposit</td>
<td>$100.00</td>
<td>January 25, 2010</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Venice Excursion Balance</td>
<td>$699.00</td>
<td>March 12, 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personal Effects Coverage</td>
<td>$90.00</td>
<td>March 12, 2010</td>
</tr>
</tbody>
</table>

The following amounts are payable to AIFS: $100 non-refundable excursion deposit (if applicable; please provide credit card details under Part C if you plan to participate), plus payment of the airfare ($875) and taxes/fees/fuel ($297-subject to change) if applicable, $125 refundable damage deposit, optional Personal Effects Coverage, and excursion balance (if applicable). You may also use American Express, MasterCard or Visa. See application form.

All students must submit the $700 deposit check, payable to “University of Florida,” with the completed application, along with the $100 non-refundable Venice deposit, if applicable, payable by credit card in Part C.

Please note: A $35 returned check fee will be charged on all checks returned by the bank for insufficient funds.

AIFS TRANSPORTATION PACKAGE

Participants have the option of purchasing a round-trip ticket for the flight arranged through AIFS. Participants choosing this option should note the following restrictions: Tickets purchased from AIFS are exclusively on scheduled airlines (not charters). They are not endorsable to another carrier. Flights are not necessarily direct or non-stop, they cannot be rerouted, and frequent flyer miles are not applicable. The AIFS Transportation Package includes round-trip ground transportation from the airports overseas to your accommodations on the regularly scheduled program dates. AIFS will book flights only on the dates indicated on this application.

Participants wishing to purchase the Transportation Package must notify AIFS in writing by Monday, January 25, 2010. Participants wishing to cancel from the flight must notify AIFS in writing by Friday, March 12, 2010. Cancellation penalties will apply. Tickets are non-refundable after this date.

AIFS Airfare Regulations: Return must be to original U.S. departure city. Tickets are subject to airline availability. No refunds are available for any unused portion of ticket. Stopovers are not permitted. Once overseas, participants may be able to change their return date, but only if that date is available and in the same class of service in which the ticket was booked. Only the ticketing agent can provide this information. Participants are subject to agency and airline-imposed change fees and space availability. Group round-trip ground transportation to and from the airports overseas is on the regularly scheduled program dates only.

AIFS cannot guarantee that all passengers will be booked on the same flight.

AIFS will not make your flight arrangements for you unless you clearly indicate your travel preferences on your application.

PROGRAM DATES

Summer 2010

Monday, May 3, 2010  AIFS flight departs the U.S. for Shannon, Ireland.
Tuesday, May 4, 2010  Arrive in Shannon, transfer to Galway.
Saturday, May 8, 2010  Transfer to Dublin.
Thursday, May 13, 2010  Transfer to London.
Monday, May 31, 2010  End of program. AIFS flight departs London for the U.S.
American Institute For Foreign Study
University of Florida
4-Week Ireland and London Program – Summer 2010

Instructions:
1. Please type or print in black ink.
2. Be sure you have read the payment schedule and refund policy set forth in this application.
3. Be sure to read and sign the Agreement and Release on the opposite side.
4. If your mailing address includes a P.O. Box or Route Box number, please be sure to give a street address where you can receive shipments/packages.
5. Attach a copy of the information page of your passport, or mail when received.
6. This application form must be returned to UF no later than Monday, January 25, 2010.

PART A - PERSONAL DATA

Name ____________________________________________ ☐ Male ☐ Female Telephone # (_______) ____________

Home Address ________________________________________________________________________________________________

E-Mail Address ____________________________________ Relationship __________________________________

Part of Address (Permanent)
Number Street City State ZIP

E-Mail Address ________________________________________________________________________________________________

Age _______ Date of Birth _______ Social Security # _______ Citizen of _______

mm/dd/yy (Visas may be required for non-U.S. passport holders)

Passport No. __________ Date of Issue __________ Date of Expiration __________ Issued by __________

Emergency contact while abroad ________________________________ Emergency phone (____) _____________________

Address ____________________________________________ Relationship ____________________

PART B – REGISTRATION INFORMATION

Please select the program options that apply to your enrollment.

Optional Program Components:

1. Do you wish to purchase the AIFS Transportation Package? Please note your departure date and city.

2. Do you wish to live in a homestay for a program fee reduction of $300?

3. Do you wish to participate on the 3-day excursion to Venice at a cost of $799?

If yes, enclose a $100 non-refundable deposit to reserve your place on the tour. A minimum of 40 participants is required for this tour to operate. A maximum of 62 participants can be accommodated.

