

APPLICATION CHECKLIST

July 26 - 31
2009

GIRLS TALK BACK

Making Yourself Heard

Annette Caldwell Simmons School of Education and Human Development

SMU

Southern Methodist University

**Please follow directions and check your application carefully for completeness and all needed signatures!
Use the following list to assure that your application is complete when it is submitted.**

- Complete application in **BLUE** ink to assist office in verifying original signatures.
- Two passport style or school photographs, not snapshots, taken in 2008 or 2009
- An original and 4 copies, all 5 with original signatures of "Authorization and Waiver;" this is a total of 5 forms, **all with original, not copied, signatures and initials as well as original notary stamps.**
- A copy of your health insurance card, if insured (front and back)
- An original and (1) copy of the Housing Contract signed by applicant and parent/guardian; make a copy to keep for home reference.
- The Behavior Contract signed by the applicant and parent/guardian; keep a second copy for home reference.
- A recommendation from two different adults such as teacher(s) or club sponsor with whom you interact regularly; please ask each person to complete a form, seal it in an envelope, and return the envelope to you. Include both recommendations in their sealed envelopes with the other parts of your application.
- A transcript of your grades and courses from grades 9 and above; ask your counselor for the transcript in a sealed envelope and attach it to your completed application.
- A copy of PSAT, SAT, or ACT score report; you may submit a copy of the report sent to your home or your school. Test scores are mandatory.
- A two-page personal essay (typed); the essay should describe a school or other experience that contributed to your learning. Be sure to give details about the experience itself and about how it affected you.
- An application fee of \$25; check or money order should be made to SMU Pre-college and include the name of the applicant, and the maker of the check.
- Every blank completed!
- Remember, incomplete applications will not be considered.
- Complete each blank and submit all copies and required documents.

Name _____
last first middle area code / telephone #

Address _____
(Permanent) number & street apt. # city state zip code

Social Security Number _____

Grade level during 2008-09 school year: 10th 11th

Ethnic Description (optional)

1. Are you of Hispanic origin? Yes (If yes, question 2 is optional.)
 No (If no, you must answer question 2.)

2. Do you identify with one or more of the following ? (More than one may be selected.)

Black/African American American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander White

Ethnic category explanations can be found on the Web at <http://smu.edu.registrar/ethnicity.asp>

Religious Affiliation _____ Birth date _____ Country of Citizenship _____

School Information:

Name of School _____

School District _____ Public _____ Private _____

With whom do you live? _____ Father _____ Mother _____ Both Parents _____ Other; who? _____

Whom should we call with a question or emergency? _____
name relationship

_____ (area code) / telephone during the daytime hours _____ (area code) / telephone during the evening hours
(Please list a person who will always be available during the entire GTB session.)

Criminal History Questions

1. Have you ever been arrested? Yes ___ No ___

2. Have you ever been indicted for any offense? Yes ___ No ___

3. Have you ever been adjudicated by a court as having been engaged in delinquent conduct or in conduct indicating a need for supervision? Yes ___ No ___

(If you have answered "yes" to any question asked above, please explain. Disclosure in the affirmative will not necessarily result in rejection of an applicant for admission. Failure to disclose such a record, if it exists, and to explain that record honestly, however, will subject a student to the Pre-college Program's grievance process and may result in dismissal from the University. Failure to explain an affirmative response to this question will result in the Application's not being further processed.)

I have reviewed the above information. My signature below indicates that all the information contained in my application is factually correct and honestly presented. Further, I give permission for SMU to publish program photographs including my child. I understand that I am responsible for any reasonable collection costs, charges and/or attorney's fees necessary to collect any outstanding debt I owe SMU/GTB.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



EMERGENCY CONTACT INFORMATION

Check if appropriate:

- Parents Separated Parents Divorced Father Remarried Father Deceased Mother Remarried Mother Deceased

Student's Full Name _____

FATHER'S INFORMATION

Full Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Profession or Occupation Position _____

Name of Firm _____ Phone _____

Business Address _____

City _____ State _____ ZIP _____

College (if attended) _____ Degree _____ Year _____

Graduate School (if attended) _____ Graduate Degree _____ Year _____

STEPMOTHER'S INFORMATION

Stepmother's/Guardian's Full Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Profession or Occupation Position _____

Name of Firm _____ Phone _____

Business Address _____

City _____ State _____ ZIP _____

College (if attended) _____ Degree _____ Year _____

Graduate School (if attended) _____ Graduate Degree _____ Year _____

MOTHER'S INFORMATION

Full Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Profession or Occupation Position _____

