



Dokkyo ESL Summer Program at UWSP 2008
APPLICATION FORM

Name: Mr./Ms. _____
(given name) (family name)

Date of birth: _____ Country of birth: _____

Country of citizenship: _____ Native language: _____

Email address: _____ Attach photo in the space below:

Program you are applying for:

Dokkyo ESL Summer Program
July 28 - August 26, 2008

Personal information:

university major: _____

If you are coming with a friend and you wish to request that friend as a roommate while you live on campus, write the name of that person here:

In case of emergency please contact:

(name) (phone)

(address)

I agree to follow the rules and schedule of the ESL Summer Program. I have my own medical insurance to cover any medical emergency needs. In case of illness and/or injury, permission is granted to any appropriate medical center to examine or treat and make necessary referrals to outside physicians as indicated. I understand that in the course of the program, I may appear in photographs and videos, and I give permission for my image to be used in future publicity.

The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System and the University of Wisconsin - Stevens Point, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the course of representing ESL Summer Programs.

Signature of Applicant date please print name