



Instructors & Hosts
Robert A. Mullins, Ph.D.
Kathryn Smith, Ph.D.

Israel

June 13 – July 17, 2010

*(class sessions meet June 8 – 11)**

COST FROM LOS ANGELES (LAX), CA:

\$4,500 for 3 Week Program:

June 13–July 4, 2010

ARCHAEOLOGICAL DIG AT TEL REHOV

\$750 for 2 week Program: July 4-17, 2010

**Participants unable to attend the preparatory class sessions will be given the materials for self-study, to complete before departure.*

PROGRAM DESCRIPTION:

The Israel Summer program is an amazing opportunity to grow both academically and spiritually! **The program is open to those interested in the 3 week study tour, the 2 week dig, or the full 5 week combined program.** Based at *Jerusalem University College* on Mt. Zion, the tour and dig are open to everyone: undergraduate and graduate students, faculty, staff, alumni, students from other universities, and other interested individuals. These comprehensive courses of study emphasize the geography, history, and archaeology of Israel in biblical times, as well as introduce the post-biblical history of the land, the Holocaust, and the complex social and political issues facing the modern state of Israel. For more information, visit www.juc.edu or www.rehov.org.

SCHEDULE

June 8-11 – Students & Participants will meet for class on the APU campus from 8:30am to 12:30pm

June 13 – Departure from LAX; Arrival in Tel Aviv (TLV) on June 14

July 4 – Return to LAX (3 week program only) and beginning of 2 week excavation at Tel Rehov

July 17 – Return to LAX (for Tel Rehov excavation participants)

THINGS YOU NEED TO KNOW

Getting a passport: If you need to apply for a passport, please begin the process now! With tighter control of borders, it can take the maximum amount of time to receive a passport. (The Glendora Post Office is the nearest processing facility to APU. Located at 255 S Glendora Ave, Glendora 91741). See http://travel.state.gov/passport/get/first/first_830.html for more information.

Current passport holders: Verify that your passport is valid for **six months** following your expected return date.

Program Costs: All included costs are listed below. The program excludes sightseeing costs outside the program's activities, e.g. snacks, souvenirs, sundries. *The program does not cover housing for the pre-trip classes at APU June 8th – 11th. Any individuals who attend the pre-trip classes and who need overnight lodging are encouraged to make these arrangements prior to coming.*

3-Week Program at JUC Basic Program Fees

\$4,500

(includes flight, room, most meals, tour costs, transportation, study abroad fee, and international medical insurance [\$100])

2-Week Archaeological Dig at Tel Rehov Basic Program Fees¹

\$750

(includes in-country transportation and 14 days full room and board at Kibbutz Beit Alfa. The kibbutz is located 4 miles west of the city of Beth Shean. Three to four participants will share an air-conditioned suite with attached kitchenette, shower, toilet, and cable TV. There is no fee for the excavation.)

Travel Insurance: Participants must purchase insurance for the trip. If you have international travel insurance, which includes emergency evacuation, a copy of the policy may be submitted for consideration of having the \$100 insurance fee waived.

Health: It is recommended that you have Hepatitis A and B vaccinations prior to travel, in addition to being up to date on the standard MMR (Measles, Mumps, Rubella) and Rabies shots. Please see the following website for more information: <http://wwwn.cdc.gov/travel>

Application/Payment Schedule:

- January 15th – *Final Application Deadline:* Application with \$300 non-refundable deposit²
- February 1st – one-third of total program cost with proof of Passport application (or copy of passport) - (*amount will vary based on program selection*)
- March 1st – one-third of total program cost due (*amount will vary based on program selection*)
- April 1st – **Final** one-third of total program costs due – (*final amount will vary based on program selection*)

Credit card, cash, and check payments are permitted. All checks should be made payable to “APU” and should include, “Israel - Participant” in the memo line. All payments should be sent to the Center for Global Learning & Engagement (study abroad). **PLEASE** do not send payments elsewhere. (If it is sent somewhere else, the payment may not be counted towards your study abroad program.)

