Courses Offered (Please check the academic catalog for pre-requisite requirements for the following courses.)

ART 260, Photography II, Kent Anderson Butler, 3 units
ART 311, Sculptural Objects and Functional Art, David Carlson, 3 units
ART 356, History of Modern Art, Jim Daichendt, 3 units
ART 357, Contemporary Art Trends, Kent Anderson Butler, 3 units
ART 360, Photography III, Kent Anderson Butler, 3 units
ART 460, Photography IV, Kent Anderson Butler, 3 units
ART 465, Photographic Processes, Kent Anderson Butler, 1-3 units
ART 471, Sculptural Processes, David Carlson, 1-3 units
ART 496, Senior Seminar in Art, Jim Daichendt, 3 units
ART 498, Directed Research, (History of Sculpture), David Carlson, 3 units

Program Description

Come to England to experience Art History in its most tangible form! We will be visiting historical sites that embrace the history of art in England, from Stonehenge to the Tate Modern Art Museum. Students will be able to experience the historical background of the Modern Era in England in addition to the wealth of western and eastern collections available in the many museums and historic sites in England. During our stay, students will be able to practice many of their aesthetic and artistic skills acquired at APU and apply them in professional situations, and we will have opportunities to interact with professionals in gallery and museum settings. Open to Art & Design as well as non-Art & design majors. *ART 356 meets the general studies core requirement in Aesthetics and the Creative Arts. ART 356 also meets the Upper-Division Writing Requirement.

Tentative Program Itinerary Summary

Note: Itinerary and airline schedules are subject to change.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/15</td>
<td>Travel Day</td>
<td>5/22</td>
<td>Brussels, Belgium</td>
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<tr>
<td>5/16</td>
<td>Victoria &amp; Albert Museum</td>
<td>5/23</td>
<td>Stonehenge, Salisbury, &amp; Bath</td>
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<td>5/17</td>
<td>Tate Liverpool</td>
<td>5/24</td>
<td>The National Gallery</td>
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<tr>
<td>5/18</td>
<td>British Museum &amp; Gallery Visits</td>
<td>5/25</td>
<td>St. Austell, Cornwall: The Eden Project</td>
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<td>5/19</td>
<td>Birmingham Museum of Art, ThinkTank</td>
<td>5/26</td>
<td>Saatchi Gallery</td>
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<td></td>
<td>Science Museum, &amp; Selfridges Building</td>
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<tr>
<td>5/20</td>
<td>Tate Britain &amp; Tate Modern</td>
<td>5/27</td>
<td>The Royal Academy of Arts</td>
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<tr>
<td>5/21</td>
<td>Oxford University &amp; Ashmolean Museum</td>
<td>5/28</td>
<td>Travel Day</td>
</tr>
</tbody>
</table>
**Costs:** Fill in the units you are registering for below to see your complete program costs.

<table>
<thead>
<tr>
<th>Items Charged to Your Student Account</th>
<th>Included</th>
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</thead>
<tbody>
<tr>
<td>$5350  Program Costs</td>
<td>Int’l Medical Insurance, Flight, transportation, entrance fees, housing, most meals, etc.</td>
</tr>
<tr>
<td>$100  APU International Health Insurance</td>
<td>NOT Included</td>
</tr>
<tr>
<td>$ Tuition ($304 x ____ units registered for)</td>
<td>Trip cancellation/traveler’s insurance, some meals, souvenirs, personal items, etc.</td>
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<tr>
<td>$  Program TOTAL COST</td>
<td>Notes:</td>
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<td>• Deposits are non-refundable. (unless denied acceptance)</td>
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<td></td>
<td>• All costs are estimated, based on current exchange rates, a minimum enrollment number and subject to change at any time.</td>
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<td>• Additional APU Fees: $125 for independent study courses &amp; Other (Check the APU website for any additional fees for applicable courses).</td>
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</tbody>
</table>

*Making a Payment:* In order for your payment to be applied to your study abroad program All payments must be sent, called in or turned in to the CGLE/Study Abroad office and NOT made on-line nor to the cashier. Credit card, cash, and check payments are permitted. All checks should be made payable to “APU” and include on the memo line: your APU ID#, Study Abroad Program Name & Term.

<table>
<thead>
<tr>
<th>Mandatory Due Dates &amp; Meetings</th>
<th>Payment Due Dates</th>
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</thead>
<tbody>
<tr>
<td>Nov 15th Application Due Date</td>
<td>DUE: (Nov 15th) $300 Non-Refundable Deposit Due Date</td>
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<tr>
<td>TBD Acceptance Meeting</td>
<td>DUE: (Jan 15th) $1300 Payment #1</td>
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<tr>
<td>4/18 or 4/19 CGLE Pre-Departure Meeting (pick 1)</td>
<td>DUE: (Feb 15th) $1950 Payment #2</td>
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<tr>
<td>TBD Orientation Meeting(s)</td>
<td>DUE: (March 15) $1900 Payment #3</td>
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<tr>
<td>5/7 – 5/11 Pre-Trip Class Sessions (Required)*</td>
<td>DUE: (April 15th) varies Final Payment</td>
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<td>$ Total Program Costs</td>
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</table>

*NOTE:* Students are responsible to entirely take care of their housing for these dates.

