Comparative and International Law Center

SUMMER IN IRELAND: Institute in European and International Law
Dublin: June 7th - July 7th, 2013

APPLICATION

To complete the initial application process, please complete and return **this form**, the **$200.00 non-refundable tuition deposit**, which will be applied towards your tuition, and an **executed copy of the Statement of Responsibility, Release and Authorization** to participate in the program. **Priority application deadline: April 1st, 2013.**

INFORMATION *please print legibly*

LAST NAME:_____ **FIRST NAME:**_____ **MIDDLE INITIAL:**_____

EMAIL:_____ **TELEPHONE:** ( )_____

SECONDARY EMAIL:_____ **OTHER PHONE:** ( )_____

CURRENT ADDRESS:_____

CITY/STATE/ZIP:_____

SECONDARY ADDRESS:_____

CITY/STATE/ZIP:_____

GENDER: ☐ **MALE** ☐ **FEMALE** **SOCIAL SECURITY NUMBER:**_____

YEAR IN LAW SCHOOL FOR FALL 2012: ☐ **1L** ☐ **2L** **DO YOU HAVE A CURRENT PASSPORT?** ☐ **YES** ☐ **NO**
If you do not have a current passport and have not yet made application to either apply for or renew yours, please do so as soon as possible. Information on obtaining or renewing your passport can be found at http://travel.state.gov/passport/ **Please include a legible photocopy of your passport with your application, or if you do not yet have one, please send a copy to the Study Abroad Program Office as soon as you obtain it.**

ACADEMIC BACKGROUND

Please list all academic degrees received and any for which you are now studying:

UNIVERSITY	DEGREE	YEAR OF GRADUATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT INFORMATION

The following information will be used by the program staff and the American Consulate in the event of an emergency. Who should be contacted on your behalf in the event of an emergency?

NAME:_____

RELATIONSHIP TO YOU:_____

CELL PHONE:( )_____**HOME PHONE:**( )_____**WORK PHONE**:( )_____

MAILING ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP:**_____

EMAIL:_____

RELEASE AND CERTIFICATION

I am voluntarily participating in the University of Tulsa's summer abroad program and understand the risks associated with international travel. I have fully read and executed the Statement of Responsibility, Release, and Authorization to participate in the Study Abroad Program and have agreed to its terms.

_____ _____

SIGNATURE **DATE**

Please submit this application with the **$200.00 non-refundable tuition deposit and executed Statement of Responsibility, Release, and Authorization** to the contact information below. Applications will NOT be processed otherwise. These materials may be mailed, faxed, or scanned and emailed. Checks accompanying mailed applications should be made payable to the University of Tulsa College of Law, or if you prefer to pay by credit card, either access our online application at www.law.utulsa.edu/study-abroad under "Registration and Forms" or pay by phone by contacting the Study Abroad Program Office.

UNIVERSITY OF TULSA COLLEGE OF LAW
Study Abroad Programs • 3120 East Fourth Place • Tulsa, Oklahoma 74104
www.law.utulsa.edu/study-abroad • lawstudyabroad@utulsa.edu • (918) 631-5038 • Fax (918) 631-2194

Once your application has been processed, you will receive a confirmation email and a packet will be mailed to you. Please contact our office with any questions about the application process or program. Non-TU Students: Please have your registrar send a Letter of Good Standing on your behalf to the Study Abroad Program Office.

MARIANNE BLAIR, PROFESSOR OF LAW AND DIRECTOR OF STUDY ABROAD PROGRAMS
MARY GUILFOYLE HOLMES, ADMINISTRATOR OF STUDY ABROAD PROGRAMS

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NOTICE OF NONDISCRIMINATION POLICY
The University of Tulsa does not discriminate on the basis of personal status or group characteristics including but not limited to the classes protected under federal or state law. Question regarding this policy may be directed to the Office of Human Resources (918) 631-2616. For accommodations of disabilities, contact TU's 504 Coordinator, Dr. Tawney Taylor, at (918) 631-2315.

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