

HUNTER COLLEGE

EDUCATION ABROAD APPLICATION INSTRUCTIONS

Summer 09

(Detach the instructions and keep for your records)

GENERAL INFORMATION

Please read carefully and sign on page 3. Your signature is required and it acknowledges that you have read and understood all information included. Only complete applications will be processed.

Please note: Submitted applications are not returned, even if the student withdraws from the program

APPLICATION DEADLINES

March 12 – application deadline for students applying for STOCS grants. Application deadline for STOCS is March 16. All students applying for STOCS need to hand in the program application first (see: <http://web.cuny.edu/academics/oaa/uei/inted/stocs/for-students.html>).

March 23 – application deadline for all other students

April 30 – final payment for **all** students regardless of funding source, i.e. STOCS, loans, etc.

For tuition payment deadlines: follow the schedule for Summer Session I as provided on the Bursar's page: <http://www.hunter.cuny.edu/bursar/subpages/paymentoption.shtml#deadlines>

REQUIREMENTS

- You must have a GPA of 2.8 or higher
- You must fulfill program prerequisites, if any
- You must NOT have any stops on your record and be a student in good standing

ACCEPTANCE

Spaces in the programs are limited. It is in your best interest to apply early!

Students will be notified by e-mail of their acceptance. Once the program is filled, the remaining qualified students will be put on a waiting list. Senior Citizen Auditors (age 60 and over) will be accepted only if there is space available after all qualified students have been admitted. They will register at their normally assigned time.

DATES

Program dates indicate the day **you need to arrive** at the site (in most cases it means that you need to fly the day before) and the day **the program ends** (this is the day you need to leave from the provided housing).

FINANCIAL INFORMATION AND CANCELLATION POLICY

NOTE: All payments must be made by money order or certified check made payable to Hunter College. No personal checks, cash or credit cards are accepted. DO NOT ENDORSE.

Application Fee and Deposit.

Each Application must be accompanied by a \$350 **money order or certified check**, which will be applied to the program fee. If you withdraw from the program prior to the application deadline, you will be refunded \$300 (\$50 will be kept as the application fee). If you withdraw from the program after the application deadline, you will lose the entire \$350 deposit.

Program Fee

Before the starting date of the program, students will be financially responsible for **any non-recoverable costs** associated with the program fee at the time of withdrawal. Non-recoverable costs are financial commitments (such as housing deposits, field trip pre-payments, etc.) made on behalf of students. These costs vary by program and typically increase closer to the departure date. After the starting date of the program, the student will be financially responsible for **the entire program fee**. There will be no refunds for late arrivals or early departures.

Notification of withdrawal must be made in writing to the Office of Education Abroad before the withdrawal will be officially recognized. Otherwise, students will be responsible for all program fees. The date on which the written notification is received is the date by which the financial calculation will be determined. If a balance is due to the Office of Education Abroad or the Office of the Bursar at the time of withdrawal, that amount must be paid in a timely manner.

Tuition

CUNY tuition is **not** included in the program fee and must be paid directly to the Bursar (students from other CUNY colleges pay their home school). **Check the Bursar's website: <http://www.hunter.cuny.edu/bursar/subpages/paymentoption.shtml#deadlines> and follow the payment schedule for Summer Session I**

Proof of tuition payment needs to be presented to the Education Abroad Office prior to departure. Before the starting date of each program, canceling students will be refunded full tuition. **After the starting date of the program, no tuition will be refunded.**

IF THE PROGRAM IS CANCELLED BY THE OFFICE OF EDUCATION ABROAD, ALL PAYMENTS WILL BE REFUNDED.

VISAS

All visas (if required) are the responsibility of the student. If you are **not** a US citizen, make sure to inquire early with the consulate of the country to which you are going to see if you need a visa. If a visa is needed, contact the Office of Education Abroad before you apply for one.

TRAVEL

In most cases, there is not going to be organized group travel to the program site and students will be expected to arrive on the date indicated. Accepted students should make their travel arrangements shortly after the application deadline (once it is determined that the program is not cancelled), since prices go up with time. In programs in which airfare is included, Education Abroad can't make any changes in departure or return dates.

