



# London Center

## Application for Admission

# ITHACA

Thank you for applying to the Ithaca College London Center. Check with the Office of International Programs (OIP) for application deadlines. Approximate deadlines are the beginning of October for the spring, beginning of March for the fall, and late February for the summer.

**Be sure to keep photocopies of each completed section of this application for your own records.**

- Personal Information and Statement** – submit to OIP
- \$50 (semester) or \$35 (summer) application fee** – submit to OIP
- Transcripts from each college you have attended** – submit to OIP
- Internship application, if relevant** – submit to OIP
- Student Release Form** – submit to OIP
- Academic Plan** – submit to OIP
- Dean’s Evaluation** – submit to your Dean along with copies of Sections I, II, and IV
- Academic Recommendation** – submit to a professor or academic adviser
- Student Conduct Certification** – submit to Judicial Affairs
- Parental Consent Form** – submit to OIP
- Medical Release and Emergency Decision Authorization** – submit to OIP
- Billing and Payment Policies Form** – submit to OIP

**Ithaca College**  
**Office of International Programs (OIP)**  
 CHS 214-2  
 Ithaca, NY 14850  
 Tel: 607-274-3306  
 Fax: 607-274-1515  
 Email: [intlprog@ithaca.edu](mailto:intlprog@ithaca.edu)  
 Website: <http://www.ithaca.edu/oip>

### Section I: Personal Information

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      Citizenship: \_\_\_\_\_      Gender:  Male  Female  
month    day    year

**Class standing while abroad:**  Sophomore  Junior  Senior      **Applying For:**  Fall  Spring  Summer      Year: \_\_\_\_\_

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

**Campus/Local Address:** \_\_\_\_\_  
Residence Hall or Street  
 \_\_\_\_\_  
City                                  State                                  Zip      **Local or Cell Telephone:**(\_\_\_\_) \_\_\_\_\_

**Primary E-mail:** \_\_\_\_\_      **Alternate e-mail:** \_\_\_\_\_

**Date until which campus address will be active:** \_\_\_\_\_

**Current College/University:** \_\_\_\_\_

**Other institutions attended (include dates):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City                                  State                                  Zip                                  Country      **Phone:** \_\_\_\_\_

**Father’s (or guardian’s) Name:** \_\_\_\_\_      **Home Phone:**(\_\_\_\_) \_\_\_\_\_

**Address (if different):** \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City                                  State                                  Zip                                  Country

**Mother’s (or guardian’s) Name:** \_\_\_\_\_      **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Address (if different):** \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City                                  State                                  Zip                                  Country

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

**OPTIONAL: Please check all that apply (*this information is gathered for statistical purposes only*).**

- African-American, African, Black    Hispanic-American, Latino, Chicano    Native Hawaiian, Pacific Islander    Multiracial  
 Asian-American, Asian, Indian    Native American, Alaska Native    White/Caucasian    Other: \_\_\_\_\_

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### **Voluntary Statement**

In the interest of your safety and welfare while overseas on an Ithaca College study abroad program, please indicate any special needs (allergies, health conditions, medications, etc.) of which we should be aware.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **Transcript Request**

Please request a transcript to be forwarded to the Ithaca College OIP from each college or university you have attended.

NOTE: Ithaca College students may submit an unofficial transcript for work completed at IC.

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### **Checklist**

**I have enclosed the following:**

- Application fee:** payable to Ithaca College
- Section I:** Personal Information
- Section II:** Academic Plan
- Section IV:** Personal Statement
- Section V:** Student Release Form
- Section VIII:** Parental Consent Form
- Section IX:** Medical Release and Insurance Information
- Section X:** Billing and Payment Policies Form
- Internship Application** (including cover letter and resume), if applicable

**I have arranged for the following to be sent to OIP:**

- Section III:** Dean's Evaluation
- Section VI:** Academic Recommendation
- Section VII:** Student Conduct Certification
- Transcripts**

