



DEPARTMENT OF ANTHROPOLOGY

9500 GILMAN DRIVE DEPT 0532
LA JOLLA CALIFORNIA 92093-0532

22 January 2017

Dear Study Abroad Student of the Ancient Mediterranean World

Welcome! On behalf of the Department of Anthropology and UCSD Summer Session, I would like to thank you for your interest in the eight (or 12) unit study abroad course to be held in Malta, Sicily, and Campania, Italy, 24 August-8 September 2017. During this year's course, we will visit 30 ancient sites, 12 museums, and numerous other exciting places on the seacoast and in the mountains of the Mediterranean region. This is the very first time this program has been offered at UCSD, and it promises to be very exciting.

The following pages and a separate attachment contain information that should answer most of the questions you may have about the program. Please remember that it is open to qualified UCSD students, students from other colleges or universities, family members, and friends. This may be the only course you take with your parent!

If you have any questions that are not answered here, please feel free to contact me by e-mail at: gbraswell@ucsd.edu. I also would be happy to meet with you at UCSD if you have any particular concerns.

The rest of this attachment contains a program itinerary and a complete application package. The application, which should be completed and either brought or mailed to me at the Department of Anthropology, consists of:

- (1) An enrollment form (1 page);
- (2) An application essay (1 page) explaining why you want to come on the course;
- (3) Two liability forms (3 pages total);
- (4) A medical form (1 page) to be filled out by your physician; and
- (5) A Program Fee agreement form (1 page).

The separate attachment contains a course handbook, which explains a lot about what we will do everyday, what to expect, and what to bring to Malta and Italy.

I look forward to seeing you in the Mediterranean!

Sincerely,

A handwritten signature in black ink, appearing to read "G. E. Braswell", written over a light grey rectangular background.

Prof. Geoffrey E. Braswell
Department of Anthropology, UCSD
9500 Gilman Drive, MC 0532
La Jolla, CA 92093-0532



The Ancient Mediterranean World

Earn 8 to 12 University of California academic units in Anthropology 135S: Ancient Mediterranean World, August 24-September 8. Visit 30 ancient sites, 12 museums, and climb an active volcano.
Program led by Professor Geoffrey E. Braswell, UCSD.

Geoffrey E. Braswell
Dept. Anthropology, UCSD
9500 Gilman Drive, MC 0532
La Jolla, CA 92093-0532
(858) 822-0726
gbraswell@ucsd.edu

Ancient Mediterranean World - Malta, Sicily, & Campania ITINERARY*

- Day 1: Fly to Malta, welcome dinner. (Night: Bugibba, Malta)
- Day 2: **Skorba, Ta' Hagraat, Mdina Cathedral, Domus Romana, St. Paul's Catacombs, Buskett Gardens** (Night: Bugibba, Malta)
- Day 3: **Mnajdra, Hagar Qim, Blue Grotto, Hal Salfieni Hypogeum, Tarxien Temples, Ghar Dalam Cave** (Night: Bugibba, Malta)
- Day 4: Boat to Gozo, **Ggantija Temples, Windmill, Xaghra Circle, Azure Window, Gozo Museum** (Night: Bugibba, Malta)
- Day 5: **National Museum, St. John's, Grand Master's Palace, St. Elmo Fort, Inquisitor's Palace**, ferry to Sicily (Night: Siracuse)
- Day 6: **Duomo, Archaeology Museum & Park, Castello Eurialo, Megara Hyblaea** (Night: Catania)
- Day 7: **Taorina, Mount Etna tour** (Night: Catania)
- Day 8: **Casale Imperial Villa, Eraclea Minoa**, beach day (Night: Agrigento)
- Day 9: **Valley of the Temples & museum** (Night: Agrigento)
- Day 10: **Selinunte, Cusa Cave, Monreale, La Martorana, Capuchin Catacombs** (Night: Palermo)
- Day 11: **Segesta**, boat trip, **Mozia**, Erice, ferry to Italy (Night: ferry)
- Day 12: **National Museum**, Naples walk (Night: Naples)
- Day 13: **Paestum, Velia, Amalfi Coast** (Night: Naples)
- Day 14: **Pompeii, Boscoreale** (Night: Naples)
- Day 15: **Herculaneum, Oplontis, Stabia** (Night: Naples)
- Day 16: Return to San Diego! *Itinerary may change because of local conditions



