

HUNTER

City University of New York

Keep a copy for your files –you may want to consult these instructions later.

Spring 2019 – Costa Rica

EDUCATION ABROAD APPLICATION INSTRUCTIONS AND PROGRAM POLICIES

FOR HUNTER COLLEGE PROGRAMS ONLY

(Keep the Instruction pages for your records)

Submit Application to Hunter College Education Abroad Office, Room E1447
695 Park Ave, New York, NY 10065

Please note: Submitted applications are not returned, even if the student withdraws from the program. However, we need all NEW information whether or not you applied before.

REQUIREMENTS

- You must have a **GPA of 3.0 or higher** and have completed **12 credits** of college coursework to apply (24 completed credits when the program in Costa Rica begins).
- Requires **ONE Academic Reference Letter**
- You must fulfill program prerequisites, if any.
- You must **NOT** have any stops on your record and be a student in good standing.

DEADLINES

October 26th– Application deadline for all students, including \$350 Application Fee/Deposit.

November 27th– final program fee payment for **all** participants **regardless of funding source**, i.e. Honors College, loans, or any other type of Financial Aid.

For tuition payment deadlines: follow the schedule for summer as provided on the Bursar's page: <http://www.hunter.cuny.edu/bursar>

ACCEPTANCE

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

Space permitting, applications from eligible students may be considered after the deadline. \$25.00 late application fee will be charged. *If the late application will cause the late payment of the program fee balance, another \$25 will be charged.* 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.

PERSONAL STATEMENT

Please attach a typewritten personal statement that, in 500 words or less, explains how your participation in this particular study abroad program will advance your personal, educational, and/or career goals.

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IMPORTANT DATES

Acceptances are announced beginning one week after application deadline.

A **pre-departure orientation** will be scheduled after acceptances are announced.

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 by money order or certified check made payable to Hunter College. No personal checks, cash or credit cards are accepted. DO NOT ENDORSE. Deadlines are important! Late fees will apply. See late fee policy online [here](#).

- **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. With the exception of London, if you withdraw from the program prior to the application deadline, you will be refunded your deposit, minus \$50, which will be kept as the application fee. If you withdraw from the program after the application deadline, you will lose your 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.

- **Deposits** are non-refundable after the program application deadline; should a student withdraw from a program for any reason after this deadline, the deposit will be lost. Also note that paying the program deposit authorizes the provider (whether Hunter or a third party) to incur expenses on that student's behalf; should a student withdraw from a program for any reason after paying the deposit, he or she will be responsible for any non-recoverable expenses. These expenses can include (but are not limited to) airfare, housing fees, and partial or full tuition.

Withdrawal from Program

Notification of withdrawal must be made in writing to the Education Abroad Office 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 Education Abroad Office or the Office of the Bursar at the time of withdrawal, that amount must be paid in a timely manner.

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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> and follow the payment schedule for Summer session.

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, tuition will be refunded following the Bursar's refund policy.**

IF THE PROGRAM IS CANCELLED BY THE EDUCATION ABROAD OFFICE, 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 Education Abroad Office before you apply for one. After contacting the office, proceed to apply early. It is often a lengthy process, particularly in high season.

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 orientation session, since prices go up with time. In programs where airfare is included, the Education Abroad Office 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

INSURANCE

Hunter College will purchase international health insurance for students traveling abroad. *All students may want to consider buying travel insurance when purchasing their airfares.*

International Health Insurance for CUNY programs is purchased from:

Cultural Insurance Services International (CISI)

Hunter's Policy Number is: **18 GLM N0496531**



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

Spring 2019 – Costa Rica

I am applying to: DEVELOPMENT STUDIES IN LATIN AMERICA (COSTA RICA)
Program Name

Last Name: _____ First Name: _____
Print clearly Print clearly

Last 4 Digits of SS#: _____ Gender: Male Female Date of Birth: ____/____/____

CUNYfirst Empl ID: _____ Phone Number: (____) _____ - _____

Your School E-mail Address: _____@_____ Print Clearly

Preferred E-mail: _____@_____ Print Clearly

Home School: _____

Cumulative GPA: _____ Credits Earned: _____

Current Academic Year: Fr Soph Jr Sr Other (explain): _____

Expected Date of Graduation? _____ Macaulay Honors: Yes No

Country of Citizenship _____ Passport # _____

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

Affix
Headshot
Here

For Office Use Only!