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### **Certification**

**I certify that the information on this application is accurate and complete.**

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

**Please deliver your application materials to the Office of International Programs.**

**Upon acceptance you will be required to submit a nonrefundable \$500 deposit, which will be fully credited toward tuition for the specified semester(s).**

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**Please tell us how you FIRST learned about the Ithaca College London Center.**

- Study Abroad Advisor/Office    Academic Advisor    Study Abroad Fair    Poster    Brochure  
 Friend    Former Participant    Studyabroad.com    Goabroad.com    Web browsing  
 Other (please explain): \_\_\_\_\_

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**Section II: Academic Plan (and Internship Information)**

**Due date:** \_\_\_\_\_  
(To be filled in by applicant.)

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

A full semester schedule at the London Center consists of 12-18 credits. Part-time status is not offered. A full summer course schedule consists of 6 credits. Please read the course listings carefully to note whether a course is offered in the spring, fall or summer. List below (in order of preference) the courses you wish to take at the London Center. Circle the number of any course that you must have this semester in order to complete your graduation requirements. Be sure to list alternate courses in order of preference, as course offerings will be based on student interest as expressed here.

If you intend to apply for an internship please indicate that below (as a course title – internship course number is not required), submit a current resumé, and complete an internship application (available from the Office of International Programs or [www.ithaca.edu/oip/abroad\\_apply.htm](http://www.ithaca.edu/oip/abroad_apply.htm)).

Course Number	Title

Alternate Course Selection (Select four alternate courses to be taken in case any of your first choices are unavailable.)

Course Number	Title

**Adviser's Approval:**

Cumulative Grade Point Average \_\_\_\_\_ on a scale of \_\_\_\_\_  
 Total Credits Earned to Date \_\_\_\_\_ /semester/quarter/other  
 Total Credits Enrolled for Current Term \_\_\_\_\_ /semester/quarter/other  
 Total Number of Credits to be taken while in London \_\_\_\_\_ /semester

**I have carefully reviewed my advisee's application and recommend the above course of study.**

Adviser's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adviser's printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Office phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Section III: Dean's Evaluation**

**Due date:** \_\_\_\_\_

(To be filled in by applicant.)

**Applicant:** Complete the information below and give this form, along with Sections I, II and IV, to your academic dean for review.

I, \_\_\_\_\_, am applying for admission to the Ithaca College London Center for:

- Fall \_\_\_\_\_ or  Spring \_\_\_\_\_ or  Summer \_\_\_\_\_ or  Academic Year \_\_\_\_\_ - \_\_\_\_\_.
- year                      year                      year                      year                      year

In compliance with the Family Educational Rights and Privacy Act of 1974, as amended:

- This evaluation will remain confidential, and I waive my right to view it.
- This evaluation will not remain confidential, and I do not waive my right to view it.

Signature \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean:** Please complete this form and send it to the address below. Use the back of the sheet or an additional sheet if necessary.

1. Is the student in good academic standing?  Yes  No  
 If no, please explain.

2. Have you any reservations about this student's readiness for study abroad?  Yes  No  
 If yes, please explain.

3. To your knowledge, does the student have all the appropriate approvals from your institution to study abroad?  Yes  No  
 If no, please explain.

4. Will the credits earned by the student in this program be accepted toward his/her degree?  
 Yes, provided the student passes each course with a grade of \_\_\_\_\_ or better.  
 Yes, on the following condition:  
 No

5. Additional comments:

6.  I DO recommend the applicant for admission.  
 I DO NOT recommend the applicant for admission.

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

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

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## **Section IV: Personal Statement**

**On a separate sheet of paper, please provide us with a one-page essay that addresses one of the following:**

- 1) The success of an international study experience is a cooperative effort on the part of the College, the student and the host country. Describe your role as a student in creating a positive study abroad experience. In addition, describe at least one goal you hope to achieve while in London in each of the following areas: academic, intercultural, and personal.
- 2) Write an essay on a topic of your choice that is pertinent to your study abroad plans in London.

