

**Passport to Global Citizenship Program - First-Year Student Seminar in London  
Program Registration and Scholarship Application Form  
January 2009**

Please complete this form and return it to the Center for International Education (Barnard Hall, Room 123) along with the required \$300 deposit. Incomplete forms and/or those missing the required deposit will not be processed.

**Which session are you selecting?**     January 3-8, 2009     January 10-15, 2009     Either

**PERSONAL AND ACADEMIC INFORMATION**

Legal Name (as it appears on your passport): \_\_\_\_\_  
*first*                      *middle*                      *last*

CCSU ID number: \_\_\_\_\_                      E-mail: \_\_\_\_\_@\_\_\_\_\_

**Permanent Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Birth date (MM/DD/Year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Local Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

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: \_\_\_\_\_

**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:

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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:** \_\_\_\_\_

## Intent to Study Abroad

Experience the world on one of CCSU's Study Abroad Programs! There are two kinds of programs available to you. You can gain cultural insight while living and studying along with students of your host country for a full semester or academic year while earning CCSU credit. When you study abroad at one of Central's partner universities, in most cases, you pay tuition, fees, room and board to CCSU and the credits earned abroad, although they do not calculate in the GPA, are counted as residency credit at CCSU, not as transfer credits. Or, choose a short-term international experience and enroll in one of CCSU's Courses Abroad, taught by CCSU faculty. Explore CCSU's many programs throughout the world – there is one right for you!

By registering for the Passport to Global Citizenship Program, you are expressing your intent to study abroad on a credit-bearing program sometime during your collegiate experience at CCSU. So that we may help you choose your study abroad program in the future, please indicate your preferences below:

**In what region(s) of the world are you most likely to study abroad?**

- Africa
- The Americas (North, Central, South)
- Asia
- Australia
- Europe
- Middle East
- Not sure

**What are you most likely to study abroad?**

- Courses in my major
- Courses in my minor
- Language and culture courses
- Elective courses
- General Education courses
- Other: \_\_\_\_\_

**Do you have a concern regarding studying abroad? (Please check one)**

- Finances
- Parental concerns
- Being away from family and friends
- Work obligations
- Language issues
- Proposed program of study is too structured
- Other: \_\_\_\_\_
- None

**Briefly describe any previous overseas travel experience you have had and its purpose (i.e., pleasure, academic, etc.)**

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 amount of my contribution to this travel program is \$700 plus the cost of some meals abroad.
- A \$300.00 deposit is due by October 1, 2008.
- The balance (**payable directly to the Bursar**) is due by December 15, 2008.

### Cancellation Policy and Fees

Students needing to cancel their participation in this 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 October 10. Cancellations received after the cancellation 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 October 10, 2008.**
2. **Cancellations received after 4:30 p.m. on October 10, 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.

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Student's Signature

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Date

Student's Name: \_\_\_\_\_

CCSU ID: \_\_\_\_\_

**Winter Session Passport to Global Citizenship Program**

January 3-8, 2009

January 10-15, 2009

**DEPOSIT PAYMENT INFORMATION:**

- The cost of the travel program is approximately \$700.
- The \$300.00 deposit is due by October 1, 2008.

Attached is my check payable to "CCSU" or

Please charge the following card for the \$300.00 deposit:

MasterCard                      Card number: \_\_\_\_\_

Visa                                      Expiration Date: \_\_\_\_\_

Discover                                Name as it appears on the card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Final payment is due by December 15, 2008 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, 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



**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: _____
_____	