Online app submitted?

\$350 Deposit Paid ____

Program Fee Balance \$____ Paid Date _____

Renewing passport

Health Forms: pending Doctor appt.? __

ONE Academic Reference Letter

APPLICATION CHECKLIST

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

- ___ Online Application Form
- ___ Placement Acceptance Form
- ___ Code of Conduct page
- ___ Waiver and Release Agreement
- ___ Health Information Questionnaire and Physician's Statement
- ___ New York State Health Care Proxy Form
- ___ Course Selection and Ranking

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).
- ___ One Recommendation Letter (from a Professor)
- ___ A photocopy of the picture page of your passport
- ___ One 2x2 headshot photo (attached to page 4).
- ___ Personal Statement

****I have read and understood the previous *Application Checklist*, the *Additional Required Documents*, and the *Application Instructions and Program Policies* for Spring 2019 program. (The instructions & policies are on a separate document, and are only 1 element of the Application to study abroad).**

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 campuses 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 Hunter'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.

- **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

CUNY INTERNATIONAL TRAVEL PARTICIPATION, WAIVER, AND EMERGENCY CONTACT FORM

CUNY INTERNATIONAL TRAVEL PARTICIPATION, WAIVER, ANDEMERGENCY CONTACT FORM

This form (the “Release Form”) has been developed by the CUNY Office of the General Counsel (OGC) and cannot be altered or adapted except in the answerable fields without approval from OGC.

PART A to be completed by the Program Director (then duplicated for completion of Part B by participating students)

Description of Activity

_____ (“College”) of The City University of New York (“University”) believes that participation in organized, off-campus activities by its students can be an important part of a student’s learning experience. Off-campus activities may, however, involve certain risks, both to the participating students and to the College/University. In order to participate, each student must read carefully, complete, and sign this Release Form and submit it to the Program Director prior to the Activity.

Destination of Activity:

Dates of Activity:

Name of Campus Director:

Name of Field Director or Chaperon(s) (if applicable):

Contact Telephone Number on Date(s) of Activity:

Description of Activity:
(including travel to and from Destination of Activity)

PART B to be completed and signed by the participating student; if under 18, also by his/her parent or legal guardian and notarized.

I wish to participate in the Activity, and in consideration for being permitted to participate in the Activity, I hereby represent and agree as follows:

ASSUMPTION OF RISK

1. I understand that participation in the Activity involves risks not found in study at the College., These risks can range from a) minor injuries such as bruises and strains, to b) major injuries such as broken limbs, loss of sight, neck or back injuries, heart attacks and concussions, to c) catastrophic injuries, including paralysis and death, and also include risks of damage to or theft of personal property, and risks involving traveling to and within, and returning from, Activity sites and other 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 U.S. Department of State Country Specific Information (and Travel Warnings and/or Travel Alerts, if any) and in the Centers for Disease Control and Prevention Travel Notices that I have accessed at <http://travel.state.gov> and at <https://wwwnc.cdc.gov/travel/notices> and reviewed carefully. I understand that there may be other risks not known or reasonably foreseeable. I have sought and obtained information and advice that I feel are necessary and appropriate.

2. I VOLUNTARILY ACCEPT AND ASSUME ALL OF THE RISKS IN PARTICIPATING IN THE ACTIVITY.
3. My participation in the Activity is voluntary.

