

Royal Roads University Off Campus Field Exploration Form

Insert Program and Cohort Name

Insert Course Title and Field Trip Location and Dates

Name:

Student #:

As part of this application, I understand and agree to the following:

- I wish to participate in the Field Exploration (FE) option in **(insert location)**, as part of the **(insert course)** in the **(insert program)** at Royal Roads University (RRU).
- I understand the **(insert course)** dates are **(insert course dates)** and that the FE will start in the city of **(insert location and date)** and will continue until **(insert end date)**.
- I understand it is my responsibility to ensure I have the necessary documentation to legally travel to and within **(insert location)** and that I am responsible for any and all costs related to obtaining the appropriate documentation.
- I understand that I am responsible for any implications and related costs if I do not obtain the appropriate international travel documentation.
- I understand that it is my responsibility to arrange and pay for transportation to and from the city of **(insert location)** ensuring that I arrive and am prepared to start by the date noted above.
- I understand that while travelling within **(insert location)**, **(insert fee information, for example: accommodation and breakfast as scheduled in the itinerary will be included as part of the fee, and that any additional travel, food costs, and personal expenses will be my responsibility.)**
- I acknowledge that the full FE Fee is due and payable by **(insert date)** in Canadian currency and non-payment by this date could result in my removal from the FE to **(insert location)**.
- I acknowledge that my student account must be in good financial standing in order to participate in the FE option.
- I acknowledge and agree that the FE Fee paid is non-refundable.

Key Dates:

Department to fill in deadlines for application

(**insert date**): Due date for the total cost of (**insert fee**) FE Fee to be paid to Student Accounts.

Applicant Signature:

Date:

In the case of RRU cancelling the FE due to under-subscription or safety concerns:

I would like my FE payment to remain on my RRU Student Account file to be applied to current or future invoices for my Program.

or

I would like my FE payment refunded; I acknowledge my account must be in good financial standing (no outstanding invoices) to be eligible for a refund of this payment.

Applicant Signature:

Date: