

**College of DuPage**  
**Application for Admission**  
**Czech American Archaeological Field School 2010**

**Personal Information**

Last Name (Please print)		First Name	Middle Initial
Permanent Street Address		City	State ZIP
( )			
Home Phone		E-mail Address	
Address You Want to Be Contacted At		City	State ZIP
( )			
Contact Phone		Contact email	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	
Citizenship		Passport # (can be added later)	
Name of Emergency contact		Relationship	
Street Address		City	State ZIP
( )		( )	
Home Phone		Work Phone	

**Academic Information**

Current College/Institution	Address	Dates of attendance	
Previous College (if applicable)	Address	Dates of attendance	
Present Standing <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Student			
Major	Minor	Overall GPA	GPA within major (if known)

**Additional Information**

Have you ever been on disciplinary probation?  Yes  No Explain if necessary  
 \_\_\_\_\_

How did you hear of the Czech Republic Program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References**

Please list the names and addresses of two individuals who can address your motivation and qualifications for this study abroad project. They must be professional acquaintances (not relatives) that have known you for at least one year and have observed your relationships with others. *Please note, email will be the primary avenue of contact, so please be sure to include an accurate email address for your references.*

---

Name	( ) Phone	What is his/her relationship to you?
------	--------------	--------------------------------------

---

---

Address	City	State	ZIP
---------	------	-------	-----

\_\_\_\_\_ (email)

---

Name	( ) Phone	What is his/her relationship to you?
------	--------------	--------------------------------------

---

---

Address	City	State	ZIP
---------	------	-------	-----

\_\_\_\_\_ (email)

**Signature**

To the best of my knowledge the information contained in this application is accurate and complete.

---

Applicant's Signature	Date
-----------------------	------

# College of DuPage Student Conduct Agreement

***Czech American Archaeological Field School*** ***Make a copy for your records. Sign and return original with application.***

Participation in this study abroad program is predicated upon the idea that the student is a guest in the host country and that accepted standards of behavior there might differ from those to which he/she is accustomed. Additionally, the student recognizes that when traveling abroad he/she serves as an ex-officio "ambassador" of the United States, the student's home college or university and the College of DuPage Study Abroad program and as such agrees to conform to the following rules and standards set by College of DuPage and Forester Institution International, the host institution. The College of DuPage Directors supervises and administers the program and is the primary contact for any problems or difficulties that may arise. They have the right to enforce appropriate standards of conduct and have final authority on all decisions regarding program regulations.

## **Conduct**

Students are expected to abide by the customs of the host country and are legally subject to its laws. Note that trafficking in or Use of controlled drugs or weapons is absolutely forbidden by Czech Republic law and violators are dealt with harshly. Neither Neither College of DuPage nor U.S. governmental authorities can assist in such matters. Students are expected to respect the rights of other program participants, the Directors of the program, the professors and students of the host institution and the members of the host families.

## **Class Attendance and Program Participation**

Class attendance for all participants is mandatory, unless prior The Directors grant permission. Unauthorized absences From the program courses constitute grounds for disciplinary Action by the Directors. Students may not withdraw from classes Without consulting with the Directors. They must inform the Directors and their host family in advance of any independent Travel and/or overnight absences from their places of Residence.

## **Dismissal**

The Directors reserve the right to dismiss any time for reasons Which appear to them to be valid in their sole judgment. They Shall have the right to withdraw a student from the program And send the student home without refund if the student's conduct Causes serious inconvenience for the rest of the group or for any Actions or conduct, which they consider to be incompatible with student, The interest, harmony comfort and welfare of others or the Reputation of the program. If the student is dismissed from the Program, no refund will be given and the student will be sent home At his/her expense. Reasons for dismissal include, but are not Limited to the following:

- Reasons of health and/or safety of student
- Violation of the host country's civil/criminal statutes
- Use of illegal drugs
- Excessive use of alcohol
- Unauthorized absenteeism
- Any student behavior, academic or social, which, in the Judgment of the Directors, jeopardizes other program Participants or the program itself.

## **Procedure for Dismissal**

1. Violation of program regulations is identified by the Directors of the program and/or representatives of host institution.
2. Directors discuss the violation with the student and remediation of behavior is mutually agreed upon.
3. A written report is sent to College of DuPage which in turn will contact student's emergency contact.
4. If remediation of behavior does not occur Immediately or if the student is again found in violation of any regulations, the Directors will consult with authorities at College of DuPage.
5. If the decision is made to dismiss the student and send the student home, the student's emergency contact shall be informed immediately.