WAIVER OF LIABILITY

4. I, for myself and on behalf of my family, heirs and personal representative(s), HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS, The City University of New York (“University” or “CUNY”), any student organization and/or related entity of CUNY that organized, sponsored and/or funded the Activity, the City of New York, the State of New York, and the officers, directors, employees, representatives, agents and affiliates of any and all of them (“Released Parties”) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER arising out of or related to any loss, damage or injury (including death) to me or others, or to any property belonging to me or others,

(a) caused by, deriving from, or associated with my presence at, participation in, or travel to or from the Activity, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERS, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the officers, directors, employees, representatives, agents or affiliates of any of the Released Parties; or

(b) arising at a time when I am not under the direct supervision of University, including, without limitation, during travel and/or activities other than those specifically required in order to participate in the Activity that I may choose to undertake before, during or after the Activity, and/or that are caused by my failure to remain under such supervision.

5. I have no known physical or health-related reasons or problems that preclude or restrict my participation in the Activity or I have disclosed to the College any physical, mental, and emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for visual or auditory aids that might impair my ability to participate in the Activity. I, for myself and on behalf of my family, heirs and personal representative(s), HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS each of the Released Parties FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER arising out of or relating to any loss, damage or injury (including death) to me or others, or to any property belonging to me or others, caused by, deriving from, or associated with my failure to disclose to the College any such conditions, problems, or needs.

OTHER REPRESENTATIONS

6. I understand that each 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

Activity and assume responsibility for my actions, understanding that the circumstances of an Activity may require a standard of behavior that may differ from that applicable on campus.

7. I will comply with the University's rules, standards, and instructions for student behavior generally and for the Activity, including the College's Code of Student Conduct, the Henderson Rules of Public Order, and the expectations for student behavior described in the CUNY International Travel Guidelines (collectively, the "standards"). I acknowledge and understand that my compliance is important to the success of the Activity and to the University's/College's willingness to permit future similar activities. I agree that the University has the right to enforce the standards, in its sole judgment, and that it may impose restrictions, up to and including disciplinary proceedings and not granting academic credit for and removing me from the Activity, for violating the standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the College, the University, the Activity or other participants.
8. 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 may not apply. If I am removed from the Activity, I consent to going home at my own expense with no refund from the University or College of any monies paid. 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.
9. I understand that it is within the College's discretion to change travel, accommodations, and other arrangements as it deems necessary. I understand that the College is not responsible for nor does it represent or act as agent for, and cannot control the acts or omissions of any host institution or service providers, including those who provide transportation, tour, dining or sleeping accommodations.
10. I understand and agree that the University is not in any way responsible for my wellbeing with respect to any travel to destinations beyond those specifically required for the Activity that I may choose to undertake before, during, or after the Activity.
11. I have or will obtain and maintain the insurance policy required by the University ("travel insurance") which provides coverage for health and hospitalization, accident, repatriation, and medical and security evacuation. I will be responsible for the costs of such insurance and for any expenses not covered by insurance.
12. I also have or will obtain and maintain travel insurance coverage for all travel and activities other than those specifically required in order to participate in the Activity that I may choose to undertake before, during, or after the Activity. Among other things, this means that if I extend my travel before or after the dates of the Activity, I will extend my travel insurance to ensure I have coverage for the duration of my time abroad. I will use my best efforts to register any travel extensions and report any additional updates in [CUNY-GO](#).
12. The University may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances, and I hereby authorize the University to make such decisions and take such actions. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.
13. Except for any University scholarships or similar funding, I am assuming full financial responsibility for all costs and expenses incurred by me in connection with the Activity, including, without limitation, financial responsibility for damage or destruction to property of third parties.
14. I will not hold myself out as having the power or authority to bind or create liability for the College or the University.

16. This Release Form represents my complete understanding with the College and the University concerning their responsibility and liability for my participation in the Activity. 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.
17. I agree that this Release Form be constructed in accordance with New York law. I agree that this Release Form will be binding to the fullest extent permitted by such law. If any part of this Release Form is held to be unlawful, that part will be limited only to the minimum extent necessary to comply with the law, and the validity of the remaining parts will not be in any way affected.
18. This is my contact information:

Name: _____ CUNY ID: _____

Phone: _____ Email: _____

Date of birth: _____ Citizenship(s): _____

Number of passport you will use for travel: _____

19. This is my **emergency contact information**:

In case of emergency, notify:

Name: _____ Relationship: _____

Phone: _____

Email: _____

20. Check one:

I am at least eighteen years old.