HOUSING AND MEALS

- Co-ed housing is not available
- Guests are not allowed to stay in program housing
- Accommodation for special meals, diets or rooming preferences cannot be guaranteed

HUNTER COLLEGE STUDY ABROAD APPLICATION

Last Name: _____ First Name: _____

Name of Program: _____

If Spain, ___June OR ___July OR ___June/July

Last 4 digits of SS#: _____ Sex: ___Male ___Female

Primary E-mail Address: _____

Alternate E-mail Address: _____

Home School: _____ Date of Birth ___/___/___

Cumulative GPA: _____ Credits Earned: _____ Academic Year ___F___Soph___Jr___Sr
___Other

Country of Citizenship: _____ Macaulay Honors: ___Y___N Applying for STOCs: ___Y___N

PLEASE THOROUGHLY READ AND COMPLETE THIS APPLICATION AND RETURN TO ROOM E1447 (INCLUDING ALL ADDITIONAL DOCUMENTS AND 2X2 STAPLED PICTURE BELOW) TO APPLY. IF YOU SHOULD NEED A VISA YOU MUST SPEAK WITH THE EDUCATION ABROAD OFFICE BEFORE APPLYING FOR ONE.



APPLICATION CHECKLIST

STAFF STUDENT

- | | | |
|---|---|---|
| — | — | Completed and signed Applicant’s Information page (p. 3) |
| — | — | Signed Placement Acceptance Form (p. 4) |
| — | — | Completed and signed Code of Conduct page (p. 5) |
| — | — | Completed and NOTARIZED Waiver and Release Agreement (p. 6-8) |
| — | — | Completed and signed (by you and your physician) Health Information Questionnaire (p. 10) |
| — | — | Completed, signed, and stamped Physician’s Statement (completed by your physician, p. 11) |
| — | — | Completed and signed New York State Health Care Proxy Form including signatures of 2 witnesses in section number 4 (p. 13-14) |
| — | — | Completed Emergency Contact Form (p. 15) |

ADDITIONAL REQUIRED DOCUMENTS

To be attached to your application:

- | | | |
|---|---|--|
| — | — | \$350 Application Fee in form of Money Order or Certified Check with your name and the name of the program you are attending made out to Hunter College (no cash, credit card or personal checks will be accepted) |
| — | — | One copy of your transcript (can be unofficial for CUNY students) |
| — | — | A photocopy of the picture page of your passport |
| — | — | One 2x2 passport photo (attached to first page) |

**Submit Application to Hunter College Education Abroad Office, Room 1447E,
695 Park Ave, New York, NY 10065**

STAFF INITIALS _____

APPLICANT'S INFORMATION
(PLEASE PRINT ALL INFORMATION CLEARLY)

Last Name: _____ First Name: _____
(AS IT APPEARS ON YOUR PASSPORT)

Last 4 digits of SS # _____ Birth Date: _____

Country of Citizenship: _____ SEX: MALE OR FEMALE

Current Mailing Address

Number and Street: _____

City: _____ State: _____ Zip: _____

Phone (day) _____ (evening) _____ (cell) _____

Email: _____

Academic Information

Home College: _____

Total College Credits: _____ Current cumulative GPA: _____

Are you a _____ freshman _____ sophomore _____ junior _____ senior

If none of the above apply, what is your status? _____

Are you in the Macaulay Honors Program? yes _____ no _____

Language skills (other than English) _____

Courses you intend to take abroad (if there is a choice): _____

Did you already attend any Study Abroad programs? Where? _____

Passport Information (Exception: Hawaii)

Do you have a passport? If yes, from which country? _____

Passport # _____ Expiration Date _____

* NOTE: Passport must be valid for at least 6 months after your return date. Please, make a copy of the photo page of your passport and attach it to the back of this application

I, the undersigned, acknowledge that I have read this application and that all statements are correct to the best of my knowledge.

