

# Study Tour Student Application Form

Return this completed application form along with the required deposit to:

Study Tours Office  
School of Continuing Education  
Shafer Hall, Room 101  
83 Windham Street  
Willimantic, CT 06226

Incomplete forms and/or those missing the required deposit will not be processed.

## PERSONAL INFORMATION

Legal Name (as it appears on your passport): \_\_\_\_\_  
*first middle last*

8-Digit Eastern ID number: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

or  
Social Security Number required, if never enrolled as an Eastern student: \_\_\_\_\_

Gender:  Male  Female

Birth date (MM/DD/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

### Permanent Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

### CSU Student Status

Are you currently enrolled at one of the CSU campuses?

No  Yes (indicate home campus below):  
 CCSU  ECSU  SCSU  WCSU

This enrollment is  Full time  Part-time

### Passport Information:

(See below if you do not have a current passport)

Country of Issue: \_\_\_\_\_

Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Check here if you have never had a U.S. passport or if your passport has expired, and **start the application/renewal process immediately.**

## ACADEMIC INFORMATION

Academic Major: \_\_\_\_\_

Minor/Concentration: \_\_\_\_\_

Number of Credit Hours Earned to date: \_\_\_\_\_

GPA: \_\_\_\_\_

Please identify which course you will be registering for as part of this Study Tour (**and note that you must separately register for the course in the Registrar's Office**): \_\_\_\_\_



Student's Name: \_\_\_\_\_

Eastern ID Number: \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

I understand the following statements, as they pertain to my participation in the stated Study Tour program, and recognize that I will be held financially responsible for travel program fees accordingly:

### Program Cost and Due Dates

- The cost of the travel program, **exclusive of course tuition and fees**, is approximately \$ \_\_\_\_\_.
- A \$ \_\_\_\_\_ deposit is due by \_\_\_\_\_  
Date
- The balance (**payable directly to the Bursar**) is due by \_\_\_\_\_  
Date
- **Tuition and registration fees** are **not** included in the travel program price.

### Cancellation Policy

Because cancellation penalties may be as high as the full cost of the travel program, it is strongly recommended that participants purchase independent trip cancellation/interruption insurance, available from most travel agencies. It is noted, however, that these insurance policies may be restrictive and/or have pre-existing condition exclusions. Therefore, trip cancellation insurance does not necessarily cover all circumstances which may arise and cause a student to cancel participation.

1. **In order to cancel participation without penalty, written notice of the withdrawal must be received by the instructor associated with the Study Tour on or before the cancellation deadline.**
2. Penalties include **all non-refundable travel deposits and payments that Eastern has already made on the student's behalf.**
3. **Because cancellation penalties can be as high as the full cost of the travel program, purchasing independent trip cancellation/interruption insurance from any travel agency is recommended.**
4. **If Eastern cancels the program for any reason, all monies paid will be refunded.**

### Release and Application Signature

I hereby authorize officials at any educational institution that I have attended to release my disciplinary records (*including, but not limited to, records maintained by the Registrar, the Department of Residence Life, and/or the Office of the Vice President for Student Affairs*) to Dr. Rochelle Giménez, Dean of the School of Continuing Education. I fully understand that my disciplinary records may be a factor in evaluating my application. I further acknowledge that the information provided on this application is true and accurate to the best of my knowledge. I fully understand that providing false information during the application process may be grounds for rejecting my application or grounds for dismissal from the program. I agree to be subject to the Study Tour policies including those presented here and in all relevant pre-departure and orientation materials.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Study Tours**  
**Eastern Connecticut State University**

**Statement of Responsibility, Release, Indemnification and  
Authorization to Participate in a Study Tour Program**

I, *(insert name)* \_\_\_\_\_, agree to participate in the Study Tour sponsored by Eastern Connecticut State University (ECSU). I understand and hereby acknowledge that my participation in the program is wholly voluntary. In consideration of being allowed to participate in the program, I hereby agree as follows:

I have been advised and am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident, or illness, or acts of God) of participating in a program requiring international travel. I am aware and have been advised to have a medical examination prior to participating in this activity to insure that I am in good physical health. Further, I hereby represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance which provides coverage for injuries or illness I may sustain or experience overseas. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and, I absolve Eastern and any host institution of all responsibility and liability, except for that which arises out of the negligent acts or omissions of the University or its employees, for any injuries (including death), illness, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the program at least thirty (30) days prior to departure. I understand that I am required to furnish the name of my health insurance company on the Health Insurance and Emergency Contact Information form and provide evidence of that coverage. In addition, I am required to enroll in supplementary medical evacuation and repatriation of remains insurance, with minimum coverage levels of \$25,000 and \$7,500 respectively and I will provide evidence of that coverage as well.

I understand that this is a university sponsored program, and that standards of Eastern Connecticut State University must be observed. I accept that the University reserves the right to decline to accept or retain me in the program at any time should my actions or general behavior impede the operation of the program or the rights or welfare of any person. Similarly, if my conduct violates any Eastern policy or procedure, I understand that I may be required to leave the program at the sole discretion of the employees, agents, or representatives of Eastern, and I may be referred to the appropriate Eastern officials for further disciplinary or other actions. In such an event, I am responsible for reimbursing Eastern for the cost of my participation in the program. Eastern reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in its sole discretion to cancel the program or any aspect thereof after departure, may require that all participants return to the United States, if Eastern determines or believes that any person is or will be in danger if the program or any aspect thereof is continued.

I understand that Eastern reserves the right to make changes to the program itinerary at any time and for any reason, with or without notice, and Eastern shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. Eastern is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether Eastern makes a flight arrangement. Any additional expense resulting from the above will be paid by me. Eastern reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of Eastern.

I understand and acknowledge that the University assumes no responsibility or liability, except for that which arises out of the negligent acts or omissions of the University and its employees, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonored hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, accident, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other services or for any substitutions of hotels or of common carriers beyond the University's control, with or without



**Health Insurance & Emergency Contact Information  
Participant in Course Abroad**

Participant's Name: \_\_\_\_\_ Eastern ID#: \_\_\_\_\_

1. In case of emergency, who in the United States should we notify?

**Primary Emergency Contact:**

**Secondary Emergency Contact:**

Name: _____	Name: _____
Relationship to you: _____	Relationship to you: _____
Street address: _____	Street address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Home Telephone: ( ) _____ - _____	Home Telephone: ( ) _____ - _____
Work Telephone: ( ) _____ - _____	Work Telephone: ( ) _____ - _____
Cell phone: ( ) _____ - _____	Cell phone: ( ) _____ - _____

2. Do you have any medical problems we should be aware of (in case you should take ill while traveling)? (Attach additional sheet, if necessary.)

3. Are you taking medication?            Yes            No  
If so, what?  
(Attach additional sheet, if necessary.)

4. Do you have Health Insurance?    Yes            No  
(Attach evidence to this page of the medical insurance, and also the supplemental medical evacuation and repatriation of remains coverage. Include contact addresses and phone numbers.)

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_