Center for International Education  
British Documentary Experience Summer 2016 Program Application

CSU East Bay offers students, who are in good academic standing, a unique and exciting opportunity to spend five weeks in London, England, earning (8) credits toward your major or general educational requirements.

Students take two communication classes – in English – designed to give undergraduate students a practical and powerful educational opportunity to study the history and practice of documentary filmmaking in the United Kingdom. The program also features day trips to Greenwich, Bath, Windsor and Oxford.

Dates: July 27, 2016 – September 1, 2016

Faculty Info: william.lawson@csueastbay.edu

ESTIMATED FEES PAYABLE TO CSUEB *

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$1448</td>
</tr>
<tr>
<td>Accommodations</td>
<td>$1850</td>
</tr>
<tr>
<td>Health insurance, day trips including entrance fees/local transportation and send-off dinner included</td>
<td></td>
</tr>
</tbody>
</table>

YOUR ESTIMATED ADDITIONAL EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flight</td>
<td>$900 - $1500</td>
</tr>
<tr>
<td>Meals/Personal Expenses</td>
<td>$1000</td>
</tr>
</tbody>
</table>

TOTAL $5570

*Charges subject to change

| 1st Payment ($1520) Due May 15, 2016 |
| 2nd Payment ($1778) Due June 15, 2016 |

Eligibility Requirements:

- Current, degree seeking CSUEB students, eligible to enroll in Summer 2016 Quarter.
- Maintain a cumulative GPA of 2.75 and be in good academic standing from time of application until departure.
- Be able to demonstrate maturity and flexibility necessary to meet cultural and academic challenges.
- Students with financial holds on their MyCSUEB account are NOT permitted to study abroad until all financial holds are cleared through Student Financial Services.
- All study abroad applicants must be cleared through the Student Conduct Office during the application process and be in good standing with the Student Conduct Office at the time of application and throughout the study abroad program.
- Students on disciplinary probation are NOT permitted to study abroad.

Checklist

- Application
- Personal Statement
- Medical Information
- Academic Fieldtrip Informed Consent, Waiver of Liability and Hold Harmless Agreement
- Release and Hold Harmless Statement (Attachment G)
- Study Abroad Programs Participant Consent and Release Agreement
- Unofficial CSUEB Transcript
- 2 photocopies of your passport photo page *
**COURSES FOR SUMMER** (Open to major, non-major students)

**COMM 3690 Documentary History & Tradition Abroad**
4 units *(satisfies Area C4 for General Education requirement)*

This class will explore the history of the British documentary film tradition as it evolved from the 19th century on up to the present. This course allows students to engage media at a multi-cultural level and as a global consumer and citizen. Students are able to examine and understand the power of influence that multi-media forms of visual rhetoric, like documentary film, have over personal and cultural identities by analyzing, discussing, and creating their own arguments about the messages embedded in documentary films.

**COMM 3691 Digital Media Production Abroad**
4 units *(satisfies Area F4 for General Education requirement)*

London presents all of the challenges and rewards any filmmaker could ever ask for; public spaces and city parks, classic and contemporary architecture, mass transportation, a local population blended with travelers from round the world, and not to mention the challenges of the weather. Shooting and producing in London presents students with the opportunity to test their logistical and creative talents, as well as produce socially significant projects in multi-cultural location. The goal of this course is to produce both professional grade pieces of still and moving in one of the world’s most historical and medic saturated environments, adding to both the students’ skill set and perspective worldview.

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- **All applications must be submitted in hard copy to:**
  
  Kelly Moran, Director or Lé Shawn Cheatham, Study Abroad Advisor
  Center for International Education, SF102
APPLICATION

PERSONAL INFORMATION
Name __________________________________________ Preferred name: ______________________
Last __________________________________________ M.I. __________________________
NET ID #: __________________________ Date of Birth: __________________________
Gender: Male ______ Female ________

CONTACT INFORMATION
Local Address:
Street No: ________________________________________________________________
City __________________________ State ______ Zip ______
Phone Number: __________________________ Alternate Phone Number: ________________