4. Insurance: Do you wish to purchase the following:

PART C – PAYMENT OPTIONS

Deposit amount due is $700, payable to “University of Florida.” You must include credit card information for the $100 non-refundable tour deposit if you sign up for the Venice excursion. Return this form and payment(s) to your university’s program coordinator.

Check one: ☐ My $700 deposit payment has been made to the International Center, or ☐ My $700 deposit payment has been made to the International Center, and I am selecting the optional Venice excursion. Charge the $100 non-refundable deposit for the Venice excursion to my credit card.

Note: AIFS cannot accept debit/ATM/check cards above your daily limit. If you are charging your fees to a credit card, please supply the following information:

Check one: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card # ___________________________ Expiration date _______________ Amount to be charged $ ____________________

Signature ________________________________________________________________________ Phone _____________________

Cardholder’s address _________________________________________________________________

Name on card (if different from yours) __________________________________________________

PART D – ACADEMIC APPROVAL

Signature of your university’s program coordinator certifying your eligibility to apply:______________________________

Name (print) ____________________________________________ Title ____________________________ Date ____________
PART E – HEALTH AND HOUSING INFORMATION

Please complete the following questionnaire carefully. Your housing assignment will be made based on the information that you provide. All requests are taken into consideration.

Name ____________________________ School ____________________________ Term ____________________________

Please complete one section only, either the Shared Homestay OR Shared Accommodations option.

SHARED HOMESTAY

Please complete the following questions to assist the London staff in finding a suitable host family for you.

Father’s name ____________________________ Occupation ____________________________

Mother’s name ____________________________ Occupation ____________________________

Ages of brothers and sisters ____________________________

Major ____________________________ Year ____________________________

Jobs done in the past

Do you smoke? ☐ Yes ☐ No    Do you object to a roommate who smokes? ☐ Yes ☐ No

Would members of the host family who smoke elsewhere in the house/apartment bother you? ☐ Yes ☐ No

Roommate preference (if known) (1) ____________________________ (2) ____________________________

Would you prefer to live in a household with children or without? ☐ With ☐ Without

Would you object to being placed with a single-person host? ☐ Yes ☐ No

Do you have any allergies to household pets? ☐ Yes ☐ No

If there are any more details about yourself that you think would help your host to get to know you better, please state below:

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

SHARED ACCOMMODATIONS

Please note that specific housing preferences cannot be guaranteed.

Please note that single rooms are very limited and are allocated according to special needs, e.g. medical, age-related

Do you smoke? ☐ Yes ☐ No    Do you object to a roommate who smokes? ☐ Yes ☐ No

What time do you get up in the morning? ____________________________ What time do you normally go to bed? ____________________________

Do you consider yourself a quiet person? ☐ Yes ☐ No    Where do you prefer to study? ☐ room ☐ library ☐ elsewhere

Are you receiving any special medical treatment? ☐ Yes ☐ No    If yes, specify: ____________________________

Do you have any physical condition that prevents you from climbing stairs? If yes, specify: ____________________________

Roommate preference (if known) (1) ____________________________ (2) ____________________________

Do you have any special reason for requesting a single room? If so, please specify: ____________________________

Do you like to cook your own meals? ☐ often ☐ occasionally ☐ never

What type of music do you prefer? ____________________________ Do you normally listen to music in your room? ☐ Yes ☐ No

Are there any hobbies or interests you would like to pursue while in Ireland and the UK?

PART F – ADDITIONAL INFORMATION

Studying in another country requires considerable adaptability. This is part of both the challenge and the reward. Your willingness to answer these questions will assist the AIFS staff in providing you with a housing situation that is most likely to meet your needs. Please note that specific requests cannot be guaranteed.

