

Summer 2022 Language Institute at Penn State

Registration Material Checklist

All items on this list are required for registration in Language Institute courses. To ensure proper processing of your materials, please email all registration materials (listed in step 1) together and carefully follow the instructions in step 3.

Step 1

Gather and complete all registration materials:

- [Undergraduate Nondegree Enrollment Form](#) (complete and save – do not include SSN)
- High School Credit Registration Form (included in this packet)
- High School Student Information Form (included in this packet)
- Unofficial transcript
- Letter of recommendation
- Standardized test scores (optional, but preferred)

Note: Do NOT include student's SSN in Undergraduate Nondegree Enrollment Form.

Step 2

Email all registration materials (together) to pup89@psu.edu.

Step 3

Check your personal email for detailed instructions on the steps you must take to finalize the enrollment process. You should receive this email approximately one week after we receive your complete packet of materials. You will not be enrolled until all steps listed in the email are complete.

Students under the age of 18

Students under the age of 18 are only permitted to enroll in Penn State courses taught by instructors with Pennsylvania clearances. All instructors for the *2022 Language Institute* will have these clearances; however, students under the age of 18 will be placed in a hold status to ensure that they do not enroll in a non–Language Institute course that is not permitted for high school students.

Please see full details at <https://dus.psu.edu/dual-enrollment-guidelines>.

High School Credit Registration Form

Summer 2022 Language Institute at Penn State

TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN.

Please print in ink or type and be careful not to skip any sections of this form. All information is required for registration.

Student Information

Last name: _____ First name: _____ Middle initial: _____

Birth date (month/day/year): _____

Penn State ID (if known): _____

Home mailing address (street or p.o. box): _____

City: _____ State: _____ ZIP code: _____

Country: _____

Home phone number: _____

School district: _____

Student's grade in fall 2022: 9 10 11 12 Other

Course Selection

Course abbreviation (e.g. SPAN)	Course # (e.g. 001)	Credits	Credit (C) or Audit (A)	a.m. or p.m. (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

There is no limit to the number of courses that can be taken. If you wish to take more than 4 courses, please contact Conferences and Institutes at 814-863-5100.

For tuition rate and fees, visit tuition.psu.edu.

Your bill will be system-generated and will be accessible through LionPATH.

High School Student Information Form

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TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN.

Please print in ink or type and be careful not to skip any sections of this form. All information is required for registration.

Student Information

Last name: _____ First name: _____ Middle initial: _____

Birth date (month/day/year): _____

Home mailing address (street or p.o. box): _____

City: _____ State: _____ ZIP code: _____

Country: _____ Home phone number: _____

Parent/Legal Guardian Information

Last name: _____ First name: _____

Email address: _____

Penn State will use this email address to communicate logistical information regarding the program.

Daytime phone: _____ Home phone: _____

Cell phone: _____

Emergency Contact Information

If parent/guardian is unavailable in an emergency, please contact:

Adult 1: Name: _____ Phone number: _____

Adult 2: Name: _____ Phone number: _____

Request for Accommodations

If you believe your child may need accommodations to participate in this program, please let us know as soon as possible. Call 814-863-5100 or email PSUconferences@psu.edu

Medical Information/History (for in-person courses only):

Name of family physician: _____

Physician phone: _____

Does your child suffer from any allergies or medical conditions that would require intervention?

- Hay Fever
- Bee/Wasp Stings
- Insect Stings
- Penicillin

Peanut

Other Food/Drugs (please explain): _____

Are there other concerns we should be aware of?

Asthma

Diabetes

Convulsions

Concussion

Behavioral/Emotional

Other (please explain): _____

I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for Penn State University Health Services staff or other licensed health care practitioners to perform any necessary emergency treatment.

I hereby authorize the clinical staff at The Pennsylvania State University ("Penn State" or the "University") (e.g., clinical staff at Penn State's University Health Services) or other licensed health care practitioners, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the Youth Program/event.

I agree to the release of records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. If treatment is provided by Penn State, I understand that the University charges for services and that it is my responsibility to pay the bill. I may be responsible to submit any claims to my health insurance carrier for reimbursement. I also authorize Penn State to receive medical/billing information and submit it to the University's insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, Penn State does not provide medical insurance to cover emergency care or medical treatment of my child.

Medical and Related Health Information Penn State is committed to protecting the medical and related health information about your child. Medical and related health information provided on this form will only be used as Penn State deems necessary to provide services for your child while participating in the Youth Program. Information will be stored, archived, and disposed of according to Policy AD35, University Archive and Records Management and Policy AD95, Information Assurance and IT Security.

