

Course Abroad
Program Registration and Scholarship Application Form
Contemporary Issues in the Mediterranean Basin
Messina, Italy – March 20-28, 2009

Please complete this form and return it to the Center for International Education (Barnard Hall, Room 123) along with the required \$500 deposit. Incomplete forms and/or those missing the required deposit will not be processed. Registering for this program does not guarantee that you will be awarded a scholarship.

PERSONAL AND ACADEMIC INFORMATION

Legal Name (as it appears on your passport): _____
first middle last

CCSU ID number: _____ E-mail: _____@_____

Social Security Number required, if never enrolled as a CCSU student: _____

Permanent Address

Local Address

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Telephone: () _____

Telephone: () _____

Cell Phone: () _____

Work Phone: () _____

Birth date (MM/DD/Year): ____/____/____

Gender: Male Female

Passport Information:

Country of Issue: _____ Number: _____ Date of Issue: _____

Check here if you do not currently have a U.S. passport or if your passport has expired, and **start the application/renewal immediately.**

ACADEMIC INFORMATION

Academic Major: _____ Minor/Concentration: _____

Academic Standing: First Year Sophomore Junior Senior Graduate Student

Number of Credit Hours Earned to date: _____ GPA: _____

What course(s) connected to this program will you register for? List all.

Have you met with program director(s) to discuss the academic requirements of this program? Yes No

Special Needs or Disabilities

Any student wishing to assert a disability that requires accommodation must submit supporting documentation from the appropriate professional(s) to the Office for Student Disability Services. Students must register with the Office of Student Disability Services at least ninety (90) days prior to the program's departure date.

Do you have special needs that require consideration? Yes No

If yes, briefly describe the nature of the need (this information is confidential) that you will be documenting with Student Disability Services:

For more information about this process, contact the Office of Student Disability Services in Copernicus Hall, Room 241 or at <http://www.ccsu.edu/LearnCtr/disability/default.html>.

Student's Name: _____

SCHOLARSHIP APPLICATION

The Center for International Education is offering a limited number of \$300-500 scholarships for participants in the Course Abroad program. To be considered for CIE scholarship assistance, applicants must: (1) submit this registration form to the Center for International Education on or before December 26, 2008, (2) be matriculated at CCSU, (3) hold good academic standing, and (4) agree to register for at least one of the courses associated with the program. Preference will be given to students whose GPA exceeds 2.50. Scholarships will be awarded on a competitive basis; application to this program does not guarantee award of a scholarship. Please complete this section as fully as possible and attach a separate sheet, if needed.

List school honors, distinctions, and/or other noteworthy academic accomplishments.

List any overseas travel experiences and their purpose (i.e., pleasure, academic, business, etc.)

Describe how participation in this Course Abroad will contribute toward your educational goals and/or career plans.

Below, please indicate the estimated cost of your Course Abroad program (see the last page of this form) and describe how you will fund it (amounts can be approximate).

Travel Program Fee: \$ 1,995.00
Tuition & Fees: \$ _____
In-country incidentals: \$ _____

Total Cost of Attendance: \$ _____

Check the payment method(s) that you plan to use to fund your Course Abroad experience and the appropriate amounts:

- Personal Savings \$ _____
- Student Loan \$ _____
- Credit Card \$ _____
- Family Contribution \$ _____
- Other _____ \$ _____

TOTAL (must equal Total Cost of Attendance, above) \$ _____

Student's Name: _____

STATEMENT OF UNDERSTANDING

I understand the following statements, as they pertain to my participation in the stated Course Abroad program, and recognize that I will be held financially responsible for travel program fees accordingly:

Program Cost and Due Dates

- The cost of the travel program, **exclusive of course tuition and fees**, is approximately \$1,995.
- A \$500.00 deposit is due by December 26, 2008.
- The balance (**payable directly to the Bursar**) is due by March 1, 2009.
- **Tuition and registration fees** are **not** included in the travel program price.

Cancellation Policy and Fees

Students needing to cancel their participation in a course abroad program must do so in writing to Lisa Marie Bigelow in the Center for International Education prior to the close of business (4:30 p.m.) on the registration deadline stated below. Cancellations received after the registration deadline are subject to a \$150 cancellation penalty, plus all non-refundable travel deposits and payments CCSU has made on the student's behalf.

Because cancellation penalties may be as high as the full cost of the travel program, it is strongly recommended that participants purchase independent trip cancellation/interruption insurance, available from most travel agencies. It is noted, however, that these insurance policies may be restrictive and/or have pre-existing condition exclusions. Therefore, trip cancellation insurance does not necessarily cover all circumstances which may arise and cause a student to cancel participation.