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gbraswell@ucsd.edu

The Ancient Mediterranean - Malta, Sicily & south Italy For the Adventuresome! August 24 - September 8, 2017

- Explore 30 ancient sites dating from 10,000 years ago through the Middle Ages, including: Pompey, Herculaneum, Paestum, the Valley of the Temples, Hal Salfieni Hypogeum, the Catacombs of Palermo, Ggantija Temples, and many more!
- Visit 10 museums including: The National Archaeology Museum of Naples, the National Museum of Malta, and the Archaeological Museum of Salerno
- Study the ancient Neolithic monuments of Malta, see the best preserved Greek temples in Europe, as well as Phoenician, Carthaginian, and Roman cities and villas, and Medieval castles and cathedrals
- Bathe in the Mediterranean, climb an active volcano, enjoy the beautiful Amalfi Coast
- Sail from island to island in the Mediterranean Sea
- Enjoy true and delicious Sicilian, Campanian, and Maltese cuisine!

The Ancient Mediterranean World – Malta, Sicily, & Southern Italy Program Fees**

Undergraduate and Graduate Students

Payment and Deadlines:

Course Fees = Hotel Rooms, Ground Transportation, Breakfasts & Lunches, Admissions\$2495**
Amount due in full after acceptance into the program and *no later than* Friday, June 2, 2017
Check or money order must be made out to UC Regents.

** Eight or 12 units of credit are not included. You must pay tuition directly to UCSD Summer School



2017 UCSD Summer Session Enrollment Form

The Ancient Mediterranean–Malta & Italy– ANAR 135S

Complete sections 1-12. Please type or print clearly. Limited space available. Submit application to:
Dr. Geoffrey E. Braswell, Dept. of Anthropology, UCSD, 9500 Gilman Drive, MC 0532, La Jolla, CA 92093-0532.

1. STUDENT INFORMATION

UCSD Student ID# _____

(Full legal name) Last _____ First _____ Middle _____

Address _____

City/State/Zip _____

(____) _____ (____) _____ @ _____
Day Phone Evening Phone E-Mail Address

Birthday ____ / ____ / ____

Other Names on File at UCSD _____ Male _____ Female _____

2. COURSE AND FEES (8-22 August, 2016)

Session	Course/Number	Grading Option	Fees
Summer Session II	ANAR 135s ANTH 198	<input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass/ No Pass	Undergrad/Grad
Program Fees: Hotels, two meals/day, ground transportation, all admissions Course registration will be completed when Fees and Tuition are paid			\$2495.00

3. Statement of Purpose: Attach a one-page essay describing why you want to participate.

4. Physician's Report of Medical Examination: A form will be provided. Mail to the address on this form. Your physician must indicate you are in good health to participate.

5. Do you have any physical limitations that may affect your participation in this program?
 No ___ Yes ___ If yes, please describe your special needs and submit with this enrollment form.
Do you have any dietary concerns that will affect your ability to participate in this program?
 No ___ Yes ___ If yes, please describe your special needs and submit with this enrollment form.

6. Insurance: Proof of adequate medical insurance is required. Coverage is available from the UCSD Student Health Center, (858) 534-2123. A copy of your medical insurance card must be submitted to the Summer Session Office by June 2, 2017.

Name of Insurance Company _____ **Phone** _____
Policy Number _____ **Policy Holder Name** _____

7. Student Directory: Yes I would like my name and contact information released to other students in the Program? Yes ___ No ___ I do not want my contact information released.

8. Travel Documents: Participants are responsible for obtaining and bringing their passports, and, if required (for some non-U.S. citizens) for obtaining a Mexican visa. Participants are advised that international travel is subject to both political and diplomatic conditions that are beyond control of the University.

9. Signature and Date: I have read and understand the rules for the 2017 Overseas Summer Session Anthropology Program regarding enrollment and fees. I also understand I am responsible for travel arrangements not included in the program, including flights to Malta and returning from Naples.

10. Student Status: (Check One)

- UCSD Undergraduate
- UCSD Graduate
- Teacher Education Program
- Attend other UC _____
- Attend 2-year College:

Attend other 4-year College or University:

I'm not currently a student

11. How did you hear about the study abroad program?

12. Payment:

Please wait until you have heard from Dr. Braswell that you have been accepted into the program. At that point, you will be instructed to bring a check for \$2495 made out to the University of California Regents to the Cashiers Office.

If a check is not received by June 2, 2017, you will forfeit your spot on the course.