Name of Firm _____ Phone _____

Business Address _____

City _____ State _____ ZIP _____

College (if attended) _____ Degree _____ Year _____

Graduate School (if attended) _____ Graduate Degree _____ Year _____

STEPFATHER'S INFORMATION

Stepfather's/Guardian's Full Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Profession or Occupation Position _____

Name of Firm _____ Phone _____

Business Address _____

City _____ State _____ ZIP _____

College (if attended) _____ Degree _____ Year _____

Graduate School (if attended) _____ Graduate Degree _____ Year _____

SMU will not discriminate in any employment practice, education program or educational activity on the basis of race, color, religion, national origin, sex, age, disability or veteran status. SMU's commitment to equal opportunity includes nondiscrimination on the basis of sexual orientation. The Director of Institutional Access and Equity has been designated to handle inquiries regarding the nondiscrimination policies.

Return completed forms to: GTB Pre-college Programs • Southern Methodist University
P.O. Box 750383 • Dallas, TX 75275-0383
6060 N Central Expressway Suite 642 • Dallas, TX 75206
If you have questions, please contact us at:
(214) 768-0123 • FAX (214) 768-3147 • precollege@smu.edu

Please use BLUE ink for all signatures.

PARENT/GUARDIAN SIGNS
IF STUDENT IS YOUNGER THAN 18 YEARS OF AGE

PUBLICATION CONSENT AND RELEASE OF LIABILITY FORM
(PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING)

I, _____, the parent/guardian of a student enrolled in the Girls Talk Back Program at Southern Methodist University ("SMU"), hereby acknowledge that I freely and voluntarily agree to give SMU and its agents or employees the absolute right and permission to photograph and publish, or cause to be published, at any time in the future, photographs, video-tapes, or other media that contain my child's likeness, in whole or in part and with or without my child's name, in the context of any SMU-related event for any SMU-related editorial, promotional, educational, advertising, or trade purposes. In consideration for SMU allowing my child to participate in the event and/or witness any such photographing, video-taping or other media production and for other good and valuable consideration, receipt of which I acknowledge, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am at least 18 years of age and that I am competent to sign this affirmation and release.

I EXPRESSLY AGREE AND INTEND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS ACTIONS OR CAUSES OF ACTION WHATSOEVER THAT MAY ARISE OUT OF OR HAVE A CONNECTION WITH ANY PHOTOGRAPHING, VIDEO-TAPING OR FUTURE PUBLICATION OF MY CHILD'S LIKENESS IN THE CONTEXT OF AN SMU-RELATED EVENT, WHETHER FROM ACTS OR ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF SMU OR ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS DEMANDS, ACTIONS OR CAUSES OF ACTION.

The laws of the State of Texas govern and construe the terms of this Release of Liability. I agree that exclusive venue for any dispute that may arise between SMU and me involving this Release of Liability in any way shall be Dallas County, Texas.

ACCEPTED AND AGREED:

By: _____ Date: _____
Parent's/Guardian's Signature

Student's Printed Name

Student's Address

Student's Number

AUTHORIZATION FOR MEDICAL TREATMENT

July 26 - 31
2009

GIRLS TALK BACK
Making Yourself Heard
Annette Caldwell Simmons School of Education and Human Development

SMU
Southern Methodist University

Please use BLUE ink for all signatures and initials.
• • 1 original & 4 copies - all must have original signatures, initials & be individually notarized. • •

STUDENT NAME _____ **DATE OF BIRTH** _____

Please make a copy of your insurance card and attach to application and supply insurance information: Company name, policy #, group #, and name of insured.

Please identify all known allergies of student to drugs, foods, insect bites, etc., and the nature of his/her reaction. (If none, put N/A.)

List all medication currently prescribed, taken regularly in the last year, or needed for any condition which he/she might have; please give the reason for its use. (If none, put N/A.)

Provide information on any other health matter that might influence student performance or participation.

Please sign below to provide consent for emergency medical treatment. (Please note that program staff are not trained medical professionals and may not be able to help if a serious accident or illness occurs.) I hereby authorize SMU to provide, at my expense, any and all necessary emergency medical care required for my child, _____, while in SMU's custody during the Girls Talk Back Program 2009. This authorization does _____ does not _____ (check one) authorize blood or blood products to be provided to my child.

