



**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS  
HIZ-PATH 2023**

*Please return the registration application and  
\$500 fee to:*

HIZ-Path Program  
CSD Department  
HU 10872  
Searcy, AR 72149

**Eligibility Requirements:** The registration materials and registration fee of \$500 must be received by **December 9th, 2022**. All registration materials must be received in the CSD Program office before airline reservations are made. Payments and deadline dates are listed below for 2023.

Name: \_\_\_\_\_ HU ID# or SSN# \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Passport # \_\_\_\_\_

Passport Expiration: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Harding Email address (if you have one): \_\_\_\_\_

Other Email contact address: \_\_\_\_\_

Campus Mail Box number (if you have one): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name and address of person responsible for payment of account: \_\_\_\_\_

If you are a student at a college or university other than Harding, please give name and address of the school: \_\_\_\_\_

Minor Parent/Guardian Name: \_\_\_\_\_

Minor Parent/Guardian Phone: \_\_\_\_\_ Minor Parent/Guardian Email: \_\_\_\_\_



**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS  
HIZ-PATH 2023**

*Please indicate choice by initialing on the appropriate line:*

**Financial Arrangement**

\_\_\_\_\_ I am solely responsible for 100% of the payment of my HIZ-Path account. I handle the arrangements for all financial aid, tuition, and travel payments.

\_\_\_\_\_ My Parent/ Guardian is involved in the payment of my HIZ-Path account, either in part or in whole, and I understand they will be contacted regarding payment for my participation in the HIZ-Path program.

**Application Agreement**

I have read and understand the Registration Checklist, Fee Statement and Change of Plans Policies (see next page) and agree to be bound by and to them. I also understand that, in the event that I am dismissed from the program for disciplinary reasons, Harding University is not under obligation to refund any non-recoverable funds paid to them, including any airline tickets and/or other travel expenses incurred.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18 years of age, the parent or guardian must sign here: \_\_\_\_\_



**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS  
HIZ-PATH 2023**

**Payment Schedules**

**\*HU GR STUDENT**

TRAVEL PAYMENT	DUE DATE
\$500 with Application	December 9, 2022
\$2,000	January 16, 2023
\$2,000 (FINAL)	February 24, 2023

**\*TRANSFER STUDENT (in addition to tuition)**

TRAVEL PAYMENT	DUE DATE
\$500 with Application	December 9, 2022
\$2,500	January 16, 2023
\$2,500 (FINAL)	February 24, 2023

**\*GUESTS**

TRAVEL PAYMENT	DUE DATE
\$500 with Application	December 9, 2022
\$2,500	January 16, 2023
\$2,500 (FINAL)	February 24, 2023

**\*ALL PAYMENTS MUST BE RECEIVED BY THE DUE DATE**



**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS  
HIZ-PATH 2023**

## **Registration Checklist**

This checklist is intended to aid participants in completing each part of the registration process in the proper sequence. **DEADLINES MUST BE MET ON SCHEDULE.** Please contact Mr. Tim Chance, Director of the Communication Sciences and Disorders program if you have any questions about the HIZ-Path program or registration process.

\_\_\_\_1. Send your registration forms including the **notarized Consent and Release for Medical Purposes Release Form** to the address provided below **by December 9, 2022.**

\_\_\_\_2. You must obtain a passport. You must provide a color copy of your photo ID page to the CSD office. You can either mail your color copy to the address listed below or e-mail the color copy to [csd@harding.edu](mailto:csd@harding.edu). The passport must be valid for 6 full months after your return to the USA. (These are State Department regulations.) U.S. citizens may obtain a passport application on the U.S. Department of State website (<http://travel.state.gov>). The passport must also have at least two blank pages, as this is a South African requirement for the passport. **Your passport copy must be received in the CSD office by January 27, 2023.**

\_\_\_\_3. You must provide two color passport-size pictures (2in x 2in square) to the CSD office as soon as you have them. The passport-size pictures must be received in our office **by January 27, 2023.**

\_\_\_\_4. Transfer students **must apply and be accepted** to the Harding University CSD graduate program (modified applications are available through the CSD office); 2) obtain a “letter of good standing” from your current program director, 3) a current official transcript of enrolled courses from appropriate officials at your institution, and 4) mail all materials immediately (**Due January 9, 2023**) to:

HIZ-Path Program  
CSD Department  
HU 10872  
Searcy, AR 72149

\_\_\_\_5. You must complete a **Flight Request Form**. This form will be provided and discussed at the appropriate time. You will receive assistance in completing the form. Be aware that you will be charged the current change fee plus the ticket price difference for plans changed after the deadline date of ordering tickets.

\_\_\_\_6. See an individual counselor in the Financial Aid Office. All financial aid applications must be completed early in order to allow time for processing. Visit <http://www.harding.edu/finaid/> for more information or contact a financial aid representative at your university.