Permanent Address:
Street No: ________________________________________________________________
City __________________________ State ______ Zip ______
Horizon E-mail: ________________________________
Personal Email Address: ________________________________

ETHNIC BACKGROUND (Optional)
American Indian/Alaskan Native ______
Pacific Islander/Native Hawaiian ______
Black or African American ______
Middle Eastern ______
Asian ______
Hispanic or Latino ______
White/Non-Hispanic ______
Multiracial ______
Other: ______

ACADEMIC BACKGROUND
Cumulative GPA: ____________
Major(s): ________________________________
Minor(s): ________________________________
Class Standing: (while studying abroad)
Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____
How many units have you completed? ____________

PASSPORT INFORMATION
Nationality/Country passport Issued By: __________________________
Passport # __________________________
Expiration date: __________________________
Date of Passport application if pending: __________________________

*Please Note: If you do not already have a current passport you may wish to apply for or renew it after your acceptance.
If you will be using anything other than a valid U.S. issued passport, it is **YOUR** responsibility to research and take care of any and all visa and immigration requirements in order to study abroad for the length and location of your intended program.

Do have any previous international experience?
Yes _____
No _____
If YES, please describe: ____________________________________________________________
______________________________________________________________________________

**PERSONAL STATEMENT**

Please include a typed essay answering the following questions (300-500 words):

What is your motivation for participating in study abroad? How will this contribute to your academic, career and personal goals? What strengths, skills and characteristics make you a strong candidate for this program?

Signature __________________________________________ Date _____________

THE BRITISH DOCUMENTARY EXPERIENCE
MEDICAL INFORMATION

The following medical information can be very useful in the event of serious illness or accident. Please complete this form accurately and truthfully. This information will be kept confidential and used only to help the staff respond to a serious injury or illness. Failure to voluntarily disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if your condition prevents you from responding to medical personnel.

Though a study abroad experience can be exciting and rewarding, it can also be both physically and emotionally demanding. Therefore we ask that you provide a candid evaluation of your health. A certain amount of stress due to cultural adjustments or the change in living conditions and facilities is a normal part of the study abroad experience. However, in some cases, such stress may aggravate conditions that you have under control at home. With this form, we hope to create an awareness of any health issues that you should take into consideration before going abroad. This information will be used by the appropriate CSUEB staff to assist in making any arrangements necessary to keep you healthy while abroad. The information may be forwarded to your program leader should a medical emergency arise.

PLEASE ANSWER YES OR NO BY CHECKING THE APPROPRIATE BOX

1) Do you have any allergies to medications, plants, food, animals, insect stings, etc.? ☐Yes ☐No
   If so, please explain.
   __________________________________________________________
   __________________________________________________________

2) Do you have any physical limitations or disabilities? ☐Yes ☐No
   If so, please explain.
   __________________________________________________________
   __________________________________________________________

3) Do you require services or accommodation to remove barriers created by a disability? ☐Yes ☐No
   If so, please explain.
   __________________________________________________________
   __________________________________________________________

4) Have you ever had a major illness, major surgical operation or been advised to have one?
   ☐Yes ☐No
   If so, please explain.
   __________________________________________________________
   __________________________________________________________

5) Have you ever been hospitalized? ☐Yes ☐No
   If so, please explain.
   __________________________________________________________
   __________________________________________________________

6) Have you ever received treatment for drug addiction? ☐Yes ☐No
7) Have you ever been treated by a psychiatrist or psychologist for any mental, emotional or nervous disorder? □ Yes □ No

8) Do you have any health conditions affecting your physical health? □ Yes □ No
If so, please explain.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

9) Do you currently receive any treatments or take prescriptions on a regular basis? □ Yes □ No
If so, please confirm with your physician & host-country embassy that this can be legally taken abroad?