Applicant's Signature _____ Date: _____

PLACEMENT ACCEPTANCE FORM

Conditions of Placement for Hunter College Education Abroad Programs

- **Timely Completion of Forms** - I understand that my participation in Hunter College Study Abroad Programs is contingent upon returning all forms (application, registration, housing, etc.) and other materials, which may be requested by stated deadlines.
- **Eligibility** - I understand that my acceptance to participate in Hunter College Study Abroad Programs is contingent upon my maintaining all eligibility requirements (academic, financial, and social/behavioral) as defined by Hunter College and my home campus. My participation may be terminated by either Hunter College, my home or host campus if I fail to remain enrolled at my host campus or fail to maintain other eligibility standards. I further understand that failure to remain enrolled as a student may affect my financial aid and/or program eligibility at Hunter College, my home and/or my host campus.
- **Tuition/Fees Room/Meal, and other Fees** - I agree to pay tuition/fees in a timely manner. I also agree to pay program fees in a timely manner. I understand that failure to make full payment of all required fees or to resolve other debts may result in the cancellation of any course registration and/or disenrollment. I understand that all financial obligations must be fulfilled prior to receiving transcripts or a diploma from Hunter College.
- **Transcripts** - I assume responsibility to request that an official transcript of the work attempted while on the program be sent back to my home campus if Hunter College is not my home campus.
- **Insurance** - I understand that Hunter College will provide me with health and emergency evacuation insurance on all it's Winter Intersession and Summer programs that are taking place outside of the US. If I'm participating in the Hawaii program, I need to have adequate domestic health insurance for the time period of the program, and it is my responsibility to ensure that I am adequately covered. I further understand that my home and/or host campus (if other than Hunter College) may require me to submit proof of coverage. Hunter College does not provide Travel Insurance.
- **Medical Matters** - I will comply with any requirements for medical information relating to my participation in the program, including obtaining or documenting immunizations required by my home and/or host campuses.
- **Personal Health and Safety** - I understand that Hunter College and/or my home and host campuses cannot guarantee my health and safety while on the program. I am responsible for acting prudently and exercising caution and common sense at all times. I also understand that I may be using different forms of transportation to participate in this program. I agree that Hunter College as well as my home and host campuses are not responsible for personal injury, death, and/or loss or damage of property suffered by me during periods of travel with, and independent of, the program.
- **Rules and Regulations** - I agree to abide by all rules, regulations, and policies of Hunter College and/or my home and host campuses governing my academic, financial, and social/behavioral status while on the program. I understand that failure to conform to these rules and regulations may result in the termination of my participation and Hunter College, my host and/or my home campuses may take further disciplinary action.
- **Release of information** - by signing this Placement Acceptance Form, I hereby give permission to Hunter College coordinators and/or my home and host campuses to collect and release information appropriate to my application for, and my participation in the program, including: letters of recommendation, transcripts, financial status with the campuses, report of conduct, and medical/counseling records. That information may be released between and among the campus coordinators and other appropriate officials of both the home and host campuses and Hunter College. I further agree that my home and host campuses may disclose to one another, to Hunter College, and to my parent, legal guardian, or spouse any information which may impact my mental health or physical well-being while on the program. (The "program" extends from the time of placement until the receipt of the official transcript by the home campus of the work attempted at the host campus.) The permission granted here under shall survive the termination of my participation in the program.
- **Hold-Harmless** - I understand that my participation in Hunter College Study Abroad Programs is voluntary. I understand that Hunter College does not make any warranties of any kind, expressed or implied, regarding Hunter College Study Abroad Program participation, including perceived quality of experience or services rendered. I further understand that Hunter College does not assume responsibility and disclaims any liability for any injury, loss, damage, or expense (personal, academic, financial, or other) suffered by me by reason of my participation in this program.

SIGNATURE

NAME OF PROGRAM

DATE

**HUNTER COLLEGE/CUNY
CODE OF CONDUCT
Hunter College Programs Abroad**

Name: _____ Program: _____

Participants are expected to observe local laws and customs and exhibit good behavior. The College reserves the right to require any student to leave the program for reasons of personal behavior or academic standing. Participants in Hunter College Programs Abroad are subject to the “Rules and Regulations for the Maintenance of Public Order Pursuant to Article 129-A of the Education Law” (the ”Rules and Regulations”).

FOUR INVIOABLE LAWS ARE:

1. Students must maintain an adequate academic standard.
2. Violent, disorderly or indecent behavior of any kind is prohibited and may result in suspension, expulsion, ejection and/or arrest by the civil authorities in accordance with the “Rules and Regulations”.
3. Illegal drugs in any form are not tolerated and any student dependent upon their use should not participate in the program. Laws in most countries state that possession of any illegal drug is punishable by fine, imprisonment, and/or deportation. Students found to be using illegal drugs in any form may be subject to suspension, expulsion, ejection, and/or arrest by the civil authorities in accordance with the “Rules and Regulations”.
4. Attendance in **all** classes and class-related trips is mandatory.

