



WINTER IN THE DOMINICAN REPUBLIC

1. Personal Information

Last Name	First Name	Middle Name	Student EMPLID
/ /			
Date of Birth	City/State/Country Of Birth	Country of Citizenship	
Telephone Number	E-mail	Skype screen name (Optional)	

2. Course Interest

I will be registering for the following course/s:

- LAC 360 "The Route to Dominican Culture" (3-credits)

3. Academic Information

Major _____ Second Major (If applicable) _____

Minor _____ Grade Point Average _____

How many credits are you registered for this semester (Fall 2014)? _____

How many credits have you completed (earned credits)? _____

Grade: Freshman Junior Graduate Student
 Sophomore Senior Other _____

4. Current Mailing Address

Valid Until ___/___/___

Number and Street _____ Box/Apt. # _____

City _____ State/country _____ Zip Code _____

5. Permanent Mailing Address

Number and Street

Box/Apt. #

City

State/country

Zip Code

6. Emergency Contact Information

Last Name

First Name

Relationship to applicant

Number and Street

Box/Apt. #

City

State/country

Zip Code

Telephone Number

E-mail

7. Colleges or Universities Attended

Name of Institution

Dates
From To

Major

Cumulative
G.P.A.

Semester/Quarter
Credits

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Academic Advising

This course would fulfill the following requirements:

Major

Minor

Gen. Education

None

Is this course directly related to you major? Yes/No

If not, briefly explain why you decided to apply for the program:

Have you visited the Academic Advising office at you home campus? Yes/No

Have you seen a major advisor? Yes/No

9. Financial Aid & SIROCS

(a) Financial Aid

- (i) Will you be applying for federal or state financial assistance? [circle one] Yes/No
- (ii) Do you plan to take out a loan? [circle one] Yes/No
- (iii) Have you visited the *Financial Aid Office at your home campus?

(b) Scholarship for International Resume-Building Opportunities for CUNY Students (SIROCS)

- (i) Are you eligible for SIROCS? Yes/No
- (ii) Have you **applied for SIROCS?

**Lehman Students who plan to request financial aid assistance should see the Lehman Financial Office upon acceptance into our program. You should take our acceptance letter along with a breakdown of the costs.*

*** Students applying for SIROCS must fill out two applications, one for this program and another for SIROCS scholarship. Visit www.cuny.edu/studyabroad for more information.*

10. Additional Information

How did you first hear about this program?

11. Statement of Purpose

On a separate sheet, please include a statement (no more than 350 words) where you explain how you will benefit from your participation in this program on a personal, academic, and professional level.

12. Signature

I, the undersigned, acknowledge that I have read this Study Abroad Application and that all statements are correct to the best of my knowledge.

Applicant's Signature _____

Date: _____

Parent or guardian's signature (Required if the applicant is under 18):

Date: _____

Faculty Recommendation form

Part I: To be completed by the applicant.

Name of Applicant:

Date of Request:

STUDY ABROAD PROGRAM:

Country:

City:

Evaluator's Full Name

Position

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below:

Applicant's Signature

Date

BE SURE TO PROVIDE THE EVALUATOR WITH A STAMPED, ADDRESSED ENVELOPE. PLEASE NOTE THE FOLLOWING: A) IF YOU ATTEND A CCIS MEMBER INSTITUTION, PROVIDE THE EVALUATOR WITH YOUR STUDY ABROAD ADVISOR'S ADDRESS; B) IF YOU DO NOT ATTEND A CCIS MEMBER INSTITUTION, PROVIDE THE EVALUATOR WITH THE APPROPRIATE U.S. SPONSORING INSTITUTION'S ADDRESS.

Part II: To be completed by the evaluator.

The above-mentioned applicant is applying for the overseas academic program designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form in the stamped, addressed envelope provided to you by the applicant.

1. Basis and extent of your acquaintance with the applicant:
2. Please indicate the applicant's academic attributes. You may elaborate in the comments section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's name _____

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3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comments section as necessary:

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non- academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet, if necessary.)

5. Additional comments:

Evaluator's Signature _____ Date _____ Print Name _____

Position/Title _____ Telephone Number _____

Office Address _____

STUDENT'S HEALTH QUESTIONNAIRE

Name: _____
(please print)

Date of Birth: _____

City and Country of Study: _____

Program Dates: _____

Complete this form prior to having a doctor complete the Physician's Medical Report Form.

