

2010 Spring Course Abroad
Program Registration and Scholarship Application Form
Poland: From Salt Mines to Silicon & Berlin: Before and After the Wall
Berlin, Germany & Wroclaw, Poland – March 18-28, 2010

Please complete this form and return it to the Center for International Education (Barnard Hall, Room 123) along with the required \$500 deposit. Incomplete forms and/or those missing the required deposit will not be processed. Registering for this program does not guarantee that you will be awarded a scholarship.

PERSONAL INFORMATION

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

8-Digit CCSU ID number: _____ E-mail: _____@_____
or
Social Security Number required, if never enrolled as a CSU student: _____

Gender: Male Female Birth date (MM/DD/Year): ____/____/____

Permanent Address

CSU Student Status

Street: _____

Are you currently enrolled at one of the CSU campuses?

City: _____

No Yes (indicate home campus below):

CCSU ECSU SCSU WCSU

State: _____ Zip: _____

This enrollment is Full time Part-time

Telephone: () _____

Passport Information:

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

Country of Issue: _____

Number: _____

Expiration Date: _____

Cell Phone: () _____

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 Course Abroad Program (**and note that you must separately register for the course in the Registrar's Office**)

Technology Education 310

Technology Education 399

Technology Education 400

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 for Student Disability Services. Students must register with the Office of Student Disability 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 Student Disability Services:

For more information about this process, contact the Office of Student Disability Services in Copernicus Hall, Room 241 or at <http://www.ccsu.edu/LearnCtr/disability/default.html>.

Student's Name: _____

CCSU ID Number: _____

SCHOLARSHIP APPLICATION

The Center for International Education is offering a limited number of \$200 scholarships for participants in this Course Abroad program. To be considered eligible for CIE scholarship assistance, applicants must: (1) submit this registration form to the Center for International Education on or before the program registration deadline, (2) be matriculated at CCSU, (3) hold good academic standing, and (4) register for a course associated with the program. Preference will be given to students whose GPA exceeds 2.50. Scholarships will be awarded on a competitive basis; application to this program does not guarantee award of a scholarship. Please complete this section as fully as possible and attach a separate sheet, if needed.

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 Course Abroad will contribute toward your educational goals and/or career plans.

If awarded a scholarship, describe how you will share your Course Abroad experience with other members of the CCSU community following your return.

Below is an estimated budget for this Course Abroad program.

	<i>Part-time student</i>	<i>Full-time student</i>
Travel Program Fee:	\$1,995.00	\$1,995.00
Tuition & Fees:	\$1,105.00	<u>included in full-time tuition*</u>
Total Estimated Cost of Attendance:	\$3,100.00	\$1,995.00

**Applies to full-time students carrying no more than 18 credits; otherwise excess credit fees apply.*

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

- Personal Savings \$ _____
- Student Loan \$ _____
- Credit Card \$ _____
- Family Contribution \$ _____
- Other _____ \$ _____

TOTAL (must equal Total Cost of Attendance, above) \$3,100.00 or \$1,995.00

Student's Name: _____

CCSU ID Number: _____

STATEMENT OF UNDERSTANDING

I understand the following statements, as they pertain to my participation in the stated Course Abroad 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 \$1,995.00
- A \$500.00 deposit is due by November 20, 2009.
- The balance (**payable directly to the Bursar**) is due by March 1, 2010.
- **Tuition and registration fees** are **not** included in the travel program price.

Cancellation Policy and Fees

Students who must cancel their participation in a course abroad program must do so in writing to Lisa Marie Bigelow in the Center for International Education prior to the close of business (4:30 p.m.) on the cancellation deadline stated below. Cancellations received after the cancellation deadline are subject to a \$150 cancellation penalty, **plus all non-refundable travel deposits and payments CCSU that has already made on the student's behalf.**

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 Lisa Marie Bigelow, Associate Director of the Center for International Education prior to close of business (4:30 p.m.) on November 23, 2009.**
2. **Cancellations received after 4:30 p.m. on November 23, 2009 will be subject to a \$150 cancellation penalty, plus all non-refundable travel deposits and payments that CCSU 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 CCSU 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 university records (