



DEPARTMENT OF ANTHROPOLOGY

9500 GILMAN DRIVE DEPT 0532
LA JOLLA CALIFORNIA 92093-0532

1 December 2019

Dear Study Abroad Ancient Mesoamerica Student (ANAR 155):

Welcome! On behalf of the Department of Anthropology, I would like to thank you for your interest in the four-unit study abroad program to be held in Mexico during Spring Break 2020.

During this year's course, we will visit 15 ancient cities and six museums in the mountains of Mexico; stay in the beautiful colonial cities of Oaxaca, Puebla, and Mexico City; enjoy real Mexican cuisine; and learn about today's indigenous peoples as well as the archaeology, art, and ancient history of Mexico.

If you are strongly interested you should sign up now for ANAR 154 "The Aztecs & their Ancestors." This is a 4-unit course offered in Winter Quarter that will teach you all about what you will be seeing over Spring Break (for another 4 units). Don't worry if it is full, but do get on the waitlist. Why should you do this? ANAR 154 is *not* a pre-requisite for the study abroad program, but priority of enrollment for the trip will be given to students who have taken it. The study abroad will fill up, so if you take ANAR 154 you will have a better chance of being admitted to the travel study program.

What are the costs? The course is considered part of Spring Quarter so if you are enrolled then you will not have to pay additional tuition. Instead, you may take your normal full Spring load *plus* ANAR 155 on overload. (Remember that *in-state tuition* for a 4-unit UCSD course is about \$1116, so this is a real savings!) You are responsible for the special program fee of \$1395, which pays for hotels, private transportation, and most meals during the eight days of the program. In other words, the fact that there is no additional tuition offsets all but \$279 of the program fee. You also have to purchase an airplane ticket, which costs about \$250 round-trip. In sum, going to Mexico will cost you about \$529 more than staying on campus. Of course if you are an out-of-state student, tuition for a 4-unit course is normally \$3400. In that case, you actually *save* about \$1755 by taking this program because there are no additional tuition costs!

And yes, Financial Aid may be applied to the program fee and even for airfare. You will be billed the Program Fee on your normal Spring Quarter billing, so you won't even pay for the trip until after you return.

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 UCSD students, students from other colleges or universities, family members, and friends.

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 itinerary and details about costs & what is included (2 pages);
- (2) An enrollment form (1 page);
- (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 Central America.

I look forward to seeing you in Mexico over Spring Break!

Sincerely,

A handwritten signature in black ink, appearing to read 'G.E. Braswell', with a stylized flourish extending to the right.

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



Study Abroad Ancient Mexico

2020

Earn 4 University of California academic units in ANAR 155: Ancient Mesoamerica. March 21-29. During Spring Break, visit 15 archaeological sites and 6 museums. Program led by Prof. Geoffrey E. Braswell, Department of Anthropology.

Trip Itinerary*

- March 21** Fly to Oaxaca City. Transfer to hotel, welcome dinner. Night: Oaxaca.
- March 22** See the gems of **Mitla, Yagul, Lambityeco & Dainzu**, as well as the beautiful **Regional Museum of Oaxaca**. Night: Oaxaca.
- March 23** See the huge ancient Zapotec city of **Monte Alban**, and the first and last Zapotec capitals of **San Jose Mogote & Zaachila**. Night: Oaxaca.
- March 24** Visit the paintings of **Cacaxtla** and climb the world's largest pyramid at **Cholula**. We also will visit the **Regional Museum of Puebla**. Night: Puebla.
- March 25** Hike up into the mysterious city of Cantona, tour the seldom-seen Teotihuacan and Aztec communities of **Tecoaque** and **Xihuingo**. Night: Teotihuacan.
- March 26** Experience **Teotihuacan**, one of the world's greatest ancient cities. Also visit **two museums** at the site. Night: Tula de Allende
- March 27** Explore **Tula** of the Toltecs and the great Aztec **Templo Mayor**, as well as the **Aztec Museum** and Diego Rivera's murals. Night: Mexico, D.F.
- March 28** Spend a whole day at one of the world's greatest museums, the **Museo Nacional**. Farewell dinner. Night: Mexico, D.F.
- March 29** Transfer to airport & fly home to California!