**Submit this statement with your completed application. Be sure to include your name and ID# on the page.**

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## **Section V: Student Release Form**

The Office of International Programs has prepared this agreement in order to outline the risks and responsibilities associated with participation in a study abroad program. All Ithaca College London Center students are required to attend an orientation session, which will provide information regarding safety and security and guidelines for traveling responsibly. Further orientation will take place when the student arrives in the host country. Lack of familiarity with a foreign culture, language and environment requires the use of caution and courtesy and reinforces the importance of complying with general guidelines provided by Ithaca College and the specific directives developed by the Ithaca College London Center. Although compliance cannot guarantee insulation from any and all possible unfavorable circumstances, it can help to increase the likelihood of a positive experience overseas. Program participants are required to exercise good judgment overseas, to expect the unexpected, and to behave prudently.

**Participant: Please initial each of these statements after you have read and understood them.**

- \_\_\_\_\_ 1. I acknowledge that Ithaca College does not require me, through my course of study, to participate in the Ithaca College London Center program. My participation in this program is entirely voluntary. I understand that I may be subject to risks incidental to travel to/from the host country, residence in a foreign country and participation in program-sponsored activities.
- \_\_\_\_\_ 2. I am aware that there are risks associated with traveling from the "known" to the "unknown", and I agree to assume responsibility for my health, safety and property while participating in this program.
- \_\_\_\_\_ 3. I fully understand that Ithaca College, its governing board, officers, employees and agents are not responsible or liable for, including but not limited to:
- a. Unforeseen events related to my participation in the program, delays in travel, unanticipated expense, accidents which may result in personal injury or loss of life, sickness, acts of God, acts of terrorism, labor strikes and governmental intervention.
  - b. Injury or loss as a result of my personal actions or decisions, travel or vacations.
  - c. Injury, damage, loss, accident or delay caused by negligence or default of this program.
- \_\_\_\_\_ 4. I understand that I am subject to the local laws of the country. If I choose to violate the country's laws, I acknowledge that I will be prosecuted according to the laws and legal procedures enforced by the local authorities.
- \_\_\_\_\_ 5. I am at least 18 years of age and fully competent to sign this agreement.

### Assumption of the Risks Involved

Knowing the dangers, hazards, and risks of the previously stated activities, and in consideration of being permitted to participate in the Ithaca College London Center program, I, on behalf of my family, heirs, and personal representative(s), voluntarily agree to assume all the risks and responsibilities surrounding my participation in this study abroad program. I agree to release and hold harmless Ithaca College, its governing board, officers, agents, employees, and any students acting as employees ("Releasees") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which I may have or which may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the program or any adjunct to the program. I agree to save and hold harmless, indemnify, and defend "Releasees" from any claim by me or my family, arising out of my participation in the Ithaca College London Center.

In signing this Release, I acknowledge and represent that I have become fully informed of the content of this Release and Hold Harmless Agreement by reading it before signing it, and by signing this document as my own free act and deed confirm that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

**Participant Signature:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Participant Name (Please Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section VI: Academic Recommendation**

**Due date:** \_\_\_\_\_

(To be filled in by applicant.)

**Applicant:** Please complete the information below and give to a professor or academic advisor for completion.

I, \_\_\_\_\_, am applying for admission to the Ithaca College London Center for:

Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_ or  Academic Year \_\_\_\_\_ - \_\_\_\_\_  
year year year year year

In compliance with the Family Educational Rights and Privacy Act of 1974, as amended:

- This evaluation will remain confidential, and I waive my right to view it.
- This evaluation will not remain confidential, and I do not waive my right to view it.

Signature \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference:** Please complete this form and send it to the address below. Use the back of the sheet or an additional sheet if necessary.

