

**YOU MUST PRINT OUT THIS PAGE AND SUBMIT IT TO DR. BILL LAMBERTS (Biology Department, Science Center, Room 353, SJU) by JANUARY 28th, 2008, 4:30 p.m.**

**AGREEMENTS/WAIVERS SIGNATURE FORM**

By signing this document I am confirming that I have read, understand and agree to the Terms, Agreements, Policies, Forms and/or Waivers of the Summer Science Research Exchange Program outlined on the main web page for the Summer 08 Program:

<http://employees.csbsju.edu/hjakubowski/dept/SumResExchang/08SSREPMainMenu.htm>

In addition, I have filled out all the required forms, which are available for download from the main web page of the Summer 08 Program. (Paper copies will be made available to any applicant upon request.)

**I have read and understand the forms and procedures describe in the link above and I agree to all terms and conditions of those documents made effective with the date of my signature recorded below.**

\_\_\_\_\_  
Applicant's full name (Print)

\_\_\_\_\_  
(Signature of Applicant/Participant)      \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's full name (Print)

\_\_\_\_\_  
(\*Signature of Parent/Legal Guardian)      \_\_\_\_\_  
Date

\_\_\_\_\_  
(1<sup>st</sup> Choice Study Abroad Program)      \_\_\_\_\_  
(Fall or Spring)      \_\_\_\_\_  
CSB/SJU ID #

**\*Parent or Guardian signature is necessary unless the student is not considered a dependent for federal income tax or financial aid purposes.**