I am not yet eighteen years old, so I have secured the signature of my parent or guardian (see next page) as well as my own.

I WISH TO PARTICIPATE IN THE ACTIVITY. I HAVE READ ALL OF THIS RELEASE FORM AND I FULLY UNDERSTAND IT. I AM VOLUNTARILY SIGNING THIS RELEASE FORM WITH THE INTENTION TO BE BOUND BY ITS TERMS. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS NOT CONTAINED IN THIS RELEASE FORM HAVE BEEN MADE TO ME BY ANY OF THE RELEASED PARTIES.

Date: _____ Signature: _____

If participating student completing and signing this Release Form is under the age of 18, then the following page must be completed and signed by the student's parent or legal guardian in the presence of a notary.

IF STUDENT IS UNDER THE AGE OF 18, THEN THE STUDENT'S PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THE FOLLOWING IN THE PRESENCE OF A NOTARY:

1. I am the parent or legal guardian of the student named above who signed on the previous page.
2. I give my permission for my child to take part in the Activity described on the first page of this form with the understanding that there are potential risks associated with the Activity.
3. I understand that my child is expected to behave responsibly and to follow the University's discipline code, policies and standards, and that failure to do so may subject the student to removal from the Activity.
4. I have read and understand this Release Form, and I confirm that the information provided by my child is accurate and complete.
5. I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the Activity may act on my behalf and at my expense in obtaining medical treatment for my child.
6. I am and will be legally responsible for the obligations and acts of my child as described in this form, including such parts as may subject me to personal financial responsibility.
7. I agree, for myself and for my child, to be bound by its terms.

Print First and Last Name of Parent or Guardian

Signature of Parent or Guardian

STATE OF _____)

COUNTY OF _____)

ss.:

On this day of _____, 20____, 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 _____ BIRTHDATE _____ 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 up to 30 days from application deadline date 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 Address _____

Signature _____ Date _____

(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 _____



ICDS SEMESTER COURSE SELECTION

CORE COURSES (REQUIRED)

1. COMMUNITY ENGAGEMENT AND SUSTAINABLE HUMAN DEVELOPMENT:
A SERVICE-LEARNING BASED COURSE
2. SPANISH LANGUAGE

OPTIONS TO CHOOSE TWO (2) ADDITIONAL COURSES FROM:

1. CURRENT ENVIRONMENTAL ISSUES IN LATIN AMERICA
2. RURAL AND URBAN SUSTAINABLE DEVELOPMENT: GLOBAL AND LOCAL PERSPECTIVES
3. DEVELOPMENT IN LATIN AMERICA FROM A GENDER PERSPECTIVE
4. HUMAN RIGHTS IN LATIN AMERICA: A CRITICAL APPROACH
5. DEMOCRACY IN CENTRAL AMERICA: AN ONGOING QUESTION
6. LITERATURA CENTROAMERICANA (TAUGHT IN SPANISH-FOR ADVANCED SPANISH SPEAKERS)

All students must complete a total of four courses. As part of the program "Development Studies in Latin America: An Interdisciplinary Program," you will rank your elective class choices. If fewer than 6 students sign up for any one class, it will not be held and you will be given the option to take a different course.

NAME:

After reading the information regarding the course descriptions in the following link <http://www.icds.ac.cr/wp-content/uploads/2017/09/Course-descriptions.pdf> , my course choices for ICDS' semester are as follows:

COURSE #1

1ST CHOICE:

IF 1ST CHOICE IS NOT OFFERED:

COURSE #2

1ST CHOICE:

IF 1ST CHOICE IS NOT OFFERED: _
