

Father's (or guardian's) Name: _____ Home Phone: _____

Address (if different): _____ Business Phone: _____

Street

City

State

Zip

Country

Mother's (or guardian's) Name: _____ Home Phone: _____

Address (if different): _____ Business Phone: _____

Street

City

State

Zip

Country

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: _____

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, medications, health conditions, etc.) of which we should be aware.

Checklist

I have enclosed the following:

- Application fee:** payable to Ithaca College
- Section I:** Personal Information
- Section II:** Student Release Form
- Section VI:** Parental Consent Form
- Section VII:** Medical Release and Insurance Information
- Section VIII:** Billing and Payment Policies Form

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

- Section III:** Dean's Evaluation
- Section IV:** Academic Recommendation
- Section V:** Student Conduct Certification
- Transcript(s)**

Certification

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

Signature: _____ Date: _____

Printed Name: _____ Program: _____

Please send or 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 program.

Office of International Programs - CHS 214-2 - Ithaca College - Ithaca, NY 14850 - Tel: 607- 274- 3306

Section II: 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 study abroad 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 study abroad program. 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 this study abroad 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:
 - 1. 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.
 - 2. Injury or loss as a result of my personal actions or decisions, travel or vacations.
 - 3. 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 this study abroad 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 this study abroad program.

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: _____ **Date:** _____

Section III: Adviser Approval and Dean's Evaluation

Due date: _____

(To be filled in by applicant.)

Applicant: Complete the information below and give this form, along with a copy of Section I, to your adviser and then to your academic dean for review.

I, _____, am applying for admission to an Ithaca College Short Term Program for:

Winter _____ year Spring Break _____ year Summer _____ year in _____ country with _____ instructor

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: _____

Adviser: Please answer the following questions. 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.

Signature: _____ **Date:** _____

Name (printed): _____ **Title:** _____

Telephone: _____ **Email:** _____

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

2. 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

3. Additional comments:

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

Signature: _____ **Date:** _____

Name (printed): _____ **Title:** _____

Telephone: _____ **Email:** _____

Department: _____ **Institution:** _____

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Section IV: Academic Recommendation

Due date: _____

(To be filled in by applicant.)

Applicant: Please complete the information below and give this form to a faculty member who has taught you in class and knows you well enough to provide an informed assessment.

I, _____, am applying for admission to an Ithaca College Short Term Program for:

Winter _____ year Spring Break _____ year Summer _____ year in _____ country with _____ instructor

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 V: Student Conduct Certification

Due date: _____
(To be filled in by applicant.)

Applicant: Please complete the information below and give this form to the institutional officer responsible for administering the student conduct code at your college or university. At Ithaca College this is the Office of Judicial Affairs, located in the lobby of the West Tower.

I, _____, am applying for admission to an Ithaca College Short Term Program for:

Winter _____ year Spring Break _____ year Summer _____ year in _____ country with _____ instructor

I hereby authorize the appropriate officials at my college/university to release information regarding my conduct as an undergraduate and send it to the Director of International Programs and the above named instructor at Ithaca College.

I further agree to abide by Ithaca College rules and regulations governing student conduct as published in the Ithaca College Student Conduct Code.

Signature: _____ ID#: _____ Date: _____

Judicial Officer: Please complete this form and send it to the address below.

1. Is the student in good judicial standing? Yes No

2. Has the student ever been censured for misconduct at your institution? Yes No

3. If yes, was the sanction more severe than a written warning? Yes No

4. If more severe, what was the nature of the infraction and the sanction imposed (in each instance)? Yes No

Signature: _____ Date: _____

Name (printed): _____

Title: _____ Telephone: _____

Department: _____ Institution: _____

Office of International Programs - CHS 214-2 - Ithaca College - Ithaca, NY 14850 - Tel: 607- 274- 3306

Student Name: _____ ID #: _____ Program: _____

Section VI: 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 may have the option to travel to the site of this program on transportation coordinated through the Office of International Programs and/or by the instructor of the program. The charges for airline flights are subject to regulation and change by airline company and the United States government. Details on charges and date of departure will be provided to the student at a later date.
- ____ 2. I understand that my son/daughter will live in accommodations at the program site that will meet all normal standards of acceptability in terms of service, safety, and charges. The arrangements for accommodations will be made by the Office of International Programs and/or the instructor of the program. Details on charges and deadline for payment will be provided to the student by the instructor of the program.
- ____ 3. I understand that it is difficult to estimate the expenses for Ithaca College Short-term study abroad students, since their styles of living, personal needs, and travel plans vary widely. Guidelines regarding how much money to bring and how to bring it will be given to the student at the orientation meeting.
- ____ 4. I give my permission to my son/daughter to travel within or outside the country in which this program will be held during his/her stay there.
- ____ 5. 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.
- ____ 6. I understand that my son/daughter is subject to the Ithaca College Code of Conduct and that failure to abide by this code may result in disciplinary sanctions being imposed. Such sanctions may include removal from this Short-term study abroad program.
- ____ 9. 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.
- ____ 10. 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 this Ithaca College Short-term study abroad program, as well as the information above, and give my son/daughter permission to participate in this program.

Signature of Parent/Guardian: _____ **Date:** _____

Name of Parent/Guardian (please print): _____

Student Name: _____ ID #: _____ Program: _____

Section VII: Emergency Medical Decision Authorization & Release

Due date: _____
(To be filled in by applicant.)

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 parent/guardian)

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#: _____

Parents or Guardians Signature: _____ Date: _____

Parents or guardians name (please type or print): _____

Please provide information regarding any known special needs, allergies, medications or health conditions that may affect treatment should health care be required while abroad (attach additional page if needed):

Student Name: _____ ID #: _____ Program: _____

Section VIII: 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 a short-term study abroad program are required to submit a **non-refundable \$35 application fee** to the OIP by the application deadline. (In the event a program is cancelled due to lack of applicants, the application fee will be refunded.)

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 within two weeks of notification of acceptance.

Before the deposit is paid, students will be informed of the total estimated cost of the program. It may be necessary for the OIP to make increases in the total cost for a program after the students have submitted the \$500 non-refundable deposit. This can be due to a 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, or the student will be informed about how much extra money he/she will need have access to during the program.

PLEASE NOTE: Payment of the \$500 non-refundable deposit authorizes OIP and the faculty program leader to begin making final arrangements on behalf of each student for 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 during high tourist season.

Example:

A student withdraws from a program two weeks before the departure date. By that point, OIP has purchased an airline ticket (\$850) for the student and has paid in full (\$1,250) for the student's accommodations for the program. The airline ticket is non-refundable and the accommodation provider is unable to provide any refund. The total cost of the airline ticket and the accommodations (\$2,100) 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 directly 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 a short-term 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.

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