Please note preferred facility for non-emergency care _____

RELEASE OF LIABILITY FOR SMU GIRLS TALK BACK PROGRAM (please read carefully before signing)

I, _____, the parent/guardian of _____ ("my child"), a student enrolled in the Girls Talk Back Program ("GTB"), at Southern Methodist University ("SMU"), hereby acknowledge that I have freely and voluntarily allowed my child to enroll in the course and activities of GTB during the summer of 2009 ("Program"). I understand and agree that the Program is designed to enhance my child's educational experience, and that my child's participation in the Program is voluntary and is undertaken by my child at his/her own risk. I have allowed my child to participate in the Program, understanding that I would be required to sign this Release of Liability. In consideration for SMU allowing my child to participate in the Program, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns, legal representatives, and any other person claiming under or through me. I further represent that I am at least 18 years of age or older and competent to sign this affirmation and release.

I understand and agree that transportation for the Program has been arranged by SMU for my child. I further understand that my decision to accept transportation for my child for the Program is completely voluntary and that I am not required to accept such transportation for my child, that I may arrange alternate transportation for my child, providing my own insurance, if I wish. I UNDERSTAND AND EXPRESSLY AGREE THAT BY VOLUNTARILY ACCEPTING TRANSPORTATION WHICH IS ARRANGED BY SMU FOR THE PROGRAM, I ASSUME THE RISKS INHERENT IN ACCEPTING TRANSPORTATION PROVIDED BY ANOTHER WHICH INCLUDE BUT ARE NOT LIMITED TO, INJURY OR FATALITY, AND OR PROPERTY LOSS, AND THAT NO INSURANCE MAY EXIST THROUGH SMU TO COVER ANY CLAIMS OR DAMAGES WHICH MAY ARISE OUT OF MY ACCEPTANCE OF SUCH TRANSPORTATION OR MY PARTICIPATION IN THE PROGRAM.

I fully understand and agree that certain aspects of the Program could be physically and emotionally demanding and that by participating in the Program, risks of accidental or other physical and/or emotional injury exist. These risks may include, but are not limited to, (1) loss or damage to personal property; (2) injury or fatality due to (a) travel, and/or (b) the condition of facilities and location in which portions of the Program may occur which are not under the control and maintenance of SMU; (3) physical exertion; (4) inclement weather; (5) emotional or psychological stress; (6) animal or insect bites; (7) exposure to outdoor terrain and all the risks inherent therein, including slips, falls, and falling objects; (8) work with tools and hardware; (9) outdoor activities, which may include, but are not limited to, swimming, ice-skating, in-line skating, volleyball, baseball, and use of the Dedman Center gym; and (10) suffering illness or injury while away from home; among others. I have fully investigated the nature of the Program and I understand and assume the risks of my child's participation in the Program. I further represent that I have made the Program Coordinator aware of any mental or physical disabilities of my child, if any, and have asked for and received reasonable accommodation to allow my child's participation in the Program. I have advised my child to inform the Program Coordinator at any point when my child questions his/her ability to participate in the Program.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE PROGRAM AND MY CHILD'S ACCEPTANCE OF TRANSPORTATION, RELATED TO THE PROGRAM AND ARRANGED BY SMU, IS TRANSPORTATION WHICH MY CHILD USES VOLUNTARILY AND AT HIS/HER OWN RISK, AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE PROGRAM, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON MY CHILD'S PART, OR THE PART OF SMU OR ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS OF AND FROM ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION, INCLUDING ATTORNEY'S FEES, COUNSEL TO BE CHOSEN BY SMU.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. Should any term or provision of this Release of Liability be found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect.

ACCEPTED AND AGREED:

By: _____ Date _____
Parent/Guardian's Signature

Parent/Guardian's Printed Name _____

Address / City / State / Zip Code / Phone _____

As required by law, this document must be notarized. State _____ of _____ County of _____ Before me _____, Notary Public, on this day personally appeared _____, known to me (or proved to me on the oath of _____) or through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he (she) executed the same for the purposes and consideration therein expressed. "Given under my hand and seal of office this _____ day of _____, A.D., 20____

Notary Public



initials required

initials required

• • Attach recommendations (2) in sealed envelopes to application. • •

To be completed by two academic teachers or one teacher and an adult (not a relative) with whom you interact regularly and who knows your academic status and character.

☛ To the Student: Please copy this form. Complete the personal information section below before distributing forms to each person recommending you.

Applying for the Girls Talk Back Program of _____
Year _____ Grade Level in 2008-09 _____

Name _____
Last First Middle

Address _____
Number & Street / Apt. # City State Zip

I waive _____ / I do not waive _____ all future rights to review this form once submitted to the program and agree to respect the confidentiality of the remarks made by you.

