

# APPLICATION FOR ADMISSION TO THE GGU/UPX PARIS SUMMER LAW PROGRAM

Name \_\_\_\_\_ Passport Number and Issuing Nation \_\_\_\_\_

Gender:     Male     Female    e-mail \_\_\_\_\_

Place of Birth (city, state/province, country) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) (\_\_\_\_\_) \_\_\_\_\_ Phone (Evening) (\_\_\_\_\_) \_\_\_\_\_

Law School \_\_\_\_\_

Year of law school completed by June 1, 2009:             First     Second     Third

## EMERGENCY CONTACT INFORMATION. In an emergency, please contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Relationship \_\_\_\_\_

## AFFIRMATION & WAIVER OF LIABILITY

Read the following, then sign and date:

I agree that in partial consideration of Golden Gate University and the University of Paris sponsoring this program and permitting me to participate, I (including my parents, spouse, partner, guardians, and legal representatives) shall not attempt to hold the universities, their trustees, officers, employees, faculty, and agents liable for any injury, death, or loss to person or property suffered by me while participating in the program.

I understand that I am responsible for providing myself with medical and emergency evacuation insurance.

I understand that in case of a medical emergency a program representative will attempt to contact the person designated on this form as my emergency medical contact, but I agree that if contact is not practical under the circumstances the program representative may secure any necessary medical treatment, including anesthesia and surgery.

I agree that if a legal dispute arises out of my participation in the program it will be resolved under the law of California, and that the proper forum for resolving the dispute will be limited to arbitration in California under the auspices of the American Arbitration Association.

I affirm that the information I have provided on this application form and on any other materials submitted by me is complete, accurate, and true to the best of my knowledge. I authorize each college or school I have attended to release academic and personal information related to this application upon request by Golden Gate University. I agree to submit other material, if requested, for this application. I agree that, as a student, I will be subject to the Golden Gate University Standards of Conduct. I understand that my furnishing false or incomplete information may result in cancellation of admission. I acknowledge that I have read and agree to the terms set forth in the "Application Process and Administrative Rules" in the Paris summer program site on the West Education Network (TWEN).

SIGNATURE

DATE

Further Instructions: An applicant from a law school other than Golden Gate University must submit a written statement from the dean or other appropriate law school official certifying that the applicant is in good academic standing and is not on probation for disciplinary or other reasons. The application will not be complete until this statement is received. Call 415-442-6655, fax 415-442-6609, or email [dbo@ggu.edu](mailto:dbo@ggu.edu) with any questions.

**Return this form and a check or money order for \$250 made payable to Golden Gate University to:**

David Oppenheimer  
GGU/UPX Paris Summer Law Program  
Golden Gate University School of Law  
536 Mission Street  
San Francisco, CA 94105-2968 USA.

**GOLDEN GATE UNIVERSITY**

**School of Law**  
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San Francisco, CA  
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