

Please type or print with ballpoint pen. Completed applications, with a copy of your passport and medical insurance card, **MUST BE RETURNED TO THE OFFICE OF GLOBAL STUDIES, ROOM N304 on Long Island and OFFICE OF ENGAGED LEARNING TUOHY HALL 105 or through email to globalstudies@sjcny.edu.**

**Application for:**

Name: \_\_\_\_\_  
Last First Middle

Program Type (please check one):

\_\_\_\_\_ SJC Program \_\_\_\_\_ Short-Term program through \_\_\_\_\_ College Name \_\_\_\_\_ Long-Term program through \_\_\_\_\_ College Name

Program Location Abroad:

\_\_\_\_\_ University City Country

Study Period for which you are applying (circle one):

~ Fall ~ Spring ~ Academic Year ~ Summer ~ Intersession Year: \_\_\_\_\_ Session (if applicable): \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

**Personal Information** (Please notify us of any change of address or telephone number.)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_ Married? (Y/N): \_\_\_\_  
Mo Day Year City / State Country

Permanent Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Number, Street Apartment #

\_\_\_\_\_ E-mail: \_\_\_\_\_  
City State Zip Code

**Passport and Insurance Information**

**\*\*\*\*\*A copy of your passport and proof of international medical insurance must be attached to this application. If you do not yet have a passport, please submit your name as it will appear. You will be responsible for any fees.\*\*\*\*\***

Country of Citizenship: \_\_\_\_\_ Visa Status (if not a U.S. citizen): \_\_\_\_\_

Home Campus: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Name (**EXACTLY** how it appears/will appear on your passport):

\_\_\_\_\_

Your Name \_\_\_\_\_

Program Location Abroad \_\_\_\_\_

**Academic Status**

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Home Campus: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

~Freshman ~Sophomore ~Junior ~Senior ~Master GPA (cumulative): \_\_\_\_\_

**Academic Background**

Colleges or Universities Attended:

Name	Dates (from – to)	Credits	Degrees	Honors
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List language courses (except English) or other courses you have taken that have prepared you for this program:

Title	Credits	H.S. or College?
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Contact Information** *(Please notify us of any change of address or telephone number.)*

Name and Address of Parent or Guardian (if under 21):

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name (Relationship) Home Telephone

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Street Cell or Daytime Telephone

City State Zip Code

E-mail: \_\_\_\_\_

Name and Address of person to contact in case of emergency:

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name (Relationship) Home Telephone

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Street Cell or Daytime Telephone

City State Zip Code

E-mail: \_\_\_\_\_

**Host University Information (If Applicable)**

\_\_\_\_\_ University City Country

\_\_\_\_\_ Address Contact Person Phone

\_\_\_\_\_ E-mail

**Miscellaneous**

Do you have a special diet (e.g., vegetarian or allergies to certain foods)?

Do you have allergies or chronic ailments of which the SJC Coordinator should be aware?

Are you receiving medication for any physical or mental condition?

Have you ever received counseling or treatment for a nervous or emotional problem (e.g., depression or eating disorder)?

Do you have any special needs which would make it difficult for you to climb stairs or walk long distances?

**Permission to Use Photographs**

I, \_\_\_\_\_ (print your name), authorize the St. Joseph's College Global Studies Office and SJC campus departments who administer the Study Abroad program I am attending to use my picture(s) or my likeness in materials that will be used for promotion of international programs, demonstration or international activities, teaching, and recognition of academic achievement.

I represent that I am at least 18 years of age and I am knowingly and voluntarily executing this consent without compensation to myself.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Study Abroad Program: \_\_\_\_\_

**Applicant Agreement and Release**

I affirm that the information given in this application is true and correct to the best of my knowledge. I agree to allow St. Joseph's College Office of Global Studies access to academic and financial records available through St. Joseph's College and authorize the Office of Financial Aid to share information from my file regarding my application to study abroad.

Student's Signature

Date

**Home Campus Academic Advisor/ Department Faculty Member Signature**

I am aware that this student is applying to the \_\_\_\_\_ study abroad program listed on page 1 of this application and that he or she is in good academic standing at St. Joseph's College.