**Applying to the Program**
Submit your Program Application to the CGLE/Study Abroad Office. All needed forms to include in your application are listed on the application Cover Page. Applicant status notifications are sent by email to all applicants (to their APU email address) 2-3 weeks after the application due date listed above.

**Passport Information**
If you need to apply for a passport, you must begin the process now as your airline ticket cannot be processed until proof of a valid passport is turned in. The Glendora Post Office is the nearest passport processing facility to APU. Located at 255 S Glendora Ave, Glendora 91741. For passport questions, visit [http://travel.state.gov/passport/get/first/first_830.html](http://travel.state.gov/passport/get/first/first_830.html) & [http://www.apu.edu/studyabroad/resources/passport/](http://www.apu.edu/studyabroad/resources/passport/)

**Health & Medical Insurance**
If accepted, APU provides international medical insurance included in your program costs. Travel insurance is NOT provided and is the responsibility of the program participant to obtain and confirm if so desired. APU requires all students to follow the U.S. Health requirements as given by the Center for Disease Control. Please visit their website [http://wwwn.cdc.gov/travel](http://wwwn.cdc.gov/travel) to find all immunization requirements and recommendations for your country of travel.

**APU Discipline Clearances & Acceptance Process**
In order to create and maintain a safe and God-honoring environment for all of our study abroad programs the CGLE will be requesting a complete “discipline clearance” for each applicant from: Academic Advising (clearance from academic probation), Residence Life, Student Life, Communiversity, and any other relevant department (at the discretion of the CGLE). Applicants are not officially accepted to the program without this clearance. APU reserves the right to deny a student based on their discipline history at APU. If a student discipline issue occurs after acceptance, the student may be cancelled from the program and will lose any non-refundable monies or pre-payments made on the student’s behalf. If there are any questions regarding this process, please contact the CGLE.

**To Turn in ALL Applications, Forms & Payments Contact**
Center for Global Learning & Engagement  
APU Study Abroad  
701 E. Foothill Blvd. • PO Box 7000  
Azusa, CA 91702  
OFFICE (626)857-2440 • FAX (626)857-2444  
studyabroad@apu.edu • www.apu.edu/studyabroad

**For All Program Questions Contact**
Faculty Information:  
Kent Anderson Butler, MFA: [krbutler@apu.edu](mailto:krbutler@apu.edu)  
David Carlson, MFA: [dcarlson@apu.edu](mailto:dcarlson@apu.edu)  
Jim Daichendt, Ed.D. [gdaichendt@apu.edu](mailto:gdaichendt@apu.edu)
Date of Application: ___________________________  Semester/Term applying for: ________________

Personal Information:

Legal Name: ______________________________________  APU ID #: __________________________

Cell Phone (_____) ____________________________  Other Phone (_____) _________________________

APU Box #: _______  APU Email Address: ____________________________  Gender: (circle) M  F

APU Faculty/Staff Tuition Discount Recipient:  Yes  No

Trustee Scholarship Recipient:  Yes  No

Educational Information

Academic Status:  □ Freshman (0-27)  □ Sophomore (28-59)  □ Junior (60-89)  □ Senior (90+)  □ Grad  □ Doctoral

Academic Major(s): ____________________________  Minor(s): ________________________  Cum GPA __________

(2.5 GPA minimum is required)

Instructor (Name & Department) available for a possible verbal reference: ________________________________

Questions for applicant to answer on separate pages & submit with application:

1. Why are you interested in studying in this location?
2. How does a study abroad education experience fit into your academic/career goals?
3. How will studying in this location influence your involvement in service and ministry opportunities?
4. What cross-cultural or personal experiences have helped to prepare you for studying in a challenging, new environment?
5. What are your top 5 Strengths? (from the StrengthsFinder) Pick one and describe how you envision it being used if chosen to be a part of this Study Abroad Program.

Materials To Be Attached With Your Application:

□ This Application Cover Sheet
□ Question Responses
□ Unofficial Transcripts
□ Copy of Passport Picture Page
□ International Waiver Form
□ Student Agreements Form (with all needed signatures)
□ Off-Campus Registration Form (with all needed signatures)
□ Non-Refundable Program Deposit $300 (check made to APU)

Application Deadline: Tuesday, November 15, 2011

Applicant's Signature: ____________________________  Date: ____________________________

By signing this application form you are confirming that all information provided is true to your knowledge.