TO THE STUDENT:

The purpose of this form is to help the program to be of maximum assistance 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 while you are overseas. The information provided will remain confidential. Any disclosure of such information will be made only to the most appropriate individuals and with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, faculty, or appropriate professionals as it relates to your health and safety. The program may not be able to accommodate all individual needs or circumstances. 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

Yes ___ No ___ 1. Are you in generally good physical condition? (If no, please explain.)

Yes ___ No ___ 2. Have you had any major injuries, diseases or ailments in the past five years?
(If yes, please explain.)

Yes ___ No ___ 3. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)

ALLERGIES

Medication allergy:

Reaction:

Treatment if exposed:

MEDICATIONS

Please list any medicines you are taking on a regular basis, or as needed basis and indicate how often and why each medicine is taken.

Name of Medication: How often taken: For what condition? Length of time treated
(approx.)

TALK WITH YOUR DOCTOR

While studying abroad, you may experience stressful situations that are NOT limited to: not having regularly scheduled meals or not having access to water for taking medications; feeling the emotional stress of culture shock; and feeling physical and emotional fatigue due to traveling and taking classes abroad. Mild physical or psychological disorders can become serious under the stress of life while studying abroad. The Office for Study Abroad strongly recommends you discuss your plans with your physician(s).

Living and studying in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders. It is important that you are able to adjust to potentially dramatic changes in climate, diet, living conditions, and studying conditions that may seriously disrupt accustomed patterns of behavior.

Discuss your health history thoroughly with your doctor, paying particular attention to immunizations that may be needed, any allergies you may have, and all currently active health problems. Pay special attention to any emotional or psychological concerns, and any medications you are taking.

You will need to ascertain the availability of medications in the country to which you are going and/or assure that you have an adequate supply of any medication needed to last for the entire period you will be abroad. Any medical condition you have must be under control and you need to be stabilized on your medication for a reasonable period before studying abroad.

I certify that all responses made on this Health Questionnaire are true and accurate, and I will notify the College of Staten Island hereafter of any relevant changes in my health that may occur prior to the start of the program.

Signature of Participant

Date

PHYSICIAN'S MEDICAL FORM

Name: _____ **Date of Birth:** _____

Program Location:

Complete the Student's Health Questionnaire prior to having a doctor complete this Physician's Medical Form.

TO THE EXAMINING PHYSICIAN:

The above named student has been accepted to participate in a Lehman College overseas academic program. You are being asked to evaluate the physical and mental health of this student for safe participation abroad. Living in unfamiliar surroundings overseas can create emotional and physical stresses that may exacerbate even mild disorders.

In Europe and similar areas, culture shock, differences in diet, different cultural mores regarding alcohol and drug use may lead to exaggerated health problems. Students who are studying in Latin America, Asia, and Africa may, at times, be in remote areas exposed to harsh environmental conditions with poor or limited water supply and away from immediate, full-service medical care. Gastrointestinal problems are relatively common. Individuals with certain medical conditions, such as inflammatory bowel disease, can suffer increased problems. Supervision of psychiatric conditions is not practical in many of these locations. MANY countries throughout the world limit or ban certain psychotropic drugs from entering their borders including drugs which are commonly use to treat conditions such as ADD, depression, bipolar or obsessive compulsive disorders.

This report should be based upon an examination made within six months of the expected overseas participation. The new and strenuous environment will tax the physical and mental capabilities of each participant to the fullest. Therefore, it is imperative as a safeguard to the health of the participant, that this report be as complete and precise as possible.

Immunization Month/Year	Immunization Month/Year	Immunization Month/Year
Hepatitis A Hepatitis B Malaria Japanese Encephalitis Cholera	Yellow Fever Rabies Measles, Mumps, Rubella (MMR) Diphtheria, Pertussis, Typhoid (DPT) Small Pox	Tetanus Chickenpox Polio Other

Make sure all childhood immunizations are up to date. The above immunization chart lists immunizations that may or may not be necessary for every country. **Simply let us know the Month/Year for which immunizations were administered to the student according to their medical records.**

If the answer to any of the following questions is "yes," please give details in the space provided or on a separate sheet.