Name (please print): \_\_\_\_\_ Title, Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

## Behavior Agreement

**Have you ever been subject to any disciplinary proceeding or action, or accused of misconduct or irregularity, or placed on academic probation or dismissal, from any school, college, or university (including SJC)?**

    Yes     No (If yes, attach a detailed explanation)

### 1. Student's Desire to Participate in the Academic Program.

Student desires to participate in a Study-Abroad Program ("Program") arranged through St. Joseph's College from \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_, on location in the foregoing country(ies) of \_\_\_\_\_ ("Foreign Country"). It is expressly acknowledged that Student is not required to participate in this Program.

### 2. Waiver of Institution Liability for the Risks and Dangers.

Student understands that there are certain dangers, hazards, and risks inherent in international travel and the activities included in the Program, which also could include serious or even mortal injuries and property damage, and that St. Joseph's College cannot and does not assume responsibility for any such personal injuries or property damage.

### 3. Acceptable Conduct by Student.

3.1 The Student is aware of the expected behavior of Student while participating in this Program. The Student is aware that, as a guest in a foreign country, there is a certain behavior that is unacceptable and could lead to possible disruption of Student's participation in the Program. Student assures St. Joseph's College that Student shall act in an appropriate manner at all times, and will follow all rules, regulations, policies and procedures of St. Joseph's College at all times.

3.2 Student understands that she/he will be subject to the laws of the country where the student is studying or traveling and agrees to abide by the laws of that country.

3.3 Student also agrees to the following:

(i) to conduct him/herself in an appropriate manner and not infringe upon the customs and mores of the country(ies) in which the Program is being conducted, nor upon the rights and safety of other Program participants.

(ii) not to possess, use, or sell illegal drugs.

(iii) not to excessively consume alcoholic beverages.

(iv) to bear full responsibility for his/her own sexual behavior and not to engage in any inappropriate sexual activity.

(v) to attend all classes, school-related activities and complete all assigned work required in the Program.

3.4 Student acknowledges that violation of the above rules and regulations, any term of this Agreement, or any other rules, regulations, or policies or procedures of St. Joseph's College may result in disciplinary action, including immediate dismissal from the program without refund.

### 4. Student Responsibility for Medical Needs.

4.1 The Student acknowledges that he/she has consulted with a medical doctor with regard to his/her personal medical needs and that there are no health-related reasons or problems which preclude or restrict Student's participation in this Program.

4.2 Student is aware of all applicable personal medical needs, as well as having arranged for adequate hospitalization insurance to meet any and all needs for payment of hospital costs while undertaking this Program. Student agrees that St. Joseph's College cannot be and is not responsible for attending to any of Student's medical or medication needs, that he/she assumes all risk and responsibility therefor, and that if the Student is required to be hospitalized while in a foreign country or in the United States during this Program, St. Joseph's College cannot and does not assume any legal responsibility for payment of such costs.

5. Disclaimer of Institution Responsibility.

5.1 Students understands that St. Joseph's in no way represents, or acts as agent for any Host Institution in any foreign country, the transportation carriers, hotels, and other suppliers of services connected with this Program. The Student further understands and agrees that St. Joseph's College, its governing board, employees, and agents are:

- (i) Not responsible or liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of the Host Institution, or any company or person engaged in providing or performing any of the services involved in this Program;
- (ii) Not responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, acts of terrorism, natural disasters, or other such causes;
- (iii) Not responsible for any disruption of travel arrangements, or any consequent additional expenses that may be incurred therefrom.
- (iiii) Any activities that student participates in will be considered to have been undertaken with the student's approval and understanding of any and all risks involved.

6. St. Joseph's Rights and Powers.

6.1 St. Joseph's reserves the following rights and powers:

- (i) The right to cancel without penalty the offering and conduct of the Program;
- (ii) The right to withdraw any part of the field trip and to make any alterations, deletions or modifications in the itinerary and/or academic Program as deemed necessary by St. Joseph's or by the course instructors as agents of St. Joseph's.