Refunds will be made *only* to students who have lost their space on the course, and to all students in the case that the course is cancelled.

You are responsible for additional course tuition fees, payable to UCSD Summer School (please see footnote on page above) and for purchasing an airplane ticket, as described in the Program Guide

X _____
Signature

Date _____



UCSD SUMMER SESSION

9500 GILMAN DRIVE DEPT 0179
LA JOLLA CALIFORNIA 92093-0179

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Participant's Name: _____
(Please Print)

Waiver: In consideration of being permitted to participate in a UCSD Summer Session sponsored Travel Study Program, hereinafter referred to as "The Program," I hereby certify that I understand and agree with the following terms of my participation in The Program. I for myself, my heirs, personal representatives or assigns, **do hereby release, waive, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees, and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Program.

Signature of Participant (Student) Date ANAR 135S,100, ANTH 198, Summer Session 2016
Travel Study Program (Malta & Italy)

Assumption of Risks: Participation in The Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint, or back injuries, heart attacks, and concussions; to 3) catastrophic injuries including paralysis and death. I have read the pre-departure material and I understand that while representatives of UCSD Summer Session will make every effort to assist me in the event of emergency, responsibility for my safety and welfare is mine alone. Moreover, I accept any and all financial burdens that may result from such injuries or accidents related to my participation in The Program.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in The Program. I hereby assert that my participation is voluntary, informed, and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in The Program and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law for all claims and demands or liabilities which I or my heirs, representatives, executors, administrators, or any other persons acting on my behalf may have against The Regents by reason of any acts of war, armed conflicts, terrorism, other civil uprisings, accident, illness, or injury or other consequences arising or resulting directly or indirectly from my participation in The Program and occurring during The Program, any air flights or other travel associated with The Program, or any time subsequent thereto.

It is the intention of the undersigned by this instrument, to exempt and relieve The Regents of the University of California from liability for personal injury, property damage, or wrongful death.

Signature of Participant (Student) Date Birthdate (mo/day/yr)

Please indicate person to notify in case of emergency: _____ Telephone _____
Relationship _____ Address _____



DEPARTMENT OF ANTHROPOLOGY

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**DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION
AGREEMENT TO RELEASE THE DEPARTMENT OF ANTHROPOLOGY, ITS FACULTY AND STAFF,
AND AFFILIATED PROGRAMS FROM LIABILITY**

1. I _____, voluntarily agree to participate in the University of California, San Diego (herein
(Name of Student Releasor)
after referred to as UCSD) Department of Anthropology and Summer Session Program in Malta & Italy (UCSD courses
ANAR 135s and ANTH 198) to be held from August 24 to September 8, 2017.
2. I am aware that participation in the event/activity described above in Paragraph 1 may be hazardous. I also
acknowledge that my participation in the event/activity is voluntary, and that I am participating with full knowledge of the
danger involved. I hereby agree to accept any and all risks of injury or death, and verify this statement by placing my
initials here: _____.
(Initials of Student Releasor)
3. I accept all financial burdens for any physical mishaps, accidents, or medical conditions that may arise as a result of
participating in the event/activity described in Paragraph 1, and agree that I, my assignees, heirs, legal representatives,
distributees, and guardians will not make a claim against, sue, or attach the property of UCSD or any of its agents,
officials, or employees, for costs related to medical or psychiatric treatment, emergency evacuation, or repatriation of my
mortal remains. By signing this release form I _____, agree to accept all such potential
(Name of Student Releasor)
financial burdens.
4. As consideration for being permitted by UCSD, through its authorized agent, or through one of its affiliated
organizations, to participate in the event described above in Paragraph 1, I _____, hereby agree
that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach
the property of UCSD or any of its agents, officials, or employees, for injury or damage resulting from the negligence or
other acts, howsoever caused, by any employee, agent, guest or invitee, or contractor of UCSD or any of its affiliated
organizations as a result of my participation in the event/activity described above in Paragraph 1. I further hereby release
UCSD, any of their agents, officials, employees or affiliated organizations from all actions, claims, or demands that I, my
assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage
resulting from my participation in the event/activity described above in Paragraph 1.
5. I accept all financial burdens for legal representation that I may require as a result of participating in the event/activity
described in Paragraph 1, and I agree that I, _____, my assignees, heirs, legal representatives,
(Name of Student Releasor)
distributees, and guardians will not make a claim against, sue, or attach the property of UCSD or any of its agents,
officials, or employees, for legal costs related to or incurred as a result of my participation in the event/activity described
in Paragraph 1.
6. I agree not to transport, buy, use, sell or otherwise engage in the traffic or consumption of illegal substances while
participating in the event/activity in Paragraph 1. By placing my initials here, I agree to maintain U.S. Government
standards of a Drug Free Work place while participating in the event/activity described in Paragraph 1: _____.
(Initials of Student Releasor)