1. How long and in what capacity have you known the applicant?
  
2. Please briefly describe the applicant in terms of the following:
  - a) Intellectual ability:
  
  - b) Maturity:
  
  - c) Adaptability:
  
  - d) Concern for Others:
  
  - e) Reliability:
  
3. Some talented individuals have mediocre scholastic records. In your opinion, is the applicant's scholastic record an accurate index of his/her ability? If not, please explain briefly.
  
4. How do you evaluate the applicant's chances of academic success abroad, taking into consideration the personal adjustments required by studying and living in a foreign culture?
  
5. Please list any information that, in your opinion, would be helpful for the admission process.
  
6. Recommendation:
  - I strongly recommend this student for study abroad.
  - I recommend the applicant but with reservations noted above.
  - I do not recommend this student for study abroad.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Institution:** \_\_\_\_\_

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**Section VIII: Parental Consent Form**

**Due date:** \_\_\_\_\_  
(To be filled in by applicant.)

**All students must have this form completed by their parent(s)/guardian(s) regardless of age, unless they have formally declared themselves financially independent with Ithaca College or their home school.**

**Parents:** Please initial each of these statements after you have read and understood them. After the form is completed, return it to your child or mail it directly to the Office of International Programs, as listed below.

- \_\_\_\_\_ 1. I understand that my son/daughter will have the option to travel to London on transportation that will be coordinated through the Office of International Programs. The charges for airline flights are subject to regulation and change by the United States government. Details on charges and date of departure will be provided to the student at a later date.
- \_\_\_\_\_ 2. I give permission to my son/daughter to travel within or outside London during his/her semester abroad.
- \_\_\_\_\_ 3. I understand that the College reserves the right to cancel or alter any or all of its programs and to alter its schedule of charges should unforeseen circumstances warrant such action.
- \_\_\_\_\_ 4. I understand that part-time status is not permitted while at the Ithaca College London Center.
- \_\_\_\_\_ 5. I agree to meet the schedule of payments in connection with this program as provided by the Ithaca College bursar's office. Normal billing procedures will be followed and regular tuition rates will be charged.
- \_\_\_\_\_ 6. Although not all students receive financial aid, it is the responsibility of those students who do receive any form of aid to meet with their Financial Aid Office to make appropriate arrangements.
- \_\_\_\_\_ 7. I understand that my son/daughter is subject to the London Center Student Code of Conduct and that failure to abide by this code may result in disciplinary sanctions being imposed. Such sanctions may include removal from the London Center.
- \_\_\_\_\_ 8. After acceptance into the program, students will be required to submit a nonrefundable \$500 advance deposit, which will be fully credited to their account for the specified semester overseas. This deposit must be paid in order to reserve a place in the program.
- \_\_\_\_\_ 9. I understand that studying abroad involves additional risk, and that my son/daughter is required to attend an orientation session outlining safety and security precautions.

**I have read all materials provided about the Ithaca College London Center as well as the information above and give my son/daughter permission to participate in this program.**

**Name of Student:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent/Guardian (please print):** \_\_\_\_\_

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**Section IX: Medical Release & Emergency Decision Authorization**

**Due date:** \_\_\_\_\_

(To be filled in by applicant.)

**Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Emergency Medical Decision Authorization (to be completed by parent/guardian):** In the event of an emergency, the Program will make every effort to reach the individuals designated below. However, in case of an extreme emergency, your signature on this authorization may assist in obtaining necessary medical care.

