

**APPLICATION**  
**SPELMAN COLLEGE SUMMER STUDY TRAVEL PROGRAM IN JAPAN**  
**May 14 – June 9, 2023**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ College ID# \_\_\_\_\_

Present Address \_\_\_\_\_ Box/Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cellular Telephone Number Home Telephone Number

E-mail address: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you currently have a passport? \_\_\_\_\_ Passport #: \_\_\_\_\_

Year (Fr/Soph/Jr/Sr): \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

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Have you had any international travel experience before coming to Spelman?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you previously traveled abroad on a Spelman study travel or study abroad program?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a first-generation college student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a Pell grant recipient? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Have you ever learned Japanese? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify the course(s) you have taken:

Japanese 102 \_\_\_\_\_ Japanese 202 \_\_\_\_\_

Others: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

**HOUSING ARRANGEMENTS**

To help us arrange a compatible living situation during your stay in Togane, please provide the following information about yourself:

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_

If you have dietary constraints, please explain:

**CONFIDENTIAL INFORMATION** Answer to the best of your knowledge.

- |    |   |                         |     |    |
|----|---|-------------------------|-----|----|
| 1. | Do you take any medication?   | If yes, please explain. | Yes | No |
| 2. | Do you have any allergies?  | If yes, please explain. | Yes | No |
| 3. | Do you have any learning disabilities? If yes, please explain.  |                         | Yes | No |
| 4. | Do you have any illness or physical constraints that we should have knowledge of? If yes, please explain. |                         | Yes | No |

\_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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## **DEPOSIT**

Your \$500 non-refundable deposit is due to Spelman College by Friday, January 27, 2023; the non-refundable balance is due by Monday, March 20, 2023. All payments must be made in the form of a U.S. postal service money order or certified personal check. The estimated total cost of the program is \$4,250, which covers some meals and the round-trip airfare from the airport near your home to Tokyo-Narita International Airport.

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## **THE PROGRAM POLICY:**

***ALL PARTICIPANTS MUST ABIDE BY THE SPELMAN COLLEGE'S STUDENT CODE OF CONDUCT.***

### ***NON-REFUNDABLE PROGRAM FEE***

Since we are living in an off campus public apartment, the JIU must sign a contract and receive your information on Monday, March 20, 2023. This is a non-refundable program fee.

### ***JAMES GATES SCHOLARSHIP***

All Spelman students are eligible to apply for the Gordon-Zeto and James Gates Memorial Scholarship as scheduled. If you do not apply as scheduled, you will miss the opportunity for this scholarship.

### ***LAST MINUTE CANCELLATION***

The program fee of \$4,250 is non-refundable. Because the JIU has its policy on the refund payment and service fee, if you cancel your participation in the program in the last minute, you will lose money.

### ***ORIENTATION CLASSES & REFLECTIVE ESSAY***

All the Spelman students applying to the Summer Program in Japan will be required to register for STS 100 and attend pre-departure orientation meetings. In addition, all the students must submit their Reflective Essays (about 1500 words) to both STS 100 class, and the program director(s) by June 9, 2023.

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Signature

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Date

Submit your application to:

Dr. Xuexin Liu  
Professor of Japanese  
Email: [xliu@spelman.edu](mailto:xliu@spelman.edu)  
Department of World Languages and Cultures  
Cosby Academic Center, Room 444

Dr. Nami Kim  
Professor of Religious Studies  
Email: [nkim@spelman.edu](mailto:nkim@spelman.edu)  
Chair, Department of Philosophy and  
Religious Studies  
Cosby Academic Center, Room 436

## WAIVER OF RESPONSIBILITY

Spelman College  
Summer Program in Japan  
May 14 - June 9, 2023

I, \_\_\_\_\_, the undersigned applicant for the Summer Study Program at Josai International University, in consideration of my acceptance for such program agree to and accept the following conditions and requirements necessary for full understanding and protection of all participants in the program.

It is agreed that the professors directing the program act only as agents to arrange the physical requirements for participants. As a condition of this agreement and in consideration of being accepted as a participant in the program, I (and my parents) do hereby release, acquit and forever discharge these agents, their officers and employers, jointly and severally, from any and all actions, claims, demands, costs, expenses and compensation on account of or in any way arising out of any personal injuries or loss including but not limited to accident, negligence, sickness, war, theft, delay, strike, rebellion, weather, quarantine, government restrictions or regulation, or arising out of any transportation company's act or failure to act, or from any cause whatsoever in connection therewith.

I certify that to the best of my knowledge I am in good health and physically capable of undertaking the travel. I agree to submit with my application a statement of any limiting conditions, physical and otherwise, that should be made known to the professors accompanying the program. I have or will have adequate sickness and accident insurance applicable to the stay in Japan.

I further recognize the right of the Resident Directors to terminate my participation in the program should I not abide by the stated program regulations. I agree to supply a signed copy of this document to my parent or guardian.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Name of Applicant  
(Type or Print)

\_\_\_\_\_  
Name of Parent  
(Type or Print)

\_\_\_\_\_  
Campus/Local Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date