Application Materials and Required Forms:

- Application Materials with \$300 Non-refundable Deposit²
- Program Options Selection
- International Waiver and Authorization Form
- Participant Information & Health Report
- Participant Health Insurance Plan Waiver (if applicable)
- Legible Copy of your passport (passport must be valid 6 months after return date)

Send ALL application materials to:

Center for Global Learning & Engagement

901 E. Alostia Ave.

Azusa, CA 91702

studyabroad@apu.edu

626-815-2110

626-815-2111 – fax

For Further Information Contact

Robert A. Mullins, Ph.D. - Director, Israel Summer Program

School of Theology

Azusa Pacific University, 901 East Alostia, P. O. Box 7000, Azusa, California 91702-7000

Tel: (626) 815-6000 ext. 5634 – Fax: (626) 815-5469

ramullins@apu.edu or studyabroad@apu.edu

***NOTE:** All prices are subject to change. Keep in mind that we are still in a volatile world-wide economic market. If there are remaining monies after the conclusion of the program, participants will be reimbursed by the university.

¹ Any participant who wishes to do *only* the 2 week archaeological excavation should add \$1,930 to cover flights, study abroad fee, and International Medical Insurance (\$100).

² Deposits will be refunded to any participants not accepted to the program.



Date of Application: _____

Alumni APU Faculty APU Staff Individual

Term applying for: Summer _____

APU ID # _____

(only for Alumni, Faculty, and Staff)

Personal Information:

Legal/Passport Name: _____ Cell phone (____) _____ Gender: (circle) M F

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of birth (state/country): _____

Country of Citizenship: _____ If other than USA, list visa & number: _____

Email Address: _____ Passport Number: _____

(If you have a valid passport, please submit copy with this application. If you don't, apply NOW!)

Did someone refer you to this program? If so, who? _____

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

1. Tell us a little about yourself! (as brief or as long as you would like!)
2. Why are you interested in this program?
3. What cross-cultural or personal experiences have helped to prepare you for studying in a challenging, new environment?

Other Materials to be included with this application (along with all the attachments):

- ✓ Copy of Passport (if available)
- ✓ \$300 Non-refundable Deposit
- ✓ Insurance Waiver Form (*if you would like to petition to have APU's insurance waived, if your insurance includes emergency evacuation coverage*) APU full-time employees (w/benefits) are covered and do not need a waiver or additional coverage.

- I will allow APU to use any photo that is taken during the extent of this program for marketing materials and recruitment. _____ (Please Initial)
- I will allow APU to share contact information ("Directory Information") with other staff, faculty, and students working/participating in the Israel Summer Program. _____ (Please Initial)

Application Deadline: January 15th (Apply early to reserve your spot!)

Applicant's Signature: _____

Date: _____

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

SEND APPLICATIONS & ACADEMIC TRANSCRIPT TO:

Center for Global Learning & Engagement

Azusa Pacific University, 701 East Foothill Blvd., PO Box 7000, Azusa, CA 91702-7000

If you have questions, please call (626) 815-2110



Israel Summer Program
Summer 2010

I would like to attend:

- The Full 5 Week Program, including both the Tour and the Dig (June 13th – July 17th)
- The 3 Week Tour Portion Only (June 13th – July 4th)
- The 2 Week Dig Portion Only (July 4th – July 17th)

I will be taking:

- The Class for the Tour Portion of the Program (*UBBL 350* or *GBBL 551*)
- The Class for the Dig Portion of the Program (*UBBL 498* or *GBBL 570*)
- I am not registering for any classes.

Participant's Full Legal Name*

Signature of Participant

Date

*Please print your full legal name, as it appears (or will appear) on your passport. We must have this information in order to book your airline ticket.

STATEMENT OF RESPONSIBILITY, RELEASE & AUTHORIZATION TO PARTICIPATE IN AN AZUSA PACIFIC
UNIVERSITY INTERNATIONAL STUDIES PROGRAM

I, [REDACTED] (name), have agreed to participate in APU – Israel Summer Program (program), an International Program sponsored or endorsed by the University, in collaboration with international host organization(s) Jerusalem University College (name of organization), in Israel (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, 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: If applicable, I, [REDACTED] (initial), understand that my insurance coverage for APU – Israel Summer Program (program) in Israel (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, delayed or 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, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, 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 other 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 other 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 APU – Israel Summer Program (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 attached U.S. State Department Consular Information concerning travel to, in and around Israel (country); that I am aware of and understand the risks and dangers of travel to, in and around Israel (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 Israel (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 Israel (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 Israel (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 Israel (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 APU Israel Summer Program and/or Robert Mullins/Kathryn Smith 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.