The individual(s) designated as my son/daughter's primary emergency contact is: (usually the parents/guardians)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip country

Telephone Number 1: \_\_\_\_\_ Telephone Number 2: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

The individual(s) designated as my son/daughter's secondary emergency contact is:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip country

Telephone Number 1: \_\_\_\_\_ Telephone Number 2: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**To prevent dangerous delay in the event of an extreme medical emergency requiring hospitalization and/or surgery, I hereby authorize the director of this program or other authorized party to secure whatever treatment is deemed necessary, including the administration of an anesthetic and/or surgery.**

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Parent's or guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's or guardian's name (please type or print):** \_\_\_\_\_

**Please provide information regarding any known special needs, allergies, medication, or health conditions that may affect treatment in the case that medical care is required while abroad (attach additional page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_

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**Section X: Billing and Payment Policies**

**Due date:** \_\_\_\_\_  
(To be filled in by applicant.)

**Please read carefully and sign at the bottom in acknowledgment of the following billing & payment policies**

Students applying to the London Center are required to submit a **non-refundable \$50 (semester) or \$35 (summer) application fee** to the Office of International Programs (OIP) by the application deadline.

After being accepted to the program, students will be required to submit a **non-refundable \$500 deposit** to the Office of the Bursar in order to confirm their intent to participate. This deposit will typically be due on or around the first Monday in November for the spring term in London, and on or around the first Monday in April for the summer/fall terms in London.

Before the deposit is paid, students will be informed of the total cost of the program, both for charges that will appear on the student’s bursar bill, and for charges to be paid directly by the student in London.

**For fall/spring term students**, the following charges will appear on the bursar bill: Tuition; Group travel arrangements (airfare and hotel for first five nights in London); Fees for optional ticket courses in London; and Ithaca College health insurance (unless the student has opted out of the College insurance program). All other costs (housing, food, local transportation, etc.) will be paid directly by the student in London.

**For summer term students**, the following charges will appear on the bursar bill: Tuition; Airfare; Housing. All other costs (food, local transportation, etc.) will be paid directly by the student in London.

It may be necessary for OIP to make increases in the total cost for a program after the \$500 non-refundable deposit has been submitted. This can be due to significant fluctuation in the exchange rate, changes in the cost of airline taxes or fuel surcharges, etc. When this is necessary, students will be notified as far in advance as possible, and the additional charge will be added to their bursar bill in the case that the charge is for a bursar billable item. If it is for an item to be paid directly by the student in London, the student will be informed of the change so that they can arrange to have access to the appropriate amount of money.

**PLEASE NOTE: Payment of the \$500 non-refundable deposit authorizes OIP and the London Center to begin making final arrangements on behalf of each student for things such as air travel, in-country lodging, transportation, and activities.** As arrangements are finalized, money is committed for each student participant to a service provider (to book airfare, reserve hotel rooms, etc.) in the form of either a deposit or full payment. Should a student withdraw from a program after the \$500 non-refundable deposit has been paid, he/she will be responsible for paying the total sum of money committed on his/her behalf beyond the \$500 non-refundable deposit. It is important for students/families to realize that full payment is frequently required to book things such as airline tickets, accommodations in other countries, etc., especially for programs occurring in highly touristed areas such as London.

**Example:**

A student withdraws from the London Center spring term program three weeks before the departure date. By that point, OIP has purchased an airline ticket (\$850) for the student and has paid in full (\$400) for the student’s accommodations in the group hotel for the first five nights of the program. The airline ticket is non-refundable and the hotel is unable to provide any refund. The total cost of the airline ticket and the accommodations (\$1,250) will be charged to the student’s bursar account, and the \$500 non-refundable deposit will be used against these charges. The student will be responsible for the remaining balance due. In the case of the airline ticket, the student might be able to work with the travel agent to utilize any remaining credit after the ticket has been cancelled for future travel on that airline, if permitted by the policies of that airline.

Full payment of program costs for students participating on the summer program will typically be due no later than two weeks before the departure date, and may be earlier depending upon the dates of the program. Full payment for the fall semester program is due August 1, and for the spring semester program January 10.

**I have carefully read and fully understand the information provided on this form, and agree to comply with the policies as stated above.**

\_\_\_\_\_  
**Name of student (printed)**

\_\_\_\_\_  
**Name of parent/guardian (printed)**

\_\_\_\_\_  
**Signature of student**

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

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