Signature of Student

☛ Note: The student named above is applying for admission to the Girls Talk Back: Making Yourself Heard (GTB) program at Southern Methodist University. The program is designed for students who are preparing for college entrance.

Your recommendation should include distinguishing intellectual and personal traits as well as special talents of the applicant. Statements will be kept confidential and made available only to those officers directly concerned with admission to the GTB Program. If the student has not signed the waiver, you should nevertheless complete the recommendation. (Note the student's signature above signifying agreement to waive all future rights to review this form once it has been submitted to the program.)

Great importance is attached to your recommendation. Your honest and thoughtful appraisal of the applicant's readiness for this college exposure will be appreciated. Many students have not yet reached the level of social maturity necessary to handle an early introduction to the problems and opportunities associated with college life such as demanding academic courses and residence hall life. Please be candid in your opinions. No candidate is eliminated on the basis of a single negative rating; supporting evidence is always obtained from other sources.

Please seal the recommendation in an envelope labeled with the student name and return to the student to include with the application.

Please complete the following sections. Attach additional sheets as needed.

1. Knowledge of the applicant.

A. You are the applicant's teacher _____ or counselor _____ or _____

B. How well do you know the student? Casually _____ Well _____ Very Well _____

C. How long have you known the student? Years _____ Months _____

2. Ability of the applicant.

A. Please rate the applicant on a scale of 1 (low) to 10 (high) relative to other students at your institution.

B. How would the applicant likely benefit from the program?

C. In your opinion, are there any reasons the student might not benefit from the program?

TEACHER
RECOMMENDATION (CONTINUED) 2009

July 26 - 31

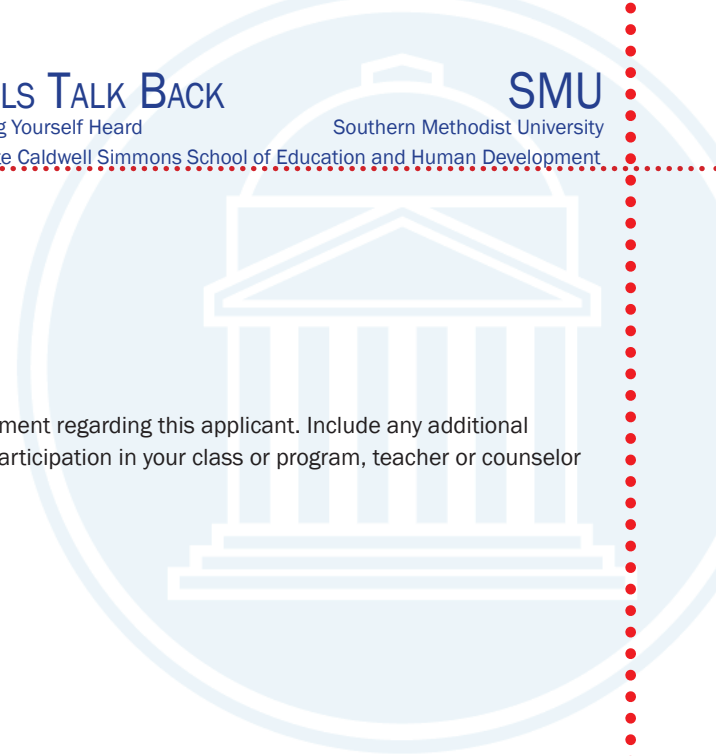
GIRLS TALK BACK

Making Yourself Heard

Annette Caldwell Simmons School of Education and Human Development

SMU

Southern Methodist University



D. What is the applicant's greatest strength?

Most obvious weakness?

E. Optional Personal Statement

Please supplement your answers to the above questions with a personal statement regarding this applicant. Include any additional information that would be helpful to us in making a decision (e.g. successful participation in your class or program, teacher or counselor observations); if more room is needed, please attach additional page(s).

F. Overall recommendation:

- I recommend this applicant strongly.
- I recommend this applicant with reservation.
- I believe that the applicant is unsuited for the program at this time.

Teacher/Counselor/other adult (please print) _____

Title _____

Institution or Organization _____

Address _____

Day Phone # _____ Evening Phone # _____

FAX # _____ email address _____

Will the telephone numbers above allow us to reach you after school is out? rYes rNo

If no, how can we reach you? _____

Phone # or address

Signature _____

Date _____

• PARENTS, KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS. PLEASE REVIEW CAREFULLY BEFORE SIGNING. •

Student Rules and Regulations Honor Code and Personal Behavior

As a GTB student you are expected to demonstrate high standards of personal behavior both on and off campus and to accept personal responsibility for your conduct and any consequences for mistakes, accidental or intentional. You are expected to maintain honesty, truthfulness, fairness, civility, and courteous concern for and toward others both in and outside of the classroom.