SEND ALL APPLICATION FORMS TO:
APU Center for Global Learning & Engagement (CGLE)/Study Abroad Office
Azusa Pacific University, 701 East Foothill Blvd., PO Box 7000, Azusa, CA 91702-7000
If you have questions, please contact us at (626) 857-2440 or studyabroad@apu.edu
1. **Policy Agreement**: By signing below you are stating that you have thoroughly read each policy and are in agreement to follow each policy. All undergraduate students need to fill in the necessary information in section D.

**Student Signature**: __________________________________________ (Signature Needed for Graduate & Undergraduate students)

**A. Student Standards of Conduct Policy**

Due to the unique nature of the study abroad experience, all persons participating in an Azusa Pacific University administered or endorsed Travel-Study Program shall be subject to the “Standards of Conduct” policy appearing in the APU Undergraduate Student Handbook, APU Graduate Catalog, or any similar Standards set by the particular program. In the case of conflicting standards, the more stringent standard applies. Because of the possibility of serious effects on group safety and coherence, on-field staff will deal with violations immediately and has discretion in imposing sanctions after investigating and holding a formal or informal hearing. The opportunity for appeal is limited by the nature of the study abroad experience. In addition to those listed in the Student Handbook, sanctions for violation of the Standards of Conduct while studying abroad include immediate expulsion from the program and the immediate return home of the participant, at the expense of the student participant. Additional sanctions may be imposed upon the student’s return to campus.

**B. Student Disability and Healthcare Abroad**

The Center for Global Learning & Engagement (CGLE), Azusa Pacific University, is committed to assisting all students in selecting study abroad opportunities that meet their needs, including students with disabilities. Many towns, communities, and institutions abroad are not equipped with wheelchair access or easily accessible for hearing or vision impairments. Further, some trips require activities that may be strenuous for some participants, including long climbs or hikes. The CGLE can assist students with medication translation, he

**C. General Agreements**

1. I will allow APU to use the photo from my student account and/or photos taken during the extent of my study abroad program for forms, marketing materials and recruitment.

2. I will allow APU to share contact/directory information with other APU staff, faculty, and students working/participating in my study abroad program.

**D. (ALL Undergraduate Students Only) Undergraduate Academic Level Policy:**

Major/Program: ____________________________ Expected Graduation Term (i.e. December 2055): ____________

Current Academic Level: □ Freshman □ Sophomore □ Junior □ Senior

Expected Units Completed Immediately Prior to Your Study Abroad Term: __________________

APU Policy: (from APU UG Catalog) “Seniors are not allowed to Study Abroad their last semester.”

Any student originally intending to study abroad their final semester must request APU’s General Petition Form from the Registrar’s Office and submit the completed form to the Registrar.

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2. **Undergraduate Financial Responsibilities**: (ALL Undergraduate Students Only) All students intending to study abroad need to meet with a Student Financial Services Study Abroad Counselor to write in the correct information and sign below indicating that you are fully aware of all financial costs and due dates for your program. Call 626.812.3009 for SFS office hours.

<table>
<thead>
<tr>
<th>Financial Costs</th>
<th>Financial Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Program Costs:</td>
<td>Date: Amount Due:</td>
</tr>
<tr>
<td>Estimated Financial Aid:</td>
<td>Date: Amount Due:</td>
</tr>
<tr>
<td>Estimated Credit on Account:</td>
<td>Date: Amount Due:</td>
</tr>
<tr>
<td>Balance Due:</td>
<td>Date: Amount Due:</td>
</tr>
</tbody>
</table>

Date: _______ SFS Signature: ____________________________ Student Signature: ____________________________

I, ___________________________ (name), am a student or “Visiting Student” at Azusa Pacific University (“the University”). I have agreed to participate in ___________________________ (program), a study abroad sponsored or endorsed by the University, in collaboration with international host organization(s) ___________________________ (name of organization, if any), in _____________________ (country). I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

1. **Comprehensive Health & Accident Insurance:** I hereby represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance through HTH Worldwide Insurance, which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and/or traveling while on the program. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States and, I absolve the University of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.

Special Addendum for Exceptional Program: I, _____ (initial), understand that my insurance coverage for ___________________________ (program) in __________________ (country) is provided for this activity by HTH Worldwide Insurance.

2. **Right to Make Changes:** I understand that the University reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the University makes a flight arrangement. Any additional expense resulting from the above will be paid by me. The University reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.