1. **In order to cancel participation without penalty, written notice of the withdrawal must be received by Lisa Marie Bigelow, Associate Director of the Center for International Education prior to close of business (4:30 p.m.) on December 31, 2008.**
2. **Cancellations received after 4:30 p.m. on December 31, 2008 will be subject to a \$150 cancellation penalty, plus all non-refundable travel deposits and payments CCSU has made on the student's behalf**
3. **Because cancellation penalties can be as high as the full cost of the travel program, purchasing independent trip cancellation/interruption insurance from any travel agency is recommended.**
4. **If CCSU cancels the program for any reason, all monies paid will be refunded.**

I certify that the information submitted on this application is correct. I agree to be subject to the course abroad policies of the Center for International Education, including those presented here, on the Center for International Education's website and in all relevant pre-departure and orientation materials.

Student's Signature

Date

**George R. Muirhead Center for International Education
Central Connecticut State University**

**Statement of Responsibility, Release, Indemnification and
Authorization to Participate In A Course Abroad Program**

I, (*insert name*) _____, agree to participate in the course abroad to (*insert country/countries*) _____ sponsored by Central Connecticut State University (CCSU) from (*insert program dates*) _____ to _____, 2009. I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the program, I hereby agree as follows:

I have been advised and am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident, or illness, or acts of God) of participating in a program requiring international travel. I am aware and have been advised to have a medical examination prior to participating in this activity to insure that I am in good physical health. Further, I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries or illness I may sustain or experience overseas. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and, I absolve CCSU and the host institution of all responsibility and liability, except for that which arises out of the negligent acts or omissions of the University or its employees, for any injuries (including death), illness, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the program at least thirty (30) days prior to departure. I am also aware and have been advised that I will be enrolled by CCSU in a supplemental insurance policy which provides for a minimum coverage of \$25,000 for international medical evacuation and \$7,500 for the repatriation of remains.

I understand that this is a university sponsored program, and that standards of Central Connecticut State University must be observed. I accept that the University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any CCSU policy or procedure, I understand that I may be required to leave the Program at the sole discretion of the employees, agents, or representatives of CCSU, and I may be referred to the appropriate CCSU officials for further disciplinary or other actions. In such an event, I am responsible for reimbursing CCSU for the cost of my participation in the Program. CCSU reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in its sole discretion to cancel the Program or any aspect thereof after departure, may require that all participants return to the United States, if CCSU determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

I understand that CCSU reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and CCSU shall not be liable for any loss whatsoever to me by

reason of any such cancellation or change. CCSU is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether CCSU makes a flight arrangement. Any additional expense resulting from the above will be paid by me. CCSU reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of CCSU.

I understand and acknowledge that the University assumes no responsibility or liability, except for that which arises out of the negligent acts or omissions of the University and its employees, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonored hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, accident, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other services or for any substitutions of hotels or of common carriers beyond the University's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules, or other uncontrollable factors I am required to spend additional nights in travel status, the University will not be responsible for my hotel, transfers, meal costs, or other expenses. My baggage and personal property are transported at my risk entirely.

I understand and hereby acknowledge that I have received and reviewed the U.S. Consular Information Sheet for the country/countries to be visited, as well as the Centers for Disease Control information, on travel to, in and around the country/countries to be visited; that I am aware of and understand the risks and dangers of travel to, in, and around the country/countries to be visited, including but not limited to the dangers to my own health and personal safety posed by the use of public transportation, and by civil unrest, political instability, terrorism, crime, violence, and disease in the country/countries to be visited. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travels to, from, in or around the country/countries to be visited.

I understand that I bear full legal and financial responsibility for all indebtedness or other legal obligation incurred by me while a Program participant.

In the event of sickness or injury, I hereby authorize the Program Director of the host institution, or his or her designee, to secure whatever medical treatment is deemed necessary, including admission to a hospital, the administration of anesthetics, the transfusion of blood, and surgery.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Connecticut, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC:

Participant's Signature Date

CCSU ID Number: _____ Date of Birth: _____

Address; _____
(Number and Street name) (City/Town) (State) (Zip Code)

TO BE COMPLETED BY NOTARY PUBLIC:

NOTARIZATION: _____ (student's name) personally appeared before me, and by me known, and swore or affirmed that she/he freely and without reservation signed this release form.

Notarized by Date

**Health Insurance & Emergency Contact Information
Participant in Course Abroad**

Participant's Name: _____ CCSU ID#: _____

1. In case of emergency, who in the United States should we notify?

Primary Emergency Contact:

Secondary Emergency Contact:

Name: _____	Name: _____
Relationship to you: _____	Relationship to you: _____
Street address: _____	Street address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Home Telephone: () _____ - _____	Home Telephone: () _____ - _____
Work Telephone: () _____ - _____	Work Telephone: () _____ - _____
Cell phone: () _____ - _____	Cell phone: () _____ - _____

2. Do you have any medical problems we should be aware of (in case you should take ill while traveling)?

3. Are you taking medication? Yes No
If so, what?

4. Do you have Health Insurance? Yes No

_____	_____
Insurance Company	Policy Number
Address: _____	Telephone Number: _____
