

PACIFIC SCHOOL OF RELIGION

Title of Course: _____ Course
Number _____

INTERNATIONAL IMMERSION APPLICATION FORM

RETURN THIS APPLICATION and \$250 DEPOSIT CHECK payable to **PSR**

By October 1st for Intersession Immersion

By March 1st for Summer Immersion

(deposit is refundable if application is not accepted)

Please note the name of the immersion course on your check

TO:

Virginia Chase
Director of Contextual Learning
1798 Scenic Ave. Berkeley, CA 94709
Holbrook 125
vchase@psr.edu

(Use extra paper if needed to complete answers.)

CONTACT INFORMATION

1. **Name:** _____ **Gender:**

2. **Address:**

3. **Phone Numbers:**

email:

4. **GTU School of Affiliation:** _____ **Degree Program:**

IDENTIFICATION INFORMATION

5. **Date of Birth:** _____ **Birthplace:**

6. **Citizenship:**

7. **Passport Number:** _____ **Exp. Date:**

8. IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name:

Relationship:

Address:

Phone Numbers:

Email:

9. Does your emergency contact person have health care/medical power of attorney? Yes No

If not, whom should we contact if medical decisions need to be made on your behalf? Please provide complete contact information.

10. Why do you want to participate in this intensive?

11. What kinds of presentations, advocacy and other support work might you plan upon your return to PSR?

12. Our time on the immersion trip will be limited and intense. How do you respond when under stress and confronted by important issues and deadlines?

13. In light of the travel conditions, diets, and uncertain circumstances in

immersion)

(enter country or countries of

please assess your physical condition:

14. What is your understanding of the current situation in

_____.

(enter country or countries of immersion)

15. Please describe the international travel experiences and exposures you have had:

17. There are many sources you might explore for financial support, including personal savings/income, loans, grants, letters requesting personal sponsorship, PSR immersion funds, denominational and/or congregational support, and community group sponsorship/promise of presentations. Is there any reason you would not be able to participate in any collective student fundraising efforts?

18. Do you have health care insurance? Yes No

Are you familiar with how to use your insurance in other locations? Yes No

By signing this application, I acknowledge agree to attend all pre-trip sessions, dates to be determined by faculty and delegation.

Signature _____

Date _____