10) Do you have any dietary restrictions? □ Yes □ No
If so, please explain.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

11) Are there any concerns regarding your health, family history or other matters that you would like to discuss with your Study Abroad Coordinator? □ Yes □ No
If so, please provide a phone number and days/times when you may be contacted.
Phone: (___) ______________ Best days/times to call: __________________________

12) Do you have any special needs or require special services during your program (i.e., dietary considerations, learning aids, or facilities with handicapped access)? □ Yes □ No
If yes, please explain.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

13) Do you take medications regularly? □ Yes □ No
If yes, please list/explain.
________________________________________________________________________________
________________________________________________________________________________

Physician Name: __________________________
Telephone: __________________
Health Insurance Company: ___________________
Policy #: __________________

Please Note: If any medications are needed, it is the responsibility of the participant to bring a complete supply of all needed prescriptions for the entirety of the trip along with a valid copy of your prescription with you.
ACADEMIC FIELD TRIP INFORMED CONSENT, WAIVER OF LIABILITY
AND HOLD HARMLESS AGREEMENT

I, the undersigned participant, am requesting participation in the California State University East Bay program identified below, College__________________________________Department____________
Activity____________________________________________________________Course#
______________________________that begins on ____________________and ends
on__________________________, all of which are hereinafter referred to as the “activity”. In
consideration of my participation in the activity, I hereby waive all claims or causes of action against the State
of California, the Trustees of the California State University, California State University East Bay, its auxiliary
organizations, and the officers, directors, employees and agents of all of them, all of which are collectively
hereinafter referred to as the “State”, arising out of my participation in the activity and hereby release, hold
harmless and discharge the State from all liability in connection therewith. Knowing, understanding and in full
appreciating all possible risks, I hereby expressly, voluntarily and willingly assume all risks and dangers
associated with my participation in this activity up to and including death. Some of the risks and dangers are
listed below. I understand this list is not all inclusive and may not include all events offered. Common risks
include: Travel to and from home and activity meeting location, overnight stay, food poisoning, theft, car
accident, pedestrian accident, tripping flipping, falling, etc.

Activity Specific Risks may include: __________________________________________
___________________________________________________________________________
________________________________________________________________________________
These are events known at the time of printing. In addition, I have been advised to obtain personal medical
coverage aside from the coverage provided by Student Health Services of California State University East Bay.
Although I may obtain some medical care from the University Student Health Center, I understand that such
care is limited and that I will have full medical coverage for my participation only if I obtain such coverage on
my own. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if
an accident or injury occurs. I have read this informed consent, waiver and release and understand the terms
used in it and their legal significance. This informed consent, waiver and release is freely and voluntarily given
with the understanding that right to legal recourse against the State is knowingly given up in return for
allowing my participation in the activity. My signature on this document is intended to bind and not only myself
but also my successors, heirs, representatives, administrators and assigns.

Participant’s Name________________________________________ Phone________________
Address____________________________________________________City/State/Zip________
Participants Signature ______________________________________ Date __________
Emergency Contact__________________________________________ Date __________
Relationship____________________________________________________
Phone #________________________________________ Email Address _______________________ 
Parent’s Signature (if under 18 yrs) ___________________________ Date __________________
RELEASE AND HOLD HARMLESS STATEMENT
(Attachment G) Executive Order No. 590, Page Two

I, _____________________________________________________, am a student at ________________________________________________________________, one of the campuses of the California State University (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program, of the California State University, any campus of the California State University, any student body organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, The California State University and the campus affiliated with the program requiring the air travel, and each and every officer, employee and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons by the reason of any accident, illness, injury, death or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

The release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

________________________
Date

________________________
Signature

________________________
Print Name

________________________
Street Address

________________________
City, State, Zip Code
STUDY ABROAD PROGRAMS PARTICIPANT
CONSENT AND RELEASE AGREEMENT

I, ______________________________, am a student at California State University, East Bay.
(Print Full Name)

I will be participating in a CSU-affiliated Study Abroad Program through California State University, East Bay, which requires international travel. My participation in this program is voluntary. I hereby understand and voluntarily agree to the following conditions of participation in the CSUEB Study Abroad Program:

Conditions of Placement:
Host Country: __________________
Host Institution: ________________
Program Dates: ________________

Full Participation in Study Abroad Program: I understand that I must agree to participate in all aspects of the program (pre-departure orientation and classes; on-site lectures, excursions, events and projects; and program evaluation after returning).

