



Application for GBM 495
Global Management Experience
(Please Print)

Name: _____
First Last

Student Identification Number: _____

Telephone: (____) _____

Email address: _____

Current address:

Street Apt. # City State Zip Code

Permanent Address (if different from above):

Street Apt. # City State Zip Code

Brief description of proposed project:

Semester/Year: _____ / _____

Student: _____
(Signature) (Date)

Parent/Legal Guardian: _____
(Required for students under 18) (Signature) (Date)

Faculty advisor approval: _____
(Signature) (Date)

GBM Option Director approval: _____
(Signature) (Date)



Fulfillment of Prerequisites for GBM 495

(This form is to be completed by a CoBA advisor and submitted to the GBM Option Director along with the rest of the application forms)

The following student, _____,
has fulfilled the following prerequisites for GBM 495:

1. All Foundation courses and GBM 425 and MGMT 461
2. A GPA of at least 2.75

CoBA Advisor's signature

Date

This student lacks the following:

1. Foundation courses: _____
2. GBM Core courses (GBM 425) (MGMT 461)
3. GPA: _____

CoBA Advisor's signature

Date

Advisor's Name (Printed)



**CoBA/University Liability Statement
Global Management Experience (GBM 495)**

I, _____, a qualified Cal State University San Marcos student, choose to earn university credit in GBM 495 while working as a student for a cooperating entity outside of the United States.

I understand that because my day-to-day requirements and obligations to this cooperating entity will be conducted without the onsite supervision of Cal State San Marcos faculty or staff and because I will be the student who is working under the sole jurisdiction of a designated officer of the cooperating entity, the University will not assume any liability for my workplace safety and/or health care or personal property or for loss or damage to someone else or to someone else's property attributed to any of my activities during, before or after hours of employment. In their entirety, these statements assert that I, the student, will assume all responsibility for my activities and well being during my participation in this course.

In choosing a GBM 495 experience, I acknowledge the full release of any and all liability on the part of the University for physical or other accidents. I agree to assume full responsibility for reviewing with the cooperating entity any employee benefits that may be available (i.e., health and accident insurance, liability insurance, workers' compensation, etc.) to me. In the event the cooperating institution does not provide desired benefits, it will be my responsibility to make arrangements for such benefits.

In signing this statement, I acknowledge full understanding of this release from liability statement, and consent to the same.

Student Name (Please Print)

Student Identification Number

Student Signature

Date

Parent/Legal Guardian Signature (required for students under 18)

Date

Permanent Street Address, City, State and Zip Code (Parents or closest relative if yours is temporary)

(_____) _____

Permanent Telephone Number, including Area Code (Parents or closest relative if yours is temporary)

(Please return to the CoBA Advising Office to complete your application for GBM 495)



**CALIFORNIA STATE UNIVERSITY SAN MARCOS
AIR TRAVEL RELEASE AND HOLD-HARMLESS STATEMENT**

I, _____ am a student at California State University San Marcos,
Student Name

one of the campuses of the California State University (CSU).

I am participating in a CSU-affiliated program that requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any organization affiliated with any such organization or with any combination thereof). My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks that can result in damage to property, injury to persons, or death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such a travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the State of California, the California State University, the campus affiliated with the program requiring the air travel, and each and every officer, employee, authorized volunteer, and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless statement shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

Student Signature

Date

Print Name

Signature of Parent or Guardian if student is under 18

Date

Print Name

MEDICAL DISCLOSURE

Program Name and Dates: _____

Participant's Name: _____ Student ID: _____

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and truthfully. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff's inquiries. Please print your responses.

PERSON TO CONTACT IN EVENT OF EMERGENCY (parents or nearest relative)

Name: _____ Relationship: _____

Phone: Home () _____ Work () _____

MEDICAL INSURANCE COVERAGE

Coverage provided by the program while in _____

Please list any additional medical insurance coverage that will apply to your travel abroad:

Name of Insurance Company _____

Policy # _____

MEDICAL SELF-ASSESSMENT

Though a study abroad experience can be exciting and rewarding, it can also be both physically and emotionally demanding. Therefore we ask that you provide a candid evaluation of your health. A certain amount of stress due to culture shock or the change in living conditions and facilities is a normal part of the study abroad experience. However, in some cases, such stress may aggravate disabilities or illnesses that you have under control at home.

With this form, we hope to create an awareness of any health issues that you should take into consideration before going abroad. This information will be used primarily to guide us in making appropriate arrangements for you as a CSUSM participant. The information will also be forwarded to the coordinator at your host institution.

Instructions: Please read each question below and answer either YES or NO by checking the appropriate box.

Do you have any pre-existing conditions? Yes No

If so, please explain _____

Do you currently receive any treatments or medications on a regular basis Yes No

Do you have any dietary restrictions? Yes No

If so, please explain _____

Do you have any allergies to medication, plants, food, animals, insect stings, etc.? Yes No

If so, please explain _____

Do you have any physical limitations or disabilities? Yes No

If so, please explain _____

Have you ever had a major illness? Yes No

Have you ever had a major surgical operation or been advised to have one? Yes No

Have you ever been hospitalized? Yes No

Have you ever received treatment for drug Yes No

Have you ever been treated by a psychiatrist or psychologist for any mental, emotional or nervous disorder? Yes No

Have you ever had treatment in a mental institution? Yes No

Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Travel Study Coordinator? Yes No

If yes, please indicate a phone number and time when you may be contacted.

Daytime Phone Number (____) _____ - _____ Best time to call _____

I have completed this form to the best of my abilities and understand that any omissions may result in the cancellation of my participation in this program.

Student Signature _____ Date _____

Student Name (print) _____

Signature of Parent or Guardian if student is under 18 _____ Date _____

Parent or Guardian Name (print) _____



Office of Global Education

California State University San Marcos
San Marcos, California 92096-0001 USA

Tel: 760 750-4090; Fax: 760 750-3284
www.csusm.edu/global

PERSONAL CONDUCT AGREEMENT

Overseas Program:

Dates:

I understand that during the period of my study abroad program, I am a guest in _____

I also understand that:

- D while living in _____, I will be subject to the laws of that country.
D my behavior reflects upon my country and my university. I agree to conform to standards of conduct consistent with the maintenance of the reputation of the Host University, the California State University, and Cal State University San Marcos as specified in Title 5, California Administrative Code, Section 41301 and 41302 pertaining to student discipline.
D as a participant in the Cal State San Marcos Exchange Program, I shall be subject to the supervision and authority of the California State University, Cal State San Marcos, its agents, officers and employees, including the sole decision-making responsibility with respect to any participant whose conduct or academic standing, may warrant expulsion or withdrawal from the program and that my conduct may subject me to student discipline.
D I will act according to local socially acceptable, polite norms of _____, recognizing that said country is more formal than the U.S.A. in dress, speech and social relationships.
D attendance is required in all classes, and that my grades could be affected by excessive absences.

I have read and agree to the above.

Student Signature

Date

Print Name

Signature of Parent or Guardian if student is under 18

Date

Print Name

The California State University