I have read these rules and I agree to obey them during the time of my participation in the Study Abroad Program. I understand that violation of these rules may lead to probation or suspension.

I understand that if for any reason I leave the program, I am responsible for all financial arrangements for my care and for transportation home.

SIGNATURE

DATE

STUDENTS -- THIS IS A RELEASE. READ BEFORE SIGNING!!

WAIVER AND RELEASE AGREEMENT

I, _____ (“Applicant”), am a student at _____
_____ and have agreed to participate in the education abroad
program (“Program”) offered by Hunter College of the City University of New York (“University”)
in _____
from _____, 20__ until _____, 20___. In consideration for being
permitted to participate in the Program, I hereby agree and represent that:

1. Risks of Study Abroad

A. I understand that participation in the Program involves risks not found in study at the College. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters described in the attached U.S. Department of State Country Specific Information (and Travel Warnings and/or Travel Alerts, if any) that I have received, reviewed, and initialed, and which are incorporated by reference in this Waiver and Release Agreement (“Release”).

B. Knowing these risks, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Program, there are unavoidable risks in travel overseas, and I hereby release and promise not to sue the City of New York, the State of New York, the College, the University, and the officers, employees or agents of any and all of them, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the officers, employees or agents of any of them.

2. Institutional Arrangements

A. I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of such matters.

B. I understand that, although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements and accommodations, at any time and for any reason, with or without notice, and that neither the College, the University, the State of New York, or the City of New York nor the officers, employees or agents of any or all of them, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

C. I understand that the University is not in any way responsible for my well being with respect to any travel to destinations beyond those specifically required under the Program that I may choose to undertake before, during, or after the Program.

3. Health and Safety

A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in the Program.

B. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the City of New York, the State of New York, the College, the University, and the officers, employees or agents of any and all of them, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) occurring during and/or arising from the Program, that I may incur because of those injuries or illnesses.

C. The University may, but is not obligated to, take any actions regarding my health and safety that it considers to be warranted under the circumstances. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.

4. Standards of Conduct

A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior that violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.

B. I also will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards and instructions.

C. I agree that the University has the right to enforce the standards and conduct described herein, in its sole judgment, and that it may impose restrictions, up to and including removal and termination from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony and welfare of the College, the University, the Program or other participants. I agree that, due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If I am terminated from the Program, I consent to going home at my own expense with no refund of fees.

D. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

5. Miscellaneous Legal Provisions

A. I agree that, should any provision or aspect of this Release be found to be unenforceable, that all remaining provisions of the Release will remain in full force and effect.

B. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release, I have the right to consult with the adviser, counselor, or attorney of my choice.

C. This Release represents my complete understanding with the College and the University concerning their responsibility and liability for my participation in the Program. It supersedes any previous or contemporaneous understandings I may have had with the College or the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

D. I represent that I am at least eighteen years of age or, if not, that I have secured on the following page, the signature of my parent or guardian as well as my own.

I HAVE READ THIS RELEASE FORM CAREFULLY BEFORE SIGNING IT.

Signature

STATE OF _____)

ss.:

COUNTY OF _____)

On this ____ day of _____, 200__, before me personally appeared _____
_____ to me known and known to me to be the person
described in and who executed the foregoing instrument and acknowledged that s/he executed the
same.

Notary Stamp

Notary Public

Note: If Applicant is under the age of 18, then the following page must be completed, signed, and notarized.

IF APPLICANT IS UNDER THE AGE OF 18:

I, _____:
print full name

- (a) am the parent or legal guardian of the Applicant;
- (b) have read the foregoing Waiver and Release Agreement (including such parts as may subject me to personal financial responsibility);
- (c) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release; and
- (d) agree, for myself and for the Applicant, to be bound by its terms.

Signature of Parent or Guardian

STATE OF _____)

ss.:

COUNTY OF _____)

On this ____ day of _____, 200__, before me personally appeared _____

_____ to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged that s/he executed the same.

Notary Stamp

Notary Public

HEALTH INFORMATION QUESTIONNAIRE

NAME _____ BIRTH DATE _____ GENDER _____

PROGRAM _____

The purpose of this form is to help HUNTER COLLEGE to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential; and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. HUNTER COLLEGE may not be able to accommodate all individual needs or circumstances. This information does not affect your admission to the program. Please note: the nondisclosure of a physical or medical condition may affect our ability to provide information relevant to your specific needs abroad.

