

Economic and Business Development in China Program

May 16-30, 2019

Full Name: _____ Student ID: @ _____

Gender: Male ☐ Date of Birth _____ Passport #: _____
Female ☐ (Passport is required for travel to China)

Mailing Address: _____

Street Address

City

State

Zip

Cell Phone: _____ Email: _____

Affiliation with EU: Student ☐ Faculty/Staff ☐ Alumni ☐ Other ☐

Course: You will automatically be enrolled in ECON 340: Globalization and China's Economic and Business Development (3 credits) with your registration

A \$300 non-refundable deposit is required to secure your place in this program. The deposit will be applied to the cost of the program and is non-refundable. Payment instructions will be sent upon registration approval. You will be enrolled in ECON 340 concurrently with the program and Edinboro University will bill you for tuition and fees at Summer 2019 rates.

Your registration also serves as your financial commitment to Edinboro University.

Your financial obligations are as follows:

- *I understand that my \$300 deposit is non-refundable. Further, if I can cancel my participation, I will be liable for any non-refundable purchases made on my behalf; examples include, but are not limited to, airline tickets and accommodation reservations.*
- *I will be obligated to pay \$1,000 by Monday, December 3, 2018.*
- *I will be obligated to pay \$1,000 by Friday, February 1, 2019.*
- *I will be obligated to pay the balance of the program fee by Monday, April 1, 2019.*
- *If Edinboro University cancels the program, my \$300 deposit will be refunded.*
- *I understand that tuition and fees will be billed separately for the course.*
- *Revenue and expenses will be reviewed at the completion of the program. Participants may receive a refund or be assessed additional fees based on that review.*

I have read and fully understand my financial obligations.

Signature: _____ Date: _____

Emergency and Medical Information

The following information will not be used to determine admission. It will be used to assist on-site personnel if you have a health emergency.

Emergency Contacts

Use the spaces below to record the name, telephone number, type of number (work, home, cell) and relationship of your emergency contact. Please provide emergency contacts who will be located in the United States during the duration of the program.

Name	Telephone Number	Type	Relationship

Medical Information

Please use the space below to list any medical conditions you feel emergency personnel need to know before attempting to provide you aid. Also include any medications and dosages that you feel need to be known as well.

Medical Conditions (i.e. allergies)	
Medications	
Name of Medication	Dosage

Health Insurance

Supplemental insurance is required for this program. You will purchase the International Student Identity Card (ISIC) Basic Plan for \$25+ shipping. Instructions on how to purchase will be provided at a later date.

To Enroll

This form must be completed and returned to Dr. Jingze Jiang, Hendricks Hall 235. Please schedule an appointment with Dr. Jiang, by emailing jjjiang@edinboro.edu.