1. Does the applicant have any physical disabilities, which might cause hardship through change of diet, change of climate, carrying his/her own luggage, or strenuous travel?

___ Yes ___ No

2. To your knowledge, are there any predisposing medical, physical, or emotional factors that, under stress of adjusting to life in another country, may require treatment while the student is abroad?

___ Yes ___ No

3. Does the applicant have any dietary restrictions or food or other allergies?

___Yes ___No

4. Has the applicant ever suffered from asthma or any other respiratory ailment?

___Yes ___No

5. Is the applicant receiving any medication? If so, please attach a statement of such medication with dosage, reason for the prescription, and directions for the study abroad program to keep on file.

___Yes ___No

6. Is the applicant currently under treatment or observation for any physical or emotional condition?

___Yes ___No

7. Is there any additional information that would be helpful to us? Please use additional separate sheets if necessary ___Yes ___No

Physician's Statement

I have examined _____ and do/do not consider him/her physically qualified to participate in a Lehman College overseas academic program. I certify that the above-mentioned statements made by me, in answer to the foregoing questions, are true and complete to the best of my knowledge and belief. I understand that Lehman College will rely on my foregoing statements as fact.

Physician's Name: _____

Phone:

Signature: _____

Date:

Address:
(Street, city, state, zip code)

STUDENTS--THIS IS A RELEASE. READ BEFORE SIGNING!!
WAIVER AND RELEASE AGREEMENT

I, _____ (“Applicant”), am a student at _____
College (“College”) of The City University of New York (“University”) and have agreed to participate in
the College’s international studies program (“Program”) in
_____ from _____, 20__ until _____, 20__. In consideration for being
permitted to participate in the Program, I hereby agree and represent that:

1. Risks of Study Abroad

A. I understand that participation in the Program involves risks not found in study at the College. These include risks involved in traveling to and within, and returning from, one or more 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 attached U.S. Department of State Consular Information Sheet (and Travel Warning, if any) that I have received, reviewed, and initialed, and which are incorporated by reference in this Waiver and Release Agreement (“Release”).

B. Knowing these risks, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Program, there are unavoidable risks in travel overseas, and I hereby release and promise not to sue the City of New York, the State of New York, the College, the University, and the officers, employees or agents of any and all of them, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the officers, employees or agents of any of them.

2. Institutional Arrangements

A. I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of such matters.

B. I understand that, although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements and accommodations, at any time and for any reason, with or without notice, and that neither the College, the University, the State of New York, or the City of New York nor the officers, employees or agents of any or all of them, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

C. I understand that the University is not in any way responsible for my well being with respect to any

travel to destinations beyond those specifically required under the Program that I may choose to undertake before, during, or after the Program.

3. Health and Safety

A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in the Program.

B. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the City of New York, the State of New York, the College, the University, and the officers, employees or agents of any and all of them, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) occurring during and/or arising from the Program, that I may incur because of those injuries or illnesses.

C. The University may, but is not obligated to, take any actions regarding my health and safety that it considers to be warranted under the circumstances. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.

4. Standards of Conduct

A. I understand that each foreign 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 Program.

B. I also will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards and instructions.

C. I agree that the University has the right to enforce the standards and conduct described herein, in its sole judgment, and that it may impose restrictions, up to and including removal and termination from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony and welfare of the College, the University, the Program or other participants. 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 do not apply. If I am terminated from the Program, I consent to going home at my own expense with no refund of fees.

D. 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.

5. Miscellaneous Legal Provisions

A. I agree that, should any provision or aspect of this Release be found to be unenforceable, that all remaining provisions of the Release will remain in full force and effect.

B. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release, I have the right to consult with the adviser, counselor, or attorney of my choice.

C. This Release represents my complete understanding with the College and the University concerning their responsibility and liability for my participation in the Program. 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.

D. I represent that I am at least eighteen years of age or, if not, that I have secured on the following page, the signature of my parent or guardian as well as my own.

I HAVE READ THIS RELEASE FORM CAREFULLY BEFORE SIGNING IT.

Signature

STATE OF)

) ss.:

COUNTY OF)

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

Note: If Applicant is under the age of 18, then the following page must be completed, signed, and notarized. COLLEGE CITY UNIVERSITY OF NEW YORK