

San Diego City College EuroFoto Application: 2010 2011 2012

Attach Photo



Here

Name _____
Last First MI

SDCCD ID # _____ Male Female

Nickname or name you prefer to be called _____ Birth date: _____

Current Address _____

City and State _____ Zip: _____

Home Phone _____ Cell Phone _____

*Email Address (legible) _____

Parents' or Permanent Address _____

City and State _____ Zip _____

If not a City College student, name of home college / university _____

School Address _____

Major _____ Minor _____

Current class status: Freshman Sophomore Junior Senior GPA _____ Grad / Degree: _____

How did you learn about the EuroFoto program? _____

Languages other than English in which you are proficient / fluent _____

"Normal" EuroFoto Courses (7 Units): **Photo 105-Basic (3) Travel Photo 205 (3) Photo Lab 102 (1)**

If you plan to enroll in another course: What & Why? _____

****NOTE** Acceptance into the EuroFoto Program will be a committee decision, based on each candidate's Academic background and plan to incorporate Photography into his/her future (i.e.: Photo Majors and photographers, Art majors, etc.) This is an academic program (although a "fun" one) and not simply a "vacation". An Application & Deposit Check do not guarantee acceptance in the Program. You will be notified as soon as possible if you are accepted. Email inquiries are encouraged.

Photo / Art courses already completed; and where? _____

Briefly explain your reasons for wanting to enroll in the EuroFoto program. What do you most want to accomplish?

Please list any previous travel, living, or study-abroad experience in a foreign country, including location, duration, and purpose of trip.

Are you currently, or have you ever been, on academic probation? Yes No

If yes, which college or university? _____

Probation status may need to be cleared, in writing, with your academic advisor at least one month prior to departure in order for you to participate in any study abroad program.

*Do you have a **Passport, valid through 8/1/10** ? Yes No If not, **take care of this immediately!!**
Options for obtaining a Passport include the Post Office (8th & E, Hillcrest, North Park, Coronado, etc.) www.travel.state.gov/passport

What is your country of citizenship? _____

If you are a citizen of any country other than the USA, you may be required to obtain a visa. Research this.

****If you need a Visa, take care of this immediately!!** (One student was left at the airport due to this!!!)

Do you intend to apply for Financial Aid or loans? Yes No

The Financial Aid process can be lengthy. **Take care of this immediately!**

Do you intend to travel with a friend and/or already have a roommate planned? _____

*The following questions will remain confidential and are necessary for the safety of the group.

Do you plan to smoke while in Europe? Yes No Will you share a room with a smoker? Yes No

Do you have any dietary restrictions that we need to be aware of? _____

Do you have any allergies or chronic ailments that we need to be aware of? _____

Are you taking daily medications? If so, specify: _____

Are you presently in treatment for emotional or psychiatric matters? If so, please specify: _____

References: Please provide the names, email addresses, and phone numbers of at least two people who have known you for more than one year and are willing to serve as a general reference for you (at least one should be a professor.)

1. Name _____

Professor / Employer / Friend _____

Phone _____ Email Address: _____

2. Name _____

Professor / Employer / Friend _____

Phone _____ Email Address: _____

3. Name _____

Professor / Employer / Friend _____

Phone _____ Email Address: _____

Return your application and your \$500 Deposit check, made payable to "Tour Resource Consultants LLC", to:

**** Be certain YOUR NAME is on the check as the "Student" ****

**Dave Eichinger
EuroFoto @ City College
1313 Park Blvd.
San Diego, CA 92101**

**If you are accepted for EuroFoto enrollment, your deposit check will be processed.*

If you are denied enrollment, your check will be returned to you.

Questions: Contact Dave Eichinger at deiching@sdccd.edu

WWW.EuroFoto.info

Emergency Contact Information

Student's Name _____

Emergency Contact Name _____ Relationship _____

Address _____

City, state, zip _____

Home Phone _____

Cell Phone _____

Email (print legibly) _____

Back-up emergency contact name _____

Phone number _____

Return Flight Optional Deviation Information

I plan to return to San Diego with the group on the originally-planned date. Yes No

If no, I plan to return on (date) _____

I plan to return to San Diego via _____ airport

During this extension, I plan to travel to _____

I understand there may be additional fees for deviating from the original date and further additional fees for changing airports (from Milan). All changes are subject to availability. I understand that I am responsible for making all changes in writing with *Tour Resource Consultants LLC* and paying additional fees at the time of the written request. I further accept that while on my own / away from the group, I will be responsible for all my own travel arrangements.

Deviation requests should be made as early as possible, in writing.

Authorization for Release of Information

I agree that any information regarding me or my participation in this program may be released on a need-to-know basis to the travel agency, college, medical personnel, etc. It will be your responsibility to inform your roommates and your instructor of information regarding medical issues, etc.

Payment Information

I have read and agree to the Terms and conditions supplied by SDCCD and *Tour Resource Consultants LLC*.

I understand that my \$500 deposit (check or money order) is due on March 1st, or as soon as possible.

I understand that the longer I delay any payment, the cost could increase.

I understand the Final Payment is due on or before April 1st, 60+ days prior to departure.

Name (Printed) _____

Signature _____ Date _____

If under 18, Parent's Signature _____