*Preliminary itinerary is subject to change, if conditions warrant.

Just **\$1395** plus airfare & the cost of six meals.
Tuition is included as part of your Spring Quarter bill and financial aid
may be available in the Spring.

Spend Spring Break in Mexico earning university credit!



2020 UCSD Enrollment Form

Ancient Mesoamerica –Highland Mexico– ANAR 155

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 (21-29 March, 2020)

Session	Course/Number	Grading Option	Fees
Spring Term	ANAR 155	<input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass/ No Pass	Undergrad/Grad
Program Fees: Hotels, two meals/day, ground transportation, all admissions The program fee and tuition is included in Winter Term bill.			\$1395.00

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.

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

7. Student Directory: 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 2020 Ancient Mesoamerica Program regarding enrollment and fees. I also understand I am responsible for travel arrangements not included in the program, including flights to and returning from Mexico.

Signature _____ Date _____

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:

I understand that I will be billed \$1395 as a program fee on my Spring 2020 term bill.

Refunds of the program fee 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.

In addition to this program fee, I am responsible for my Spring Term tuition bill and for purchasing an airplane ticket to Mexico, as described in the Program Guide

X _____ Date _____



DEPARTMENT OF ANTHROPOLOGY

9500 GILMAN DRIVE DEPT 0532
LA JOLLA CALIFORNIA 92093-0532

**DEPARTMENT OF ANTHROPOLOGY STUDY ABROAD PROGRAM
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 Program in Mexico (UCSD course ANAR 155) to be held from
March 21 to 29, 2020.

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 _____.
(City) (State) (Country) (Month/Day, Year)

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 _____.
(City) (State) (Country) (Month/Day, Year)

(Print Name of Witness)

(Signature of Witness)

(Typed or printed name and address)

Phone Number: () _____



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 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 155, Spring Quarter 2020
Travel Study Program (Mexico)

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 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 _____

**UCSD 2020 Ancient Mesoamerica—Mexico (ANAR 155)
STUDY ABROAD IN MEXICO**

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 in hot (90°F) and humid environments, others of which are at high altitude (2000 m). Pyramids (up to 300 ft high) will be climbed and students may walk up to 5 miles per day. No hiking or carrying of heavy loads is required, and all the sites are official parks open to tourists. Please note that the government of Mexico does *not* provide disability access as required in the U.S.A. by the Americans with Disabilities Act.

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
AGREEMENT TO PAY ALL PROGRAM FEES AND TUITION UPON REGISTRATION**

The Spring Quarter course *ANAR 155, Study Abroad: Ancient Mesoamerica* has an associated program fee of \$1395. This special fee pays for hotels, ground transportation in private vehicles, all breakfasts and lunches as well as two dinners, and admission to all the archaeological sites, museums, and attractions we will see during the course. In addition, you must pay Winter Quarter 2020 tuition and campus fees, but no additional tuition will be charged for students who are registered full-time in Winter Quarter.

I understand that when my application (consisting of an application form, two liability waivers, a medical form, and this agreement form) is approved, I will be cleared for registration and may register online.

I understand that when I register, I am obligated to pay the program fee of \$1395.

I understand that my Spring Quarter tuition bill will include this special program fee of \$1395.

I understand that once I have registered, ***this charge will be posted to my bill and there will be no reimbursement, partial or complete, of the program fee of \$1395*** if I later decide to unregister from the course and drop the study abroad program. This is because the funds will be committed at the time of my registration for participation on the trip. The program fee will be reimbursed only if the program is cancelled.

I have read and understand this document.

STUDENT SIGNATURE: _____ DATE: _____.

PRINTED NAME: _____