Signature: _____

Witnessed by: _____

Name (Printed): _____

Witness Name (Printed): _____

Dated: _____

Dated: _____

*Signatures can be witnessed by anyone. Does not need to be CGLE Staff



Personal Information (please print clearly)

Name: _____ Email: _____

***** IMPORTANT: APU will use this email address to stay in contact with you while you are abroad.**

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Will you be taking this cell phone with you while out of the country? (Check with carrier) YES NO

Date of Birth: _____ Social Security #: _____
Optional – medical insurance purposes only

Ethnic Background (Optional):

- American Indian/Eskimo Black/Non-Hispanic Middle Eastern Other
- Asian of Pacific Islander Hispanic White/Non-Hispanic

Gender: Male Female

Participant Status: Alumni APU Faculty APU Staff Individual

Study Abroad Information

Study Abroad Program: _____ Country/Countries: _____

Dates of Program: _____ Exact Dates of Travel: _____
(incl. additional travel dates) to purchase International Insurance

Passport #: _____ Passport Expiration Date: _____
(Please provide the Office of Study Abroad a copy of your passport.)

APU Group Participants ONLY (for Visas): Do you need to use your passport before your Study Abroad Term? _____ When? _____

I give permission to the Study Abroad Office to share my email address with other prospective study abroad students YES NO

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____ Cell: _____

Health Report

Primary/Family Doctor: _____ Phone Number: _____

Do you have any of the following?

(please Circle one) If yes, please describe?

If yes, please describe?

Allergies	Yes	No	_____	Learning Disability (Optional)	Yes	No	_____
Food Allergies	Yes	No	_____	Heart Condition	Yes	No	_____
Medication Allergies	Yes	No	_____	Heat exhaustion	Yes	No	_____
Asthma/				High Blood Pressure	Yes	No	_____
Other Respiratory Problems	Yes	No	_____	Nose Bleeds	Yes	No	_____
Back trouble	Yes	No	_____	Physical Handicap	Yes	No	_____
Diabetes	Yes	No	_____	Sinus Problems	Yes	No	_____

Other (please explain): _____

Do you need a special diet? If so, please describe. _____

Do you take any medications regularly? _____
(Please bring a complete supply of your prescription for the entirety of the trip. Also, have a valid copy of your prescription with you.)

For recommended immunization information, please see <http://www.cdc.gov/>



Student Health Insurance Plan Waiver

Student Information

Last Name: First Name: APU ID#: _____
 U.S. Citizen International Student - Country of Origin: _____

I have health insurance that satisfies the conditions listed below and do not wish to purchase the Student Health Insurance Plan.

If your coverage does not meet all of these criteria of comparable coverage, you may not waive. If you do not know whether your coverage meets these conditions, contact your health insurance plan administrator to get current, accurate information about your plan before completing this form.

Initial

_____ My plan provides coverage for medically necessary care equivalent to the coverage provided by APU's student health plan including overseas coverage. (Note - HMO's providing emergency coverage only do not meet this requirement).

_____ My insurance plan includes coverage for emergency evacuation and repatriation of remains.

_____ My insurance plan provides maximum benefit coverage of at least \$100,000 U.S. dollars.

_____ My coverage will remain in force as long as I am a registered student at the Azusa Pacific University.

_____ My deductible is \$500 or less.

Insurance Information

_____ Insurance Company:

_____ Subscriber Name:

_____ Insurance Policy Number:

_____ Insurance Company Phone #:

By selecting YES below, I affirm that I have health insurance coverage that meets all five of the conditions described above. I am requesting to waive the APU Student Health plan. I certify that the information supplied is correct, and I am responsible for any incorrect information, whether intentional or otherwise. I understand I am legally responsible for any medical expenses incurred during my enrollment at the University, and that the University and its medical insurance program will not be responsible for any of my medical expenses. I understand that this information will be checked and verified, and if my plan does not meet these requirements, or I am uninsured, I may automatically be charged for and enrolled in the Student Health Insurance Plan.

_____ Signature

_____ Date

God First