## **Responsibility/Liability**

College of DuPage cannot be held responsible for the well being, safety and/or health of the student when He/she is absent from College of DuPage supervised Activities or if he/she fails to follow the directives of the program. The student accepts liability for any financial obligations he/she may cause while participating in the College of DuPage program.

All participants in the College of DuPage Summer Study Abroad program in Czech Republic must sign this conduct agreement and return it to the Liberal Arts Division at College of DuPage in order for his/her application to be complete. Any student who does not sign and return this agreement will not be allowed to participate in the program. Participants under the age of 18 must have a parent or guardian sign as well.

**I, the undersigned, have thoroughly read the above policy. I understand and agree to comply with the terms and conditions of the policy as stated.**

---

**Name (Please print)**

**Date**

---

**Signature**

**College of DuPage**  
**GENERAL AGREEMENT**  
*Czech American Archaeological Field School*

---

I, \_\_\_\_\_ an applicant for the College of DuPage Study Abroad program in Czech Republic, agree to the following terms that are binding upon myself, College of DuPage, and my parents or guardians if I am less than eighteen years of age.

1. College of DuPage is principal agent and is responsible to participants for making arrangements for the services and accommodations included in the program. College of DuPage shall not be responsible for the failure of airlines, hotels, restaurants, ground transportation and other suppliers to provide services or accommodations exactly as set forth in the program literature unless this is due to negligence on the part of College of DuPage.
2. I understand that College of DuPage, its employees and agents, the professors-directors, my local college, or the host institutions in Czech Republic are not responsible for events beyond their control, such as, without limitations, strikes, war, terrorism, loss or theft of personal property, delays, weather, acts of God, or government restrictions and regulations. Neither are they responsible for acts, errors, changes, or omissions of persons or entities outside their control, including without limitations, airlines, sea and land transportation companies, tour companies, hotels, restaurants, and other suppliers of program services. I agree to release and hold harmless College of DuPage, its agents and employees, Illinois Consortium for International Studies and Programs, my local college or university, and the professors-directors from all claims arising out of such events acts, changes, or omissions.
3. I understand that the air carriers' liability for loss or damage to baggage is limited to its value unless a higher value is declared in advance and additional charges are paid. For most international travel liability limit is \$9.07 per pound of checked baggage. The air carriers assume no liability for fragile or perishable articles, or jewelry, cash or medications. I also understand that the air carriers' liability for death or injury is limited by their tariffs and/or by the Warsaw Convention.
4. I certify that I have indicated any known medical problems on my application to this program. I understand that if I become ill or incapacitated, College of DuPage reserves the right to take whatever action it deems necessary to preserve my health and safety and that this action includes, without limitations, obtaining treatment for me and/or transporting me at my own or my parents' expense back to my home for medical reasons.
5. I understand College of DuPage does not undertake to provide health, accident, disability, hospitalization, personal property, flight cancellation, or other insurance to program participants. I further understand that the insurance provided under the terms of the International Student Identity Card, which is required of all participants, is very basic emergency medical coverage and therefore it is my responsibility to procure adequate health/hospitalization insurance for the duration of the program and that I am responsible for the cost of such insurance and for any expensed not covered by this insurance. I further understand I will be asked to provide proof of additional medical insurance in order to participate in this program. I also understand that College of DuPage recommends the purchase of Trip Cancellation insurance.
6. I agree that any film likeness or audio recordings of me taken while participating in this program and my evaluation of the program or parts thereof may be used by College of DuPage and the research project. I agree that such and similar materials may be used in publications associated with the field program, including, but not limited to, academic reports, monographs, and symposia presentations.
7. I understand that College of DuPage and/or the carriers reserve the right to cancel this program for lack of participants or for other reasons. In this case a full refund will be given.
8. I understand that if I cancel my participation in this program, I must do so in writing to College of DuPage, Social and Behavioral Sciences Office, 425 Fawell Blvd., Glen Ellyn, Illinois 60137-6599. If I withdraw, refunds will be made commensurate with expenses incurred. Due to special contract and conditions no refunds will be made under any circumstances for unused accommodations, meals, land transportation, hotels or other activities, once the trip has begun. Substitutions are not allowed. Trip Cancellation insurance is recommended.
9. I agree that College of DuPage and the air carriers may substitute airlines and make changes in equipment, in program costs as described in the brochure, in the departure and/or return times and/or dates, or may alter the itinerary, and I agree to accept any such changes without liability or refund. No refunds will be made in the event of changes in airlines and/or itinerary occurring prior to or after departure. College of DuPage will attempt to provide suitable alternatives.
10. I agree that College of DuPage has the right to increase the price of the program by the amount of an increase in airfares and land arrangements, devaluation of currency or other reasons not under its control. I agree to pay such increased fees and shall not be entitled to cancel my reservation and receive a refund solely on these grounds.
11. I agree that no reduction or refunds will be made for services voluntarily omitted by me and no substitutions will be allowed for services not used.
12. I agree that passport; International Student Identity Card, tuition, visa fees (if any) meals, telephone calls, and other items not shown as being included are my own responsibility.
13. I understand that I cannot withdraw from any class without the consent of the Director.
14. I agree that I will not bring any weapons or controlled substances to project-related activities or facilities.
15. I certify that I have read the description of the program and I agree that all terms and conditions stated therein are fully incorporated in this agreement. I further understand that this agreement will be effective only upon my acceptance by College of DuPage as a participant in this program and that the laws of the state of Illinois shall govern this agreement.

