

APPLICATION PROCEDURE

You must complete all of the following steps in order to reserve a place in the London Law Consortium for the spring semester 2010:

1. Complete, print and sign Form #1, Application Form, securing the signature of your college's London Law Consortium contact person (see p. 2), and thus signifying your eligibility to apply.
2. Complete, print and sign Forms #2-4, Payment Contract, Course Selection, and Study Abroad Release forms.
3. Complete, print and sign Form #5, International Student I.D. Card Application form, **including two photographs as specified in the form.**
4. Attach a check for \$550 payable to the University of Iowa College of Law. **(This fee includes a non-refundable application fee of \$250 and a \$300 enrollment deposit.)**
5. Submit the completed five forms, photographs, and the check to your school's London Law Consortium contact person. Your contact person will select the six students from your school who are guaranteed admission to the program and will notify you if you have been selected as one of those students. Other applicants will be placed on a waiting list for admission.
6. The balance of fees (see Form #2, Payment Contract, paragraph 3) should be sent before the dates indicated in the Payment Contract to:

Debra Paul, Registrar
The University of Iowa College of Law
Boyd Law Building
Iowa City, IA 52242-1113
7. Please check with your contact person to determine the date by which applications should be submitted. Guaranteed spots for each school will be held open until Monday, September 21, 2009, after which all applicants will be eligible to fill remaining spaces.

APPLICATION FORM
London Law Consortium
Spring Semester 2010

Form #1

Please print completed form to submit to your Program Coordinator.

Name: _____ Social Security #: _____

Current Address: _____ Law School: _____

_____ Year in Law School: _____

Permanent Address: _____ Home Phone: _____

_____ Cell Phone: _____

I would like to receive correspondence at my: _____ Email: _____

Current Address, or Permanent Address _____ Date of Birth: _____

_____ Citizen of: _____

Emergency Contact while overseas:

Name: _____ Relationship: _____

Address: _____ Emergency Phone: _____

Applicant's Signature Date

Certification of eligibility to participate in London Law Consortium Program:

Local Program Coordinator _____ (signature) _____ (date)

Please note that a Coordinator signature is not required for applicants from non-consortium schools.

PAYMENT CONTRACT

London Law Consortium Spring Semester 2010

Form #2

This payment contract is the basic agreement that must be signed by every student who wishes to participate in the London Law Consortium Semester Abroad Program. The London Law Consortium is operated under the auspices of the University of Iowa College of Law, a non-profit educational institution.

1. Program Fee: \$10,716.00

The fee is based on educational costs incurred on behalf of the student by the London Law Consortium and the University of Iowa College of Law. This fee covers all of the educational programming costs attributable to the operation of the Semester Abroad Program in London. It does not include travel to and from London, housing accommodations, meals or other living expenses in London, books, medical insurance, passport and other travel requirements, home school tuition (if required by the home school), vacation travel, social or entertainment expenses or any other costs not directly related to providing classroom, research and clinical experiences to students enrolled in the London Law Consortium Semester Abroad Program.

2. Application Fee and Deposit:

Check for \$550 made payable to the University of Iowa College of Law forwarded with completed application form:

Non-refundable application fee	\$250
Enrollment deposit	<u>\$300</u>
	\$550

3. Payment Schedule:

Mail the following payments to Debra Paul, Registrar, University of Iowa College of Law, Boyd Law Building, Iowa City, IA 52242-1113. (Note: all payments must be made by check, payable to the University of Iowa College of Law. We cannot accept credit card payment.)

Non-refundable application fee	\$250	due with application
Enrollment deposit (applied to program fee)	\$300	due with application
1 st payment	\$4,329	due December 1, 2009
2 nd payment	\$6,087	due March 1, 2010

4. Withdrawal Schedule:

Withdrawal before 10/16/09
 Withdrawal between 10/16/09 and 11/13/09
 Withdrawal on or after 11/13/09

Refund:

\$300 enrollment deposit
 \$100 of enrollment deposit
 No refund of any payments made

Notice of withdrawal must be made by a letter to the U of I College of Law before the withdrawal is officially recognized. The date on which the letter is posted is the date by which any refund will be calculated.