**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS  
HIZ-PATH 2023**

**Registration Checklist (cont.)**

\_\_\_\_7. You will be given a complete list of required inoculations. These inoculations must be completed before departure and documentation (yellow card, including yellow fever date) must be carried with passports. You will not be allowed to fly out of the United States without the yellow card.

\_\_\_\_8. Send your payments for **HIZ-Path travel** to the CSD office, as soon as you are billed. Payments and due dates are listed on the cost sheet. If you have questions concerning your billing, please contact Harding University's International Account Manager, Ms. Anglene Shafer at 501-279-4338.

**Note: The travel payments are in addition to the tuition costs for CSD 6320 and CSD 6390.  
Cost sheets are available online at the CSD website:  
[www.harding.edu/csd/graduate-program](http://www.harding.edu/csd/graduate-program)**

\_\_\_\_9. You will not need your main campus Harding ID card. We suggest that you leave it at home because you will not need it overseas.

**Fee Statement**

1. The application fee is \$500 and must accompany the registration forms.
2. The application fee is forfeited if the student withdraws from the HIZ-Path program.
3. The student is liable for all non-recoverable funds once airline tickets and/or other travel expenses are purchased.
4. The registration fee is non-refundable.
5. Travel payments include round-trip airfare and ground transportation, including educational tours. Frequent flyer miles may be accumulated, but cannot be used for ticket purchases due to group booking.
6. Final payment includes all basic program costs (local travel, facility costs, room & board, and tech fee). Harding University tuition is billed separately. Most financial aid will apply to cover tuition costs.
7. Though all basic travel and living expenses are covered in these payments, any accessory spending for souvenirs is your responsibility.

**Travel Requirements for Non-U.S. Citizens**

Citizen of other countries who wish to participate in the HIZ-Path Program may require additional documentation and visas. Please consult with the CSD Office regarding the HIZ-Path registration process.



**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS  
HIZ-PATH 2023**

**Consent and Release for Medical Purposes**

**It is necessary for this form to be signed so that those who are administratively responsible for the program to be able to provide medical treatment and/or give medical consent for emergency medical attention as may be needed. This attention may include emergency operation procedures by a legally qualified and licensed physician or surgeon in the countries in which the below named person will visit.**

**(My son, daughter, ward) (I), being (under, over) the age of eighteen (18) years has my permission to take part in the program outlined by Harding University. I release and discharge Harding University, Inc., its agents, and others connected therewith of all claims for damages arising directly or indirectly from medical attention, which may be administered, on this tour. I further give my consent to the administration officers of the Harding University CSD Program to sign documents permitting the performance of surgical procedures if a legally licensed physician or surgeon in the country being visited at the time of illness deems these necessary. I further accept the financial responsibility for all medical attention, which may be needed so long as this medical attention is prescribed by a legally licensed and qualified physician or surgeon.**

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of parent, guardian or person over 18**

**ACKNOWLEDGMENT**

**Subscribed and sworn to or affirmed before me, a notary public in and for the county of \_\_\_\_\_, state of \_\_\_\_\_, on this day of \_\_\_\_\_, 20\_\_\_\_\_.**

**SIGNED: \_\_\_\_\_  
NOTARY PUBLIC**

**MY COMMISSION EXPIRES:**



**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS  
HIZ-PATH 2023**

• EMERGENCY CONTACTS • PERMISSION AGREEMENT • HEALTH HISTORY

HIZ-PATH PROGRAM/SEMESTER/YEAR \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
(Last) (First) (Date of Birth)

HOME ADDRESS \_\_\_\_\_  
(StreetAddress) (City) (State) (Zip)

PARENT/GUARDIAN/SPOUSE Name: \_\_\_\_\_

PARENT/GUARDIAN/SPOUSE Contact Information (phone & e-mail): \_\_\_\_\_

Additional Contact in case of emergency: \_\_\_\_\_

\_\_\_\_\_  
(Contact name and relationship to student) (Phone) (E-mail)

**Health History**

Current or past health conditions or injuries (diabetes, hypoglycemia, recent surgery, etc.):  
\_\_\_\_\_

Allergies (medication; food; bee stings; hay fever; pollens, etc.):  
\_\_\_\_\_

Current medication (dosage and frequency):  
\_\_\_\_\_

Do you wear contact lenses? Y or N Name of Physician & Phone: \_\_\_\_\_

*I have read and understand the Campus Policies; Procedures for Suspension; Change of Plans, and Insurance Information. In the event I am dismissed from the program for disciplinary reasons, I recognize Harding University is not under obligation to refund any fees paid to the University.*

\_\_\_\_\_  
(Signature) (Date signed)