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

\_\_\_\_\_  
Date

## Czech American Archaeological Field School Student Agreement

I, \_\_\_\_\_, agree to the following conditions of participation in the Czech American Archaeological Field School. I understand that these conditions reflect a variety of perspectives and are principally motivated by archaeological and academic ethics and courtesies.

1. I will adhere to all local, state, and federal laws while participating in the project.
2. I will treat those that I meet and with whom I work with courtesy and professionalism so much as is possible.
3. I understand that we will be working across cultural boundaries and I agree to try my utmost to respect the values and traditions of those with whom I work and interact.
4. I will not bring firearms or other weaponry onto facilities associated with the project nor will I carry such items while traveling with the project.
5. I will not take photographs or digital images of archaeological excavations or laboratory materials and/or activities without the permission of the project director. I further agree not to publish such pictures in any form without the explicit permission of the project director.
6. I will not remove any archaeological or historical material from project areas or sites visited by members of the project with the permission of the project director.
7. I agree to keep myself in good health and in good physical, mental, and emotional condition in order to maximize my experience in the program.
8. I agree to arrive promptly and in condition to participate in project activities at the times and places designated by the project staff. Please be aware that common allergies, colds, and similar disorders or conditions are all conditions which can be anticipated and treated. They are not normally reasons for not participating in assigned project activities.
9. I will endeavor not to belittle the efforts and ideas of others, no matter how hot, tired, perturbed, or generally cranky I may be nor how unusual the efforts or ideas in question may be.
10. I understand that the primary mission of the Czech American Archaeological Field School is to train students in the fundamentals of archaeological field work and as such participants may be required to undertake activities directly related to their training that are tangential to the principal research goals of the site. However, whenever possible, all actions performed by participants will be in accord with achieving the larger research goals set out for research at and around the site.
11. I understand that although the Czech American Archaeological Field School is an education operation, the excavations and related activities in which participants in the field school engage are undertaken with research goals and represent the real and tangible academic efforts of the staff present at the site. Consequently, all participants are expected to endeavor to do their best work and to undertake the excavations with the dedication and seriousness of an ongoing academic research program.
12. I agree not to harass, abuse, bludgeon, pick-on, short-sheet the bed of, or otherwise antagonize or abuse the project director (Dr. Staeck) as he is old, harried, and has already pulled most of his hair out. In other words, I agree to be nice to him and his staff, as well as to other participants in the project.

---

(sign)

---

(date)

College of DuPage

## Code of Conduct Regarding Sexual Harassment

*Czech American Archaeological Field School*      *Make a copy for your records. Sign and return original with application.*

Students participating in college sponsored or approved study abroad or field studies programs are entitled to an experience free from sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when submission to such conduct

1. either explicitly or implicitly is made a condition of your education, or
2. interferes with your academic performance, or
3. creates an intimidating, hostile or offensive educational or living environment.

If you are traveling/studying abroad, you must realize that ideas of what constitutes harassment are different in other countries. If you feel you are a victim of sexual harassment during a field or study abroad experience, you should tell the offending person to stop what they are doing, and you should report the incident to the Directors in charge who will notify the appropriate official on campus. If your complaint is against a College of DuPage instructor, you will need to notify the college's Affirmative Action Officer, the Director of Human Resources.

Sexual harassment is illegal under both state and federal law. In some cases, it may be susceptible to prosecution under the Criminal Sexual Conduct Law. As a student participant in a C.O.D. approved program, you may not harass others nor should you condone any harassment, either verbal or physical, of others. All complaints of sexual harassment will be investigated following the guidelines of College of DuPage Board Policy 4074. Students guilty of sexual harassment will be subject to disciplinary action.

**I have read, understand and will abide by the above.**

---

Signature

Date

COLLEGE OF DUPAGE

MEDICAL INSURANCE INFO

The undersigned recognizes that he/she may encounter certain illnesses or medical emergencies when traveling which may require hospitalization or medical treatment. I further understand that neither the College nor any tour agency or provider have any responsibility to me or any member of my family for medical costs incurred on my behalf in the event of an illness or medical emergency and I agree to hold the College and any tour agency or provider harmless for any such costs.