5. Contract Agreement:

I have read and fully understand this document and agree to abide by its terms.

(Signature of Student)

(Date)

Please print and submit this form with your Application.

COURSE SELECTION FORM

Form #3

London Law Consortium Spring Semester 2010

(Due to limited classroom space in London, all courses have an enrollment limit of 25 students unless otherwise indicated)

Please check the courses in which you wish to enroll:

- British Legal Methods Clinical Program (Wing) – 3 hours
(Enrollment limited to 15 students)
- English Legal System (Turano) – 1 hour
- Federal Courts (Dragich) – 3 hours
- Freedom of Expression (Conkle) – 3 hours
- International Human Rights (Wing) – 3 hours
- Law of the European Union (Turk) – 3 hours
- Law & Literature (Dragich) – 3 hours
- Law & Religion (Conkle) – 3 hours

(Signature of Student)

(Date)

Please print and submit this form with your Application.

STUDY ABROAD AGREEMENT
AND RELEASE

Form #4

London Law Consortium
Spring Semester 2010

WHEREAS, (Indicate Full Name) _____, hereinafter referred to as Student, is about to take a travel and study program described as the London Law Consortium Study Abroad Program, spring semester 2010; and,

WHEREAS, it is acknowledged that the travel and study program involves some risk to person and property, including but not limited to risks due to accident, disease, and international events; and

WHEREAS, it is acknowledged that the travel and study program may be the occasion of medical emergency necessitating the administration of medical treatment including hospitalization or surgery;

NOW, THEREFORE, in consideration of Student being permitted to participate in this travel and study program, I do hereby, for myself, my heirs, administrators, and executors, acknowledge and assume the risk of such travel and study program, and do hereby release and forever discharge the State of Iowa, the State Board of Regents, and the State University of Iowa, (all entities hereinafter referred to as IOWA), and all member schools of the London Law Consortium, together with all of their officers, faculty, employees, volunteers, and agents whether accompanying the program or otherwise, from any and all claims, demands, actions, or causes of action, on account of any injury to me or my property, on account of my death, or on account of damages suffered by me for whatever reasons, which may occur from any cause or in connection with the travel and study program or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of these bodies or persons on account of any and all such claims, demands, actions, or causes of action; and I do hereby for myself, my heirs, administrators, and executors, authorize IOWA, by and through its authorized representative(s) or agent(s) or the host institution coordinators or advisers in charge of the program, to secure any treatment reasonably determined to be necessary under the circumstances, including the administration of anesthetic and surgery, and acknowledge that such treatment shall be solely at my expense, and to reimburse IOWA for any expenses which it might incur on account of said injury or treatment thereof.

I confirm that a physician has approved of my participation in this travel and study program (check here if true, _____) or that I agree to accept the risk of my participation without such approval.

Dated this _____ day of _____, 20____.

(Signature of Student)

Please print and submit this form with your Application.

INTERNATIONAL STUDENT ID CARD
APPLICATION FORM
London Law Consortium
Spring Semester 2010

Form #5

I. Personal Information:

Name (Last) (First) (Middle)

Date of Birth (Month/Day/Year) Citizenship

Place of Birth (City, County, State, Country)

Student ID Number Date of Departure (Month/Year)

II. Beneficiary Information (for insurance purposes):

Beneficiary name Relationship

Beneficiary address

Beneficiary telephone

III. Eligibility: You must be a junior high school, high school, college, university or vocational school student at least 12 years of age and enrolled in a study program leading to a diploma or degree at an accredited secondary or post-secondary institution during the 2009-10 academic year (fall, spring or summer sessions).

Home institution: _____

Diploma or degree objective: _____

Student's Signature: _____

IV. I.D. Photos: You must include **TWO** facial photographs with your name marked lightly in pencil on the back.

YOUR IMAGE
MUST
CONFORM TO
THE
DIMENSIONS
OF THIS BOX.

1 1/8"
x
1 3/8"

(The following will be completed by the U of I College of Law.)

Verification by London Semester staff: This student is eligible for an International Student I.D. Card.

_____ Yes _____ No

Signature/Date Professor Adrien Wing
University of Iowa College of Law
On-Site Director, London Law Consortium

Please print and submit this form with your Application.