3. **Responsibility or Liability:** I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expenses, accidents, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or any service or for any substitution of hotels or of common carriers beyond the University’s control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules or any uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfer meal costs or other expenses. My baggage and personal property are transported at my risk entirely. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University’s sole discretion to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States if the University determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

4. **Right to Decline, to Accept or Retain Me:** The University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, or any provision of ___________________________ (program &/or international host organization),
which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the Program in the sole discretion of the University’s employees, agents and representatives and I may be referred to the appropriate Azusa Pacific University officials for further disciplinary action. I understand and hereby acknowledge that institution(s) I attend or in whose facilities I reside or learn in connection with the Program, if I violate either or both institution’s rules, policies or student conduct codes. I hereby consent to the jurisdiction of all such institutions (including Azusa Pacific University), to discipline me, separately or cumulatively, for any instance(s) of misconduct which occur(s) during the Program or during my time abroad. I agree not to challenge in any forum or proceeding the authority or jurisdiction of Azusa Pacific University to discipline me at any time for my misconduct abroad, during or in connection with the Program or any travel related thereto.

5. Consular Information: I understand and hereby acknowledge that I have received and reviewed the U.S. State Department Consular Information concerning travel to, in and around (country); that I am aware of and understand the risks and dangers of travel to, in and around (country), including but not limited to the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in or around (country).

6. Field Trips and Elective Travel: I may elect to participate in field trips and/or personal travel during the Program, including but not limited to a trip to (country). I hereby represent and warrant that my participation in these activities is not required by the University and is wholly voluntary. I understand and hereby acknowledge that I may face an increased risk or injury or death due to civil unrest, violence, terrorism, crime or political instability by traveling to or in (country). I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in or around (country).

7. Laws and Customs of the Host Country: I agree to respect and adhere to the laws and customs of the host country or countries and understand that the intentional violation or disrespect for those laws and customs may result in my dismissal from the Program. Further, I acknowledge that the violation of such laws and customs may have legal ramifications with consequences beyond the control of the University’s representatives and the U.S. government.

8. Authorization for Health and Medical Treatment: I, (name), do hereby authorize (name) and/or (name) the Program director/leader, hereafter “the Agent,” to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent in the event of my disability to give specific consent to any and all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby authorize the medical facility, which has provided treatment to me to surrender my physical custody to the Agent upon completion of treatment.

9. Security & Safety: I recognize that in case of political unrest, an official representative of the University will take measures the University deems appropriate for the protection of Program participants. I understand that the University and its official representatives assume no responsibility for damage to or loss of property, injury or death arising out of political unrest.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Name (Printed): _______________________________  Witness Name*(Printed): _______________________________

Signature: ___________________________________________  Witnessed by: _______________________________

Dated: _______________________________  Dated: _______________________________

*Signatures can be witnessed by anyone. Does not need to be CGLE Staff
**Student: Please complete the following information.**

<table>
<thead>
<tr>
<th>Undergraduate □</th>
<th>Graduate □</th>
</tr>
</thead>
</table>

**Name _____________________________________________ APU ID# ________-____-____ (or Social Security no.)**

**APU Living Area/Room ___________________________ APU contact phone (_______) ________________ APU box # __________**

**Permanent address____________________________ City __________________ State __________ Zip ________**

**APU Email __________________________________ (Mandatory to receive Pre-registration info) Major/Minor __________________________**

**Year in school ____________ Study Abroad Term___________ Country________________ Program dates________________________**

### PROGRAM NAME:

<table>
<thead>
<tr>
<th>Study Abroad Course ID</th>
<th>Units</th>
<th>Course Title</th>
<th>APU Equivalent</th>
<th>Applies Towards (major, minor, general studies, elective)</th>
<th>TIF Approved</th>
<th>Pre-Approved</th>
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**Total Units**

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**Academic Advising Approval**

I have discussed courses this student will take abroad and courses when they return to APU.

Academic Advisor Signature __________________________ Date _______________

**Registrar Approval**

Signature of Registrar Representative __________________________ Date ______________

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**Please read the following:**

- If you have questions about possible financial aid please contact the study abroad financial aid counselor in Student Financial Services. If you are a Faculty Staff Benefit recipient please check here. □ Name of Faculty/Staff Member __________________________
- By signing this form, you understand that your campus housing assignment or contract will be terminated for any upcoming semesters. It is your responsibility to checkout of housing properly by the posted checkout deadline and/or notify Housing Services if you decide not to study abroad.

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**STUDENT SIGNATURE:**

Date: ______________

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**OFFICE USE ONLY**

### Add Classes (Office Use Only)

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<tr>
<th>Study Abroad Course ID</th>
<th>Units</th>
<th>Course Title</th>
<th>APU Equivalent</th>
<th>Applies Towards (major, minor, general studies, elective)</th>
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### Drop Classes (Office Use Only)

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<tr>
<th>Study Abroad Course ID</th>
<th>Course Title</th>
<th>Units</th>
<th>APU Call #</th>
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Office Use Only

Student is registered in ________ units for the __________________ semester/term Date ______________ Initials __________________

Updated 3/26/2009