If there are any changes to your child's health, please contact the youth program.

Codes of Conduct

I understand that my child will be subject to the rules and standards of conduct and the Pennsylvania State University when participating in either a virtual and/or in-person program environment ([Code of Conduct](#)). I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff or University employee may result in my child's dismissal from the Program.

COVID-19 Acknowledgment (for in-person courses)

You agree that as a condition, and in consideration, of your willing and voluntary participation in programs and activities ("Program") hosted by The Pennsylvania State University ("Penn State"):

1. I understand that Penn State has issued rules and precautions which follow, or may in some cases exceed, guidance from the Centers for Disease Control (CDC) and the Pennsylvania Department of Health. I agree that it is my child's sole responsibility to follow these protocols and acknowledge that failure to do so may result in my child's removal from the Program.
As of March 23, 2022, this guidance includes basic health, safety, and sanitation measures (staying home when sick, washing/sanitizing hands often, etc.) in addition to wearing a face mask while using public transportation (including transportation hubs such as airports and bus stations) or while in healthcare facilities and certain research facilities and labs.
My child must adhere to these protocols regardless of vaccination status.
2. My child will not participate in the Program if they are awaiting the results of a COVID-19 test or if they recently: (i) have been diagnosed with COVID-19; (ii) have experienced any symptom of illness which may be associated with COVID-19; or, (iii) have been in close contact with anyone who has been diagnosed with COVID-19, is awaiting the results of a COVID-19 test, or has exhibited any symptom of illness which may be associated with COVID-19 or any of its variants.
 - a. If my child falls into any of the above categories, they may nevertheless participate in the Program if:
 - i. more than five days have passed since their last close contact or symptom; AND,
 - ii. they have tested negative for COVID-19 on or after the five-day mark.
3. I acknowledge the contagious nature of COVID-19 and my understanding that, even with adherence to all preventative measures, including vaccination, there is risk that my child may become exposed to and/or contract COVID-19. I assume any and all risk of such exposure or infection and acknowledge that it may result in personal injury, illness, severe complications, permanent disability, and/or death.

Liability Release

Personal information about participants is considered confidential and may not be shared outside of the program. This includes the identity of students, any demographic information, and any other personally identifiable data about any individual. If you have any questions, please call 814-863-5100 or email PSUconferences@psu.edu.

I/We, the undersigned, individually and as parent(s) or legal guardian(s)

of _____, a minor, give permission to participate in the Language Institute, sponsored by The Pennsylvania State University during the summer of 2022 and pursuant

of the Acknowledgments set forth above. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its trustees, officers, agents, and employees of and from all actions, causes, lawsuits, liabilities, damages, claims, or demands whatsoever on account of any injury, accident, or illness involving the said minor and/or me arising out of my child's participation in the Summer Language Institute.

Title IX Policies and Procedures and Reporting Concerns

All Penn State youth programs have policies in place to ensure the safety of youth participating in our programs, activities and services is not compromised. All program staff are trained in emergency protocols and all relevant internal, external, and parental reporting requirements.

Title IX prohibits sex discrimination (including sexual harassment and/or sexual abuse) against Youth Participants in any of the University's education programs or activities, including recreational and/or athletic programs or services operated by the University. Please review the University's [Title IX policy and procedures](#).

To report an incident of suspected sex or gender-based discrimination, please submit the [Online Reporting Form](#) or contact Penn State's Title IX Coordinator, using the following contact information:

Suzanne C. Adair, Interim Title IX Coordinator
328 Boucke Building, University Park, PA 16802
Phone: 814-863-0471
Email: sca917@psu.edu or titleix@psu.edu

Parents are encouraged to notify the program director immediately if they, or their child, are experiencing problems, difficulties, or concerns with the program, other youth in the program, and/or staff. You may also contact Sandy Weaver, Youth Programs Compliance Specialist at stw126@psu.edu or 814-865-8785 or call the University's Ethics Hotline at 1-800-560-1637.

Parent/Guardian Acknowledgement

I/We understand that this is a credit bearing course and is subject to university behavior standards.

I/We have read and completed this registration prior to signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Parent/Guardian Acknowledgement Signatures

Signature is required to complete registration.

Parent/legal guardian name (please print): _____

Parent/legal guardian signature: _____

Date: _____