It is an honor and privilege to attend GTB. With privilege comes responsibility. It is your responsibility to make the experience not only a positive one for yourself – but also for all of those people with whom you work and play.

We want the atmosphere of GTB to be one of trust and confidence. We want GTB students, RC's, administrators and faculty members to become, in a very special one-week period, a close family of friends and scholars who support one another with genuine respect for feelings, attitudes, thoughts, differences, and similarities.

GTB not only offers you a chance to grow intellectually, but it also offers you an opportunity to form new friendships. At GTB you can encounter new, challenging ideas and at the same time strengthen your own individual beliefs and sense of self.

To accomplish a community of trust and "family" in one short week, we count on each person contributing her best effort towards this goal. We want GTB students to earn the reputation as the "best-behaved" and friendliest group on campus.

We expect all SMU/GTB students and personnel:

- to demonstrate respect for and friendliness toward every person you meet—whether an SMU student crossing campus, a teacher, a fellow GTB student, a participant attending a different camp, a cafeteria worker, or an adult attending a business seminar.
- to demonstrate a very high regard for all property and the entire SMU campus environment—we expect no littering, vandalism, graffiti, or misuse of grounds or property. Dormitories, the dining room, classrooms, grounds, and other facilities and equipment should be used respectfully and kept clean at all times. You must pay for any damage caused by your conduct. An assessment of the condition of your personal room and common areas will be made before you arrive and after you depart. Damage assessments may be made to individuals or to the group. Inappropriate behavior or violation of rules will be reported to the Residence Hall Director and/or the GTB Director. They each maintain the right to dismiss a student from the residence hall and/or program on the basis of inappropriate behavior.
- to behave like guests on campus. Please remember that adult conferences, regular SMU college classes, and other youth groups share the campus with us. You would not want guests in your own home to behave rudely or without respect for your personal rights, furniture, electronic devices, or other belongings. The same holds true for SMU, our host for GTB. We ask that you respect the rights of other people and the University.

Residence Hall/Campus Rules: (Our rules are firm and clearly stated because of the campus environment and the large number of students).

- Respect and follow the directions of RC's, TA's, faculty members, and other SMU staff and supervisors.
- SMU is a "smoke-free" campus. Use of tobacco products (smoking or otherwise) at any time is prohibited.
- The use or possession of alcoholic beverages and/or illegal drugs is prohibited and will result in immediate dismissal from the program.
- Gambling is prohibited.
- To ensure participant safety, students MUST NOT LEAVE CAMPUS without supervision by SMU/GTB adult personnel.
- Students are expected to remain on the SMU campus for the entire duration of the program. Off-campus trips are limited to planned camp activities. Parents should communicate with campers via mail, e-mail, or phone. Please make arrangements for this prior to the opening of GTB.

BEHAVIOR CONTRACT (CONTINUED)

July 26 - 31
2009

GIRLS TALK BACK

Making Yourself Heard

Annette Caldwell Simmons School of Education and Human Development

SMU

Southern Methodist University

- There will be no visitors from outside of the GTB program. Emergency exceptions will be approved by the Hall Director.
- No pets of any kind are allowed.
- Tampering with fire equipment or causing damage to University property may result in immediate dismissal from the residence hall and/or from the program.
- All students must be on their own hallways and in their own RC groups as directed by the residence hall staff.
- Quiet hours will be observed from 10:00 PM until 7:00 AM. At 11:00 PM students must be in bed with lights out.
- No incoming or outgoing telephone calls are permitted after 10:00 PM. (If it is necessary for parents and students to communicate after 10 PM, please contact the Residence Hall Director.)
- Cellphone misuse may result in confiscation of the phone.
- All students must sleep in their assigned dorm rooms each night.
- Students may not leave the dorm before 7:00 AM.
- Students must obey all Texas state and U.S. federal laws.
- Students must follow additional guidelines presented at the start of the program by the RC's and any rules deemed necessary at any other time during the program.
- Profanity, cursing and/or offensive words or symbols on clothing are not permitted.
- Good common sense, respect, and consideration for others and their property should be practiced daily.