Program Fees: I will pay the designated program fees and tuition covering the full period of my placement as indicated in the payment schedule. If payment is not received prior to the official payment deadlines, I am aware that CSUEB may drop me from the program.

For programs that charge CSUEB tuition, I understand that if I am a non-resident student at CSUEB, I may be subject to non-resident fees based on the actual number or credits awarded while participating on the study abroad program. Those actual per-unit fees may be assessed to my CSUEB account even after my return from study abroad (when the academic credits are posted to my CSUEB record).

I am aware of and consent to the university refund policy and schedule contained in the CSUEB Catalog.

Health Insurance: I will carry health insurance coverage as required by CSUEB. I understand that CSUEB cannot guarantee my health and safety while I am studying abroad. I am solely responsible for acting prudently and exercising caution and common sense at all times.

Orientation: Guidance will be provided to participants by the Center for International Education (CIE) in the form of a general pre-departure orientation. Students are encouraged to address questions to CIE, as well as to do independent research on the host country. I am aware that I am required to attend the pre-departure orientation and that I am responsible for understanding the content of all pre-departure and orientation materials.

Academic Policy: This is an academic program and I acknowledge that I am responsible for attending all classes and scheduled trips, and for completing assigned homework. Failure to participate fully in the program may constitute academic misconduct and result in dismissal from the program. I also understand that I must follow all CSUEB policies regarding academic integrity and dishonesty.

Academic Credit: I understand that the units and grades for coursework taken while on exchange will be posted to my CSUEB record and included in my GPA. It is my responsibility to meet with Academic Advisors (major, minor and/or general education) to secure approval in advance for any coursework taken while on exchange. I will submit an Academic Advising Agreement to the Center for International Education to document such academic approval.

Conduct Background and Clearance: CIE requires that all students participating in the CSUEB Study Abroad Programs read and abide by the Student Conduct Code as established by the California State University. I understand that CIE will review my conduct record with the Office of Student Conduct, Rights, and Responsibilities and that my participation in study abroad/NSE is subject to those findings.

I may review the Student Conduct Code at http://www20.csueastbay.edu/students/campus-life/student-life/sdja/ Students who participate in a certified CSUEB study abroad program are responsible for knowing and obeying the applicable rules, policies,
and regulations that govern CSUEB, even when they are abroad.

The Center for International education collaborates with the Office of Student Conduct to review the conduct records of all CSUEB students applying to the programs and reserves the right to deny acceptance to students who have problematic or questionable conduct histories. Students must be clear of any conduct probation prior to participating in any study abroad program and probationary terms cannot coincide with the intended study abroad term (ex: students who apply to study abroad in spring 2015 cannot be on probation for any portion of the spring 2015 quarter and must be clear of any probation prior to the program start date). All students will have their student conduct record reviewed the quarter prior to the intended study abroad term. These reviews will take place periodically up until departure and although an application status may read "admitted" or "enrolled", this could be revoked at any time for conduct infractions that occur prior to departure.

Any student with a conduct record that is cause for concern will be contacted directly by the Center for International Education. Such students may be required to sign a Conduct Contract. It is in the student's best interest to immediately notify the Center for International Education if any conduct infraction occurs prior to departure. Students who are deemed ineligible to participate in a study abroad program will be withdrawn from the program and will be required to pay any fees associated with their withdrawal (program deposit, program fee, etc.) per the Refund & Payment Policy. No exceptions.

Host Country Laws: I understand that I am subject to the laws of the host country where I will study as well as the rules and regulations of my host campus. I also understand that it is solely my responsibility to be informed about the laws of the host country and to conduct myself in a manner that complies with those laws.

Behavior in Host Country: As a study abroad participant, I understand that I am a guest in a host country. It is essential that all participants respect the norms of conduct and patterns of behavior that may be different from standards at home in the U.S. I also understand that I am expected to display a sense of maturity, respect and responsibility as a representative of CSUEB, the CSU and the United States of America.

Violent behavior, sexual harassment, or other conduct that is disruptive to the program or offensive to the host culture may result in dismissal of participants from the program.

Demonstrations: Students should avoid any demonstrations, protest marches or civil disturbances, which could unexpectedly turn violent or anti-American.

