

Course Abroad
Program Registration and Scholarship Application Form
Puerto Maldonado and Cusco, Peru
July 30 – August 16, 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: _____

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 \$2,295.00.
- A \$500.00 deposit is due by April 24, 2009.
- The balance (**payable directly to the Bursar**) is due by July 15, 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 April 24, 2009.**
2. **Cancellations received after 4:30 p.m. on April 24, 2009 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

Student's Name: _____

CCSU ID: _____

Summer 2009 Course Abroad to Peru

DEPOSIT PAYMENT INFORMATION:

- The cost of the travel program is approximately \$2,295, exclusive of tuition and registration fees
- The \$500.00 deposit is due by April 24, 2009.

Attached is my check payable to "CCSU" or

Please charge the following card for the \$500.00 deposit:

MasterCard Card number: _____

Visa Expiration Date: _____

Discover Name as it appears on the card: _____

Cardholder's Signature: _____

Final payment is due by July 15, 2009 via your Pipeline Account or in the Cashier's Office.

Return this application, along with your deposit to:

The George R. Muirhead Center for International Education
Central Connecticut State University
1615 Stanley Street,
Barnard Hall, Room 123
New Britain, CT 06050-4010

Or, if paying deposit by credit card,

Fax to (860) 832-2047

**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,

**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: _____
