

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: _____

SPECIAL NEEDS OR DISABILITIES

Any student wishing to assert a disability that requires accommodation must submit supporting documentation from the appropriate professional(s) to the Office of AccessAbility Services. Students must register with the Office of AccessAbility Services at least ninety (90) days prior to the program's departure date.

Do you have special needs that require consideration? ☐ Yes ☐ No

If yes, briefly describe the nature of the need (this information is confidential) that you will be documenting with the Office of AccessAbility Services. _____

For more information about this process, contact the Office of AccessAbility Services in the Wood Support Services Center, Room 247

Have you studied abroad on a credit-bearing program before? ☐ Yes ☐ No

If yes, when and where:

Do you receive Financial Aid? ☐ Yes ☐ No

If yes, do you receive a Pell grant? ☐ Yes ☐ No

Describe all prior travel experiences and their purpose (i.e., pleasure, academic, business, etc.)

Describe how participation in this Study Tour will contribute toward your educational goals and/or career plans.

What is the approximate cost of the Study Tour you plan to take: _____

Please indicate how you plan to fund your Study Tour experience (amounts can be approximate, but must total to the estimate above).

- | | | |
|--------------------------|---------------------|----------|
| <input type="checkbox"/> | Personal Savings | \$ _____ |
| <input type="checkbox"/> | Student Loan | \$ _____ |
| <input type="checkbox"/> | Credit Card | \$ _____ |
| <input type="checkbox"/> | Family Contribution | \$ _____ |
| <input type="checkbox"/> | Other _____ | \$ _____ |

TOTAL MUST EQUAL COST OF STUDY TOUR ABOVE.

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

notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules, or other uncontrollable factors I am required to spend additional nights in travel status, the University will not be responsible for my hotel, transfers, meal costs, or other expenses. My baggage and personal property are transported at my risk entirely.

I understand and hereby acknowledge that I have received and reviewed the U.S. Consular Information Sheet for the country/countries to be visited, as well as the Centers for Disease Control information, on travel to, in and around the country/countries to be visited; that I am aware of and understand the risks and dangers of travel to, in, and around the country/countries to be visited, including but not limited to the dangers to my own health and personal safety posed by the use of public transportation, and by civil unrest, political instability, terrorism, crime, violence, and disease in the country/countries to be visited. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travels to, from, in or around the country/countries to be visited.

I understand that I bear full legal and financial responsibility for all indebtedness or other legal obligation incurred by me while a program participant.

In the event of sickness or injury, I hereby authorize the Program Director or his or her designee, to secure whatever medical treatment is deemed necessary, including admission to a hospital, the administration of anesthetics, the transfusion of blood, and surgery.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Connecticut, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC:

Participant's Signature Date

Eastern ID Number: _____ Date of Birth: _____

Address; _____
(Number and Street name) (City/Town) (State) (Zip Code)

TO BE COMPLETED BY NOTARY PUBLIC:

NOTARIZATION: _____ (*student's name*) personally appeared before me, and by me known, and swore or affirmed that she/he freely and without reservation signed this release form.

Notarized by Date

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: _____