Student Grievance

Student grievance with the GTB Program, or employees thereof, shall be brought to the attention of the Director of the program who shall attempt to resolve the grievance(s). Any disputes, violations, or infractions beyond this will be referred for ultimate resolution to the Dean of the School of Education and Human Development whose judgment shall be subject to review only by the President of the University. Your signature on this document indicates consent to these terms.

Academic Expectations

Students who are awarded a place in the GTB program are expected to work to the best of their abilities. If a student's classroom work is unsatisfactory, she will first work with the instructor to resolve the situation. In the case of continuing academic difficulties, the GTB Director will notify the student's parents to discuss solutions. GTB reserves the right to dismiss a student for lack of effort or for disruptive behavior in class.

Student Contract:

I acknowledge that I have read and I understand the contents of this contract. My signature indicates this understanding and my agreement to comply with the rules and regulations stated within this document.

Student _____ Date _____

Parent Contract:

I understand and support the rules and regulations of SMU/GTB.

Parent _____ Date _____

SMU will not discriminate in any employment practice, education program or educational activity on the basis of race, color, religion, national origin, sex, age, disability or veteran status. SMU's commitment to equal opportunity includes nondiscrimination on the basis of sexual orientation. The Director of Institutional Access and Equity has been designated to handle inquiries regarding the nondiscrimination policies.

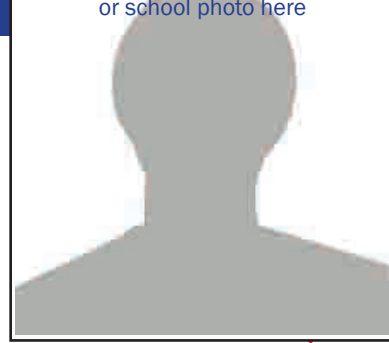
Return completed forms to: GTB Pre-college Programs • Southern Methodist University
P.O. Box 750383 • Dallas, TX 75275-0383
6060 N Central Expressway Suite 642 • Dallas, TX 75206
If you have questions, please contact us at:
(214) 768-0123 • FAX (214) 768-3147 • precollege@smu.edu

Please use BLUE ink for all signatures.

• • 1 original & 1 copy, both need original signatures; 1 additional copy for your records • •

July 26 - 31, 2009

Please attach one passport or school photo here



1. Parties and Agreements:

This contract is an agreement between Southern Methodist University's GTB program and the Student and her Parent(s), Guardian(s), or other Guarantor.

2. Cancellation of Student in Housing or Program:

If the student changes her status of housing while in the GTB program or withdraws voluntarily from the program, room and board fees cannot be returned.

3. Dismissal of Student From Program:

If the student is asked to leave the GTB program based on violations of the rules or regulations set forth in this contract or the Behavior Contract, room and board fees cannot be returned.

4. Assignment to Rooms:

SMU-GTB program has a heterogeneous population with students coming from a variety of backgrounds, beliefs, nationalities and ethnic cultures. Roommates are not assigned or reassigned according to race, religion, or creed.

5. Right of Entry:

The University reserves the right to enter students' rooms at times convenient to its staff for purposes of inspection, verification of occupancy, policy enforcement, safety, health, maintenance, or to reclaim University property.

6. University Regulations:

Personal Property: The student agrees to comply with all University fire and safety regulations. Items allowed in the residence hall rooms include irons, radios, and small (watt usage) portable electrical equipment. Weapons, fireworks, food preparation devices, and bicycles are not allowed in the residence hall. Personal computers, electronic items, etc. are allowed, but neither the GTB program nor the University assumes responsibility for any personal property.

Care of Space, Room and Hall: The student is responsible for the condition and cleanliness of the room and all furnishings that are assigned to her. Damages within multiple-occupancy student rooms are the responsibility of all students assigned to them if individual responsibility cannot be determined.

Damage Charges: The student shall pay replacement cost including labor for damages which are beyond reasonable wear and tear. Adhesives, tacks, etc. are not to be used on any surface except where bulletin or tack boards are provided. Damage to common areas of the residence hall will be charged on a pro rata basis to residents of the hall or unit. Damage charges will be collected from the student when the damage occurs or billed to the parent(s)/guardian(s).

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS CONTRACT. MY SIGNATURE INDICATES THIS UNDERSTANDING AND MY AGREEMENT TO COMPLY WITH THE RULES AND REGULATIONS STATED WITHIN THIS DOCUMENT.

Student Name (printed) 2008-09 Grade Level Student Signature /Date

Parent, Guardian, or other Guarantor's Signature Date

An original and one copy both with original signatures need to be included with your application. Make an additional copy for personal records.