University of Georgia
Department of Financial Planning, Housing and Consumer Economics
Washington D.C.
Study Tour Application

FHCE 5710/7710 – 3 credit hours;
First Short Session 2017 (In D.C. June 19th – June 23rd)

Program fee: $1,250 (Program fee covers lodging, several meals, attractions and special events. As a requirement for the course, every student must purchase a plane ticket in order to participate in the study tour—student will arrange his/her flight to and from Washington D.C.).

Checklist

Instructions:

• Return complete application by **February 3rd** to:
  
  Dr. Diann Moorman: 205 Dawson Hall (dmoorman@uga.edu)
  Office of Housing and Consumer Economics,

• Submit all of the following materials together (except references, see below)

• Only complete applications will be considered.

Make sure the following items are included in the materials you return:

☐ All pages of the completed and signed application (including this one).

☐ 1 copy of your UGA Degree Audit Report

☐ Deposit of $500 will be charged to your student account. **DEPOSIT IS DUE FEBRUARY 27TH.** This deposit is **refundable** if you are not accepted into the program.

  Students who withdraw from the program may have this fee refunded until March 12, 2017.

☐ Balance of $750 is due March 29, 2017

I understand that submitting an application for the Washington D.C. Study Tour does not guarantee acceptance into the program. Candidates must meet program requirements and be approved by the program's faculty coordinator(s). Participation is also subject to availability.

I further understand that the program or individual courses may be cancelled due to low enrollment or other factors and I understand that I will be informed of such a decision no later than 6 weeks before planned departure date or as soon as possible after any adverse circumstances that cause the program to be cancelled.

Student Name _____________________ Signature _____________________ Date ________

For Student Services Office Use Only:

Date Received _____________________ Deposit Received _____________________
Check Number _____________________ Missing Items _____________________
Decision _____________________
University of Georgia Washington D.C. Study Tour Application

Personal and Academic Information (Please print or type)

Full Name ________________________________________________________________
Preferred Name __________________________________________________________
Social Security Number ____________________________________________________

Birth Date _______ Age _______ Sex: _____ M _____ F

Emergency Contact Information: _____________________________________________

Are you receiving financial aid (including HOPE) ___Yes ___ No

What types? ______________________________________________________________

Your college/univ. _________________________________________________________

Are you a Georgia Resident? ___Yes ___ No GPA _______ GPA in major __________

Major(s) __________________________________________________________________

Minor(s) __________________________________________________________________

Academic Level ___ 1st year ___ 2nd year ___ 3rd year ___ 4th year ___ Master’s ___ Ph.D.
(during study tour)

Campus Address __________________________________________________________

_________________________________________ Phone _____________________________

E-mail _________________________________________________________________

Permanent Address ______________________________________________________

_________________________________________ Phone _____________________________

Citizenship _________ Passport Number ________________________________

Date of Issuance _________ Passport Agency ____________ Date of Expiration _______

Please list all colleges or universities previously attended:

Name __________________________________ Dates: From _________ to _____________

Degree(s) awarded ___________________ Major ______________________________

Name __________________________________ Dates: From _________ to _____________

Degree(s) awarded ___________________ Major ______________________________

Name __________________________________ Dates: From _________ to _____________

Degree(s) awarded ___________________ Major ______________________________
Personal Activities

Are you currently employed? ☐ yes ☐ no  Occupation __________________________

If applicable, give name, address, and phone number of employer____________________

List the primary co-curricular activities in which you are involved and in what capacity____

Disciplinary and Criminal Record

Are you currently, or have you ever been, charged with, or subject to, disciplinary action for

scholastic or any other type of misconduct at any educational institution?

☐ yes  ☐ no  If yes, please explain __________________________

Have you been convicted of a crime other than a minor traffic offense, or are any criminal

charges now pending against you? ☐ yes  ☐ no

If yes, please explain __________________________

Convictions shall include: A finding of guilty by a judge or jury, a plea of guilty, or a plea of

nolo contendere, irrespective of the pendency or availability of any appeal or application for

collateral relief. If “Yes”, explain fully, specifying the nature of the offense(s), the date(s) it/they

occurred, the name and location of the court(s) and sentence(s) imposed. Please submit court

documentation if appropriate.

Essay

On a separate page, please type or word process an essay expressing why you want to study in

Washington D.C. Please explain what about our nation’s capital interests you most, and why the

characteristics of this particular program support your personal, academic, and career goals.
Release and Application Signature

I hereby authorize officials at any educational institution that I have attended to release my disciplinary records (including but not limited to records maintained by the Judicial Programs and Services Office, the Registrar, the Department of Housing, and/or the Office of the Vice President for Academic Affairs) to the study program director of the program to which I am applying. I fully understand that my disciplinary records may be a factor in evaluating my application.

I further acknowledge that the information provided on this application is true and accurate to the best of my knowledge. I fully understand that providing false information during the application process may be grounds for rejecting my application or grounds for dismissal from the study program.

___________________________________________________________________________  ______________________________________________________________________
Student Signature                                        Date

Applicants who are accepted to participate in a UGA study tour program are required by the University of Georgia to complete and sign a student agreement and waiver which stipulates the terms and conditions of the program, student conduct regulations and a waiver of liability.

References

According to the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written on your behalf are to be kept confidential or available for your inspection. Please choose below and indicate your choice on the reference forms.

☐ Confidential file   ☐ Open file

Please obtain two references using the following forms and either include them in your file, or have them sent directly to the study program office (205 Dawson). References from faculty or employers are preferred. References from friends, family, or neighbors are not acceptable.
Reference Form for Washington D.C. Study Tour 2017

Please return to: Dr. Diann Moorman (dmoorman@uga.edu)
205 Dawson Hall
Housing and Consumer Economics Department
By February 3rd (electronic version from letter writer is acceptable)

I. This section is to be completed by the student applicant (please print or type):

Applicant's Name__________________________________________________________
Applicant's local telephone________________________ E-mail_____________________
This reference is _____ confidential _____ not confidential

II. This section to be completed by the referee
Name and title of referee_______________________________________________________
Phone ______________________ E-mail ______________________

1. How long have you known the applicant and in what capacity?

2. Is there any reason why you would not recommend that the applicant participate in the Washington D.C. Study Tour program?

Please indicate your perceptions of the applicant's competence in the following areas:

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<th>Area</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>Inadequate Opportunity To Observe</th>
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Other remarks may be written or typed on the back of this form or on a separate sheet.
Signature of Referee________________________ Date_________________________
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