Drugs/Alcohol: CSUEB forbids the manufacturing, delivery, sale, use, possession, or distribution of narcotics or drugs, except as permitted by law (U.S. and host country) and University regulations. Students who take prescription medications should obtain and bring a copy of their prescription and a letter from their physician. Students should be aware that over-the-counter medications may not be legal in the host country and it is the responsibility of the student to know the laws in the host country regarding drugs. CSUEB also forbids the possession, consumption, or distribution of alcoholic beverages on University property or at University sponsored activities, except in accordance with University policies. Participants in the Study Abroad Programs will be governed by these prohibitions and are also required to be aware of local laws concerning these substances. Although U.S. nationals abroad are under the protection of the United States government, certain acts will place them beyond this protection and the government may not be able to intervene.

Other Examples of Misconduct: repeated failure to control noise levels in student housing facilities; disruption of the academic environment of the program, including repeated failure to participate in class assignments or to attend mandatory excursions; academic misconduct, including plagiarism and cheating; vandalism perpetrated against public or private property; assault or sexual assault.

Disciplinary Action: Students participating in CSUEB sponsored study abroad programs who disrupt the program, become drunk and disorderly, or buy, sell, possess, and/or take illegal narcotics or drugs, will be dismissed from the program and sent home at their own expense. There is no appeal process and no money will be refunded or reimbursed to the student.

Early Departure from the Program: Voluntary or involuntary departure from the program before its completion does not automatically result in academic withdrawal. While CIE may assist me, I acknowledge that I am solely responsible for resolving my enrollment
status if I leave the program early. I further understand that I am solely responsible for any or all cost arising out of my own voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action taken by CSUEB.

It is further understood and agreed that participants in CSUEB Study Abroad Programs are subject to the authority of CSUEB, its agents, officers and employees, including sole decision-making responsibility with respect to any participant whose conduct or academic standing may warrant expulsion or withdrawal from the program. Participants are expected to attend classes regularly unless otherwise indicated by illness or unavoidable circumstances. Likewise, as a guide for continued participation, it is understood and agreed that participants are expected to display a sense of maturity and responsibility as a representative of CSUEB, the CSU and the United States of America. I hereby acknowledge and agree that if I am required to withdraw from a CSUEB Study Abroad Program for failure to maintain appropriate standards of study or behavior, there will be no refund of tuition after the program departs, and I will no longer have access to any of the facilities arranged for me in the CSUEB Study Abroad Program.

### Photo Release

The purpose of the Family Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student’s university record. Knowing my right to protect my privacy and to decline that CIE use photographs or videotapes of me in pictures, reproductions, copies, and negatives, I hereby voluntarily give CIE the right to use, sell, transfer, and exhibit in any medium photographs or videotapes of me in university publications or to other assignees of CIE. I understand that this authorization remains in effect from today and for five years thereafter. I further understand that it will be necessary for me to send a written letter to revoke this authorization prior to the five year period indicated, should I wish to do so.

Please initial here for approval or write ‘NO’ if you do not consent:


### Sharing Email Address with Other Students

Please initial here if you agree to allow CIE to release your email address to current study abroad participants and future program applicants so that they can contact you for more information about your experiences on the program _____

### Air Travel Release & Hold-Harmless Statement

(California State University – Executive Orders No. 1041 and 1051)

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air and/or ground travel required by the California State University-affiliated program. Your participation in the program is voluntary and, and you participate at your own risk. Please review and sign the “Release, Hold-Harmless and Informed Consent” statement below:

**Activity:** Study Abroad Program  
**Date(s):**_________________________  
**Location:**_______________________

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs, and representatives I release from all liability and promise not to sue the state of California, the Trustees of The California State University, California State University, East Bay and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in
this Activity, including travel to, from and during the Activity.

I agree hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any type of these expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I have read this document, and am signing it freely. No other representations concerning the legal effect of this document have been made to me.

I accept the placement offered to me on a certified CSUEB Study Abroad Program. I understand and voluntarily agree to abide by the conditions outlined above.

Print Name: ________________________________

Signature: ________________________________ Date: ________________________________