

EDUCATION ABROAD

WINTER 2012

HUNTER COLLEGE STUDY ABROAD APPLICATION

Please **READ** the Application Instructions and Program Policies thoroughly!!!

Last Name: _____ First Name: _____

Name of Program: _____

Last 4 Digits of SS#: ____ - ____ - ____ - ____ Gender: ___ 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 (explain: _____)

Country of Citizenship: _____

Macaulay Honors: ___ Yes ___ No Applying to STOCS: ___ Yes ___ No

Complete this application and return to Office of Education Abroad, Room E1447
(Make sure you include ALL additional documents and staple a 2 in. X 2 in. passport photograph below.)

*If you should need a visa, you **MUST** speak to the Office of Education Abroad before applying for one.

(Staple Here)
2 in. X 2 in. Passport Photograph
(Staple Here)

APPLICATION CHECKLIST

Please check that all items are completed before submitting the application:

- ___ Online Application Form
- ___ Placement Acceptance Form (pg 3)
- ___ Code of Conduct page (pg 4)
- ___ NOTARIZED Waiver and Release Agreement (pgs 5-8)
- ___ Health Information Questionnaire and Physician's Statement (pgs 9 & 10)
- ___ New York State Health Care Proxy Form (pgs 11-13)

ADDITIONAL REQUIRED DOCUMENTS

To be attached to your application:

- ___ \$350 Application Fee in form of Money Order / Certified Check made payable to **Hunter College** (no cash, credit card or personal checks will be accepted). Include your name and the name of the program you are attending on the face of the check or M.O. (For how to fill out a certified check/money order, please go to our website www.hunter.cuny.edu/educationabroad).
- ___ One copy of your transcript (can be unofficial for CUNY students as long as your name is printed on it).
- ___ A photocopy of the picture page of your passport
- ___ One 2x2 passport size photo (attached to page 1).
- ___ Personal Statement

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.

HUNTER COLLEGE

CITY UNIVERSITY OF NEW YORK

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 _____ SEX _____

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. When was your last tetanus shot? _____

8. Is there any additional information (concerning medical conditions or mental, learning, or physical disabilities) that would require accommodation or be helpful for the program director 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 physician's forms 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.

Name of Witness 1 (*please print*) _____

Address _____

Signature _____ Date _____

Name of Witness 2 (*please print*) _____

Address _____

Signature _____ Date _____