IRELAND
REGISTRATION FORM
University of Missouri-Kansas City School of Law
500 East 52nd Street, LAW 2-500
Kansas City, MO  64110-2499
Phone: (816) 235-1584   Fax: (816) 235-5523   E-mail: johnsonea@umkc.edu

LAW STUDY IN DINGLE, DUBLIN, IRELAND AND BANGOR WALES, SUMMER 2013

ELIGIBILITY REQUIREMENTS: Letter of good standing and at least two full semesters of law school courses.

Please legibly complete all information requested

Name: ________________________________________________________________
Last             First             Middle

Mailing Address: _____________________________________________________________
Street
City                                             State                                             ZIP Code

University Email: ____________________________ Home Phone: ____________________________
Work Phone : ____________________________ Cell Phone: ____________________________

Permanent Address/ Contact:

Name ____________________________________________________________ Street ______________________
City ____________________________________________________________ State ______________________
Zip
Phone ____________________________________________________________ Relationship ______________________

Name of Law School where currently enrolled: ____________________________

Current year in school: _________ Expected Graduation Date: __________

Students from schools other than UMKC are required to submit a letter from their Registrar or Dean certifying current good standing.

Letter is attached ☐   Letter will follow ☐   (please check the appropriate box)

UMKC Student ID ____________________________

Non-UMKC Students ID ____________________________
Optional Information

In an effort to better serve our student population, design programming that is more inclusive and remains compliant with federal, state, local and other granting organizations please complete the following information, as required by IPEDS:

Date of Birth: ____/____/_____

Gender: ☐ Female ☐ Male

Ethnicity: ☐ White ☐ Hispanic/Latino ☐ Black/African-American ☐ Asian/Native Hawaiian or other Pacific Islander ☐ American Indian or Alaska Native ☐ Multiracial ☐ Other ☐ I do not want to answer

Student Level: ☐ Highest Degree earned: _________________ Year: _________________

Are you enrolled in other UMKC courses this term? ______ Yes ______ No

Previously attended as a UMKC student? ______ No ______ Yes Most recent year? ___________

Are you a US citizen*? ______ Yes ______ No If no, Visa type: _______________

*Permanent residents must provide a legible copy of their residency card; non-US citizens must provide photocopies of their F-1 or J-1 visa, I-20 letter, I-94, and entry card along with their registration documents.

Current Passport #: __________________________ Expiration Date: __________________________

You must provide a legible copy of your passport to the UMKC administrator no later than April 12, 2013. Please note - faxed copies are not acceptable.

Will anyone accompany you? ________ If yes, please contact the program administrator for companion pricing and enrollment form. Companion space is limited and available on a first-paid, first-reserved basis.

A non-refundable deposit of $300** per person must accompany this registration form. A second payment of $300 is due on March 1, 2013. The balance in full is due and payable no later than April 12, 2013. Deposits are non-refundable. Cancellation after March 1, 2013 will incur a $600 per person cancellation penalty due to the non-refundable nature of our arrangements. If cancellation occurs after April 12, there is a 100 percent cancellation penalty. However, the 100 percent cancellation penalty, less the non-refundable deposit, may be waived if a qualified substitute is found to fill the vacancy.

UMKC reserves the right to cancel for insufficient enrollment or under extraordinary circumstances such as war, natural disaster, political instability or emergency. In such an event, you will receive a full refund, including deposit within 20 days of cancellation.

The Course Fee of $4,850 for the Program per student includes instructional fees, course materials, multiple-occupancy campus accommodations, field trips, group welcoming dinner and farewell banquet in Bangor, Wales.

9. Cost Calculation

<table>
<thead>
<tr>
<th>Ireland Course Fee (includes housing)</th>
<th>Adult Companion Supplement</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,850 per student</td>
<td>$2,250 (each)</td>
<td></td>
</tr>
<tr>
<td>x _______ student(s)</td>
<td>x _____ companions</td>
<td></td>
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<tr>
<td>$ _______________ +</td>
<td>$ _______________</td>
<td>=</td>
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</tbody>
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*Permanent residents must provide a legible copy of their residency card; non-US citizens must provide photocopies of their F-1 or J-1 visa, I-20 letter, I-94, and entry card along with their registration documents.
To enroll in the course, submit a completed and signed Registration Form, Assumption of Risk and Release Form, Emergency Contact Information form, legible photocopy of your driver’s license (additional documentation required for non-US citizens) and $300 deposit payment and send to:

if shipping via standard US mail:
Ireland Summer Law Program  
UMKC School of Law  
5100 Rockhill Road, LAW 2-500  
Kansas City, MO  64110-2499

If paying by credit card, please provide the following information:

☐ VISA  ☐ MasterCard  ☐ Discover

Cardholder’s Name (as it appears on the card)

-----------------------------------------------------------------------------------------

Card Number  Expiration Date  3-digit PIN

Credit card registrations may be mailed, or faxed to (816) 235-5523.

I certify that, to the best of my knowledge and belief, the information provided on this form is complete and accurate. I understand that acceptance is on a first-paid, first-reserved basis and subject to space limitations. A completed and signed copy of the Assumption of Risk and Release Form and Emergency Contact Information Form are attached.

Date: ___________________________  Signature: ___________________________

Amount of Deposit: ___________________________ ($300* per person minimum required prior to March 1, 2013; $600 per person minimum required for deposits received March 1 or later if space is still available)

**DEPOSIT WILL BE RETURNED IF YOUR REGISTRATION IS NOT ACCEPTED.**
For ease in payments, if you would prefer to have your credit or debit card automatically deducted on the March 1st and April 12th due date, please provide the following information and indicate what payments are to be charged by signing and completing the required info on this page.

For automatic payments:

Please charge □ March 1, $300 deposit and/ or □ April 12th remaining balance to the following:

□ VISA         □ MasterCard         □ Discover

_____________________________________________________________________________________
Cardholder’s Name (as it appears on the card)

Card Number         Expiration Date         3-digit PIN

Signature

I request enrollment (at no additional charge) in the additional 1.0 academic credit hour of Independent Study and will submit my paper no later than July 20, 2012. (See Independent Study Paper topics included with registration information for a list of topics and requirements.) Dropping this course after the program begins may affect your financial aid and/ or result in “W” recorded on your official transcript.

YES ___________     NO ___________

Name (printed)         Signature