MEDICAL HISTORY

1. Are you generally in good physical condition? (If no, please explain.) Yes ___ No ___
2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.) Yes ___ No ___
3. Do you have any allergies to drugs or foods? (If yes, please list ALL) Yes ___ No ___
4. Are you taking any medications? (If yes, please list ALL medications.) Yes ___ No ___
5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.) Yes ___ No ___
6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.) Yes ___ No ___
7. Is there any additional information (concerning medical conditions or mental, learning, or physical disabilities) that would require accommodation or be helpful for the program to be aware of during your study abroad experience? (If yes, please explain.) Yes ___ No ___

I certify that all responses made on this Health Information Questionnaire are true and accurate, and I will notify HUNTER COLLEGE hereafter of any relevant changes in my health that may occur prior to the start of the program. I further understand that, in the event of an emergency abroad, HUNTER COLLEGE reserves the right to notify my parent(s), guardian, spouse, or designated agent (if not a minor.)

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PHYSICIAN

DATE

PHYSICIAN'S STATEMENT

TO THE APPLICANT: Please authorize by your signature below the release of any medical information that may be relevant in the opinion of your physician to your participation in the study abroad program.

Your name _____ Program name and location _____

Application for: Spring 20 ____ Fall 20 ____ Summer 20 ____ Intersession 20 ____ Academic Year 20 ____ - 20 ____

Length of term away _____

Signature _____

Date _____

TO THE PHYSICIAN: Please indicate if the student named above has a history of chronic or disabling physical conditions; any allergies which may require either continuing or emergency treatment; any special dietary problem; or any other physical or emotional condition which might affect his/her well-being or that of fellow students while living or traveling outside the United States for an extended time. Please list the generic names for any prescription medicine the student requires which may not be readily obtainable abroad.

Physician's Name (print): _____

Address: _____

Signature: _____ Date: _____

A DOCTOR'S STAMP AND/OR LICENSE # IS REQUIRED

NOTE: An extension may be provided for submission of pages 10 and 11 if necessary. Please hand in the rest of the application as soon as possible.

Health Care Proxy Form Instructions

Item (1)

Write the name, home address and telephone number of the person you are selecting as your agent.

Item (2)

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

Item (3)

Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

Item (4)

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: *I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.*

If you wish to make more specific instructions, you could say:

If I become terminally ill, I do/don't want to receive the following types of treatments....

If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don't want the following types of treatments:....

If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want the following types of treatments:....

I have discussed with my agent my wishes about _____ and I want my agent to make all decisions about these measures.

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

Item (5)

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Item (6)

You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent's authority ends upon your death. The law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.

Item (7)

Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.

Health Care Proxy

(1) I, _____

hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby

appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. *(Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions):* _____

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary):* _____

In order for your agent to make health care decisions for you about artificial nutrition and hydration *(nourishment and water provided by feeding tube and intravenous line)*, your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification *(please print)*

Your Name _____

Your Signature _____ Date _____

Your Address _____

(6) Optional: Organ and/or Tissue Donation

I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)

Any needed organs and/or tissues

The following organs and/or tissues _____

Limitations _____

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature _____ Date _____

(7) Statement by Witnesses *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date _____ Date _____

Name of Witness 1 _____ Name of Witness 2 _____
(print) *(print)*

Signature _____ Signature _____

Address _____ Address _____



State of New York
Department of Health

**HUNTER COLLEGE EDUCATION ABROAD
EMERGENCY CONTACT FORM
(PLEASE PRINT NEATLY)**

Participant Information

LAST NAME _____

FIRST NAME _____

NAME OF PROGRAM _____

PROGRAM DATES _____

DATE OF BIRTH _____ HOME COLLEGE _____

Last 4 digits of the SS # _____ MALE _____ FEMALE _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

PHONE (day) _____ (evening) _____ (cell) _____

E-MAIL: _____

Emergency Contact 1

EMERGENCY CONTACT PERSON (name) _____

RELATION TO STUDENT _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (day) _____ (evening) _____ (cell) _____

E-MAIL _____

Emergency Contact 2

EMERGENCY CONTACT PERSON (name) _____

RELATION TO STUDENT _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (day) _____ (evening) _____ (cell) _____

E-MAIL _____