7. The undersigned hereby authorizes the Regents of the University of California and their appointed agents to photograph, videotape, audio record, televise, duplicate and/or transfer to any present or future technology images and/or recordings of _____ while a participant in the event/activity described in _____
(Name of Student Releaser)

Paragraph 1. I agree that the Regents of the University of California, its authorized agents, employees, and assignees may use the photographs, videotapes, and/or audio recording prepared there from, to reproduce, exhibit, publish, or distribute in such a manner as they deem fit. No compensation will be paid for this use.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND UCSD AND/OR ITS AFFILIATED ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO THE DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed at _____, _____, _____, on _____, 2017.
(City) (State) (Country) (Month/Day)

STUDENT RELEASER

(Print Name)

(Signature)

WITNESS

I certify that _____ acknowledged in my presence that _____ read and fully
(Name of student releaser) (She/He)
understood the meaning and consequences of the foregoing release, and signed it in my presence.

Executed at _____, _____, _____, on _____, 2017.
(City) (State) (Country) (Month/Day)

(Print Name of Witness)

(Signature of Witness)

(Typed or printed name and address)

Phone Number: () _____

**UCSD 2016 Ancient Mediterranean—Malta & Italy (ANAR 135s & ANTH 198)
STUDY ABROAD IN MALTA, SICILY, & CAMPANIA**

Physician's Medical Examination for Eligibility

Student Name

Student I.D. Number

This person is an applicant for a two-week study abroad program in Mexico offered by UCSD. The program requires visiting archaeological sites, some of which are near sea-level and in hot (98°F) and humid environments, others of which are at high altitude (2000 m). Students may walk up to 5 miles per day, including at high altitude. No hiking or carrying of heavy loads is required, and all the sites are official parks open to tourists. Please note that Malta and Italy do *not* provide disability access as required in the U.S.A. by the Americans with Disabilities Act. Moreover, *no* ADA accommodations will be provided by UCSD to students while in Malta or Italy.

Physician's Report of Medical Examination: Please check the items below if they are considered ABNORMAL. Indicate under "Remarks" the pertinent details and your impression of their importance.

A. Standard Physical Examination _____ Past History _____ Present History

B. Special Attention Areas _____ Past History _____ Present History

_____ Ears and Sinus

_____ Respiratory System

_____ Cardiovascular System

_____ Physical Fitness

_____ Life Threatening Allergies, Asthma, and Emphysema

_____ Emotional and Psychological Stability

_____ Other

Physicians Remarks:

_____ Approval (I find no conditions that I consider incompatible with this program.)
_____ Disapproval (The applicant has conditions that, in my opinion, clearly constitute unacceptable hazards)

(Please Print)

Physician's Name: _____ 'Phone (Business): _____
Address: _____ City/State/Zip: _____

Physician's Signature: _____
Date: _____



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**DEPARTMENT OF ANTHROPOLOGY AND SUMMER SESSION
AGREEMENT TO PAY ALL PROGRAM FEES AND TUITION UPON REGISTRATION**

The Summer Session courses *ANAR 135S, Study Abroad: The Ancient Mediterranean* has an associated program fee of \$2495. This special fee pays for hotels; ground transportation in private vehicles and on boats; all breakfasts and lunches as well as several dinners; and admission to all the archaeological sites, museums, and attractions we will see during the course. It does not include Summer Session tuition and fees.

I understand that when my application (consisting of an application form and essay, two liability waivers, a medical form, and this agreement form) is approved, I must pay the program fee of \$2495. Payment may be made by check made out to "University of California Regents." The check must be delivered to the Cashier's Office at UCSD by June 2, 2017.

Upon approval of my application, I will be cleared for registration and may do so online. After being accepted into the program and paying the special program fee, ***I understand that there will be no reimbursement, partial or complete, of the program fee of \$2495*** if I later decide to drop out of the study abroad program.

I have read and understand this document.

STUDENT SIGNATURE: _____

DATE: _____, 2017

PRINTED NAME: _____