7. Potential Travel and Accommodation Problems.

7.1 The Student acknowledges and agrees to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. The Student acknowledges and understands that St. Joseph's College assumes no liability whatsoever for any loss, damage, destruction, theft or the like to Student's luggage or personal belongings, and that Student has retained adequate insurance or has sufficient funds to replace such belongings and will hold St. Joseph's College harmless therefrom.

7.2 Student acknowledges and understands that in the event Student becomes detached from the field trip group, fails to meet a departure bus, airplane, or train, or becomes sick or injured, Student will bear all responsibility to seek out, contact, and reach the field trip group at its next available destination; and that Student shall bear all costs attendant to contacting and reaching the field trip group at its next available destination.

7.3 All services and accommodations are subject to the laws of the country in which they are provided.

8. Legal Problems.

The Student acknowledges and understands that should Student have or develop legal problems with any foreign nationals or government of any foreign country, Student will attend to the matter personally with his/her own personal funds. St. Joseph's College is not responsible for providing any assistance under such circumstances.

9. Governing Law: Forum.

This Agreement shall be construed in accordance with the laws of the State of New York, and the exclusive venue for any lawsuits filed under or incident to this Agreement or the Program shall be New York, New York. The term and provisions of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

10. Assumption of the Risks Involved.

10.1 Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Program, the Student on behalf of him/herself and his/her family, heirs, and personal representative(s), agrees to assume all the risks and responsibilities surrounding participation in the Program, the transportation, and in any independent research or activities undertaken as an adjunct thereto, and in advance releases, and forever discharges, and covenants not to sue St. Joseph's College, its governing board, officers, agents, employees, and any students acting as employees ("Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which Student may have or which may hereafter accrue to him/her, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Student or by any property belonging to Student, whether caused by the negligence or carelessness of the "Releasees," or otherwise, while in, on, upon or in transit to or from the foreign country(ies) where the Program or any adjunct to the Program occurs or is being conducted.

10.2 Student understands and agrees that "Releasees" do not have medical personnel available at the location of the Program, during transportation, at any Host Institution, or anywhere in the Foreign Country(ies). Student understands and agrees that "Releasees" are granted permission to authorize emergency medical treatment, if necessary, and that such action by "Releasees" shall be subject to the terms of this Agreement. Student understands and agrees that "Releasees" assume no responsibility for any injury or damage which might arise out of or in connection with such emergency medical treatment.

10.3 It is the Student's express intent that this release and hold harmless agreement shall bind the members of his/her family and spouse, if Student is alive, and his/her family, estate, heirs, administrators, personal representatives, or assigns, if Student is deceased, and shall be deemed as a Releasee, Waiver, Discharge, and Covenant not to sue by any such individuals the above-named "Releasees."

10.4 In signing this Release, the Student acknowledges and represents that the he/she has been fully informed of the content of this waiver of liability and hold harmless agreement by reading it before signing it, and by signing this document as his/her own free act and deed confirms that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

10.5 Student executes this release for full, adequate, and complete consideration, including the opportunity to enjoy the benefits of this Program, and for other good and valuable consideration, and fully intending to be bound by the same.

10.6 Student attests that he/she is at least eighteen (18) years of age and fully competent to sign this Agreement, and that if he/she is not eighteen (18) years of age, his/her parent or guardian shall sign this Agreement below.

**I acknowledge that I have read the above statement in its entirety, that it represents a release of legal rights, and that I am signing this Agreement freely, knowingly, and voluntarily, with a full and complete understanding of its terms.**

STUDENT:

WITNESS:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
\*(Co-signature of parent or guardian if  
student is under 18 years of age.)

\*As parent or guardian of the above-referenced Student, I  
acknowledge that I have read and fully understand this  
Agreement, and agree to be fully bound by its terms.

**Office Use Only (If applicable)**

Completed and Submitted (*Please check off when received*):

Permission Form: \_\_\_\_\_ Leave of Absence Form: \_\_\_\_\_ Behavior Contract: \_\_\_\_\_

\_\_\_\_\_ A deposit was received in the amount of \_\_\_\_\_. Cash Credit Card Check (# \_\_\_\_\_)  
Date Amount

\_\_\_\_\_ The balance was received in the amount of \_\_\_\_\_. Cash Credit Card Check (# \_\_\_\_\_)