I hereby certify that:

I am covered by a medical insurance plan or am self-insured and have verified that the coverage provided is in force and effect in the country (ies) to which I am traveling.

\_\_\_\_\_  
Name of Medical Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_

\_\_\_\_\_  
Claims Phone

\_\_\_\_\_  
Address of Medical Insurance Company

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

**STUDENT MEDICAL INFORMATION**

This material will be held in confidence but will be used in the event the student may require medical treatment but is unable to provide such information on his/her own. This represents standard medical information that a physician may require in order to treat a patient.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
                   (Street)      (City)   (State)   (Zip)

Participating in this field school requires that you undertake moderate to significant physical activity. Project work will include lifting heavy buckets of sediments, operating wooden sieving equipment, shovel excavation, trowel excavation, and significant amounts of walking. We ask that you ensure that you are able to undertake such activity or, if for any reason you cannot undertake such activity, you contact the project director and explain any special limitations or needs that you have. Applying to participate in this program means that you acknowledge these requirements and agree to undertake such activities as required by the program staff.

Statement of Student's Present Health Status:
---

Do you now or have you ever had a problem with allergies? (Please circle Yes or No. If yes, please explain.)		
Yes	No	Pollen, food, or drug allergies: _____ _____
Yes	No	Insect bite allergies: _____ _____

Do you now or have you ever had a problem with any of the following:					
Yes	No	Acrophobia	Yes	No	Heart Problems
Yes	No	Alcohol-Related Problems	Yes	No	Heat Illness
Yes	No	Altitude Sickness	Yes	No	Hemorrhoids
Yes	No	Asthma	Yes	No	Hydrophobia
Yes	No	Back Pain/Spinal Injury	Yes	No	Hypoglycemia
Yes	No	Bleeding Disorders	Yes	No	Hypothermia
Yes	No	Cancer	Yes	No	Kidney/Liver
Yes	No	Claustrophobia	Yes	No	Mountain Sickness
Yes	No	Color Blindness	Yes	No	Night Blindness
Yes	No	Diabetes	Yes	No	Psychiatric conditions
Yes	No	Dizziness / Fainting Spells	Yes	No	Respiratory Ailments
Yes	No	Eating Disorders	Yes	No	Rupture/Hernia
Yes	No	Epilepsy	Yes	No	Seizures
Yes	No	Frequent Severe Headaches	Yes	No	Severe Motion Sickness
Yes	No	Gastro-intestinal Disorders	Yes	No	Shortness of Breath
Yes	No	Hay Fever	Yes	No	Swollen/Painful Joints
If yes, please explain					

List any illness or injury other than those already noted.

List any injuries to bones or joints.

List any medical problems, illnesses, injuries, or chronic conditions that you have been treated for by clinics, physicians, or other practitioners within the last five years.

List any medications that you are currently taking.

**Person to notify in case of an emergency.**

Name

---

Relationship

---

Address

---

City

State

Zip

---

Telephone Number

---

I acknowledge that, to the best of my knowledge, the statements and information provided here are true and accurate.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

# Personal Information Profile

## Czech American Archaeological Field School

This form is used to gather information that will assist in making logistical arrangements for the participants and program staff. It is not used for exclusionary purposes.

- Dietary Preference:
- Any, not particular as long as it is edible
  - Primarily a carnivore, vegetables are a garnish
  - Primarily a vegetarian, some meat is OK
  - A committed vegetarian, will not consume meat
  - A Vegan, will not consume meat, eggs, cheese, or fish

- Smoking:
- Non-smoker, can't stand the smell of it
  - Non-smoker, no special concerns
  - Smoker, occasional
  - Smoker, frequent

- Personal Space:
- Need a little, but not too much
  - Need some, but can share my space
  - I like lots of space, need it
  - Require my own galaxies, lots of space needed

- Tidiness:
- Can't stand a mess
  - Prefer neatness, some mess OK
  - Not concerned about it
  - Can't abide tidiness, constant mess OK

- Sleep Habits: (1)
- Turn in early
  - Turn in whenever tired
  - Turn in late
- (2)
- Do not snore
  - Snore a little
  - Snore often
  - Freight trains look up to me because of my snoring
- (3)
- Very light sleeper
  - Light to Normal sleeper
  - Normal Sleeper
  - Normal to Heavy Sleeper
  - huh-rampaging elephants? what rampaging elephants? (yawn, rub eyes)

Any Food or other allergies/special needs/concerns/issues:

---

(Name, please print)