Do you have any special dietary needs?* If yes, please describe ____________________________

Do you consider yourself a conservative or liberal person? ☐ Conservative ☐ Liberal

Do you have any allergies or chronic ailments? ☐ Yes ☐ No    If yes, please describe ____________________________

Are you presently under treatment for any mental or emotional matters? ☐ Yes ☐ No    If yes, please describe ____________________________

Are you presently taking any prescription medication on a regular basis? ☐ Yes ☐ No    If yes, please list and state purpose ____________________________

Studying abroad requires a great deal of physical mobility. Do you feel you are able to perform the essential functions of studying abroad with or without any special requirements?* If you do have special requirements, describe the requirement you would need and how this would enable you to participate.______________________________

* AIFS cannot guarantee to accommodate special requirements and requests.
**Agreement and Release Form**

I, the undersigned, an Applicant for an overseas study program of the American Institute For Foreign Study, Inc. (the “Institute), acknowledge that I have read and accept the terms and conditions set forth in the AIFS application/brochure, which are incorporated in this agreement. This agreement is a legally binding contract. I acknowledge and accept the terms of the refund policy as outlined below:

<table>
<thead>
<tr>
<th>If a participant withdraws in writing</th>
<th>She/he receives</th>
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<tbody>
<tr>
<td>On or before March 12, 2010</td>
<td>All fees paid less $250 plus any non-refundable deposits paid either by the student or by AIFS on the student’s behalf.</td>
</tr>
<tr>
<td>After March 12, 2010, but on or before April 23, 2010</td>
<td>All fees paid less $450 plus any non-refundable deposits paid either by the student or by AIFS on the student’s behalf.</td>
</tr>
<tr>
<td>After April 23, 2010</td>
<td>No refund, and student is responsible for entire program fee.</td>
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All requests for refund must be made in writing, signed, and addressed or faxed to: Registrar, AIFS, Partnership Programs, College Division, River Plaza, 9 West Broad Street, Stamford, CT 06902; fax number (203) 399-5597. Unsigned withdrawal statements will not be processed.

I unconditionally release the Institute from any claims for damage, injury, loss, or expense of any nature resulting from events beyond its control, including without limitation: Acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by any host family, bus or car rental agency, steamship, airline, railroad, taxi or tour service/organizer, hotel service, hotel, restaurant, school, university/college, or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Institute.

I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that the Institute cannot provide supervision or support during periods of independent travel.

I agree that if I become ill or incapacitated, the Institute or its emergency assistance company may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the United States. I release the Institute from any liability relating to this medical care. I also authorize the Institute to take whatever action it deems to be necessary and in my best interest (including transporting me out of the host country or back to the United States, at my own expense) in the event of political unrest or any other unforeseen event or condition. If the Institute incurs on my behalf any costs not covered by its general liability insurance, I agree to make immediate repayment upon my return.*

I will comply with the Institute’s rules, standards and instructions, and understand that failure to do so may result in being sent home at my expense, with no refund. I understand that my participation may be terminated if I am expelled from school or otherwise disciplined by school or civil authorities, or if the Institute, in its sole discretion, determines that my conduct is incompatible with the interests, harmony, comfort or welfare of the other students. I agree to indemnify the Institute if I do anything that causes the Institute to sustain financial loss or liability.

I understand that the Institute provides insurance coverage for my benefit while in the program, including limited health, accident, accidental death, personal effects and tuition refund insurance. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that the Institute is not responsible for any uninsured losses.

I understand that the Institute reserves the right to make changes, cancellations or substitutions in cases of changed conditions or emergency, or based upon the interest of the group. I understand if I am terminated from the program, there will be no refund of AIFS fees.

I understand that obtaining a passport and any other required travel documents is my sole responsibility, and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that if I am not a U.S. citizen, a visa may be required for entry to the countries I plan to visit (or travel through) while a participant on this program. I further understand that it is my sole responsibility to determine my visa requirements and obtain the appropriate visa(s), and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents and visas for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that from time to time the Institute’s publicity material may include statements by its participants and/or their photographs, and I consent to such use of my comments and photographic likeness.

This agreement will be effective when my application is accepted by the Institute and shall be governed by the laws of the State of Connecticut. This agreement cannot be modified except in writing by the Institute.

I agree that any dispute with the Institute that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, I understand that I am giving up my right to have any claim against the Institute decided in Court before a judge or jury.

References in this agreement to “the Institute” shall include the American Institute For Foreign Study, Inc., and all of its agents, employees, affiliated companies, campus directors, chaperones, group leaders, teachers, host school and school officials.

If I am using financial aid to pay for all or part of my AIFS program fees, and if that aid is canceled or reduced by my institution or lending agency after I have embarked on the AIFS program, I am immediately responsible for full payment of all fees. Failure to make payment will result in my administrative withdrawal from the program.

<table>
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<tr>
<th>Signature of Applicant</th>
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<tr>
<th>Printed Name</th>
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*A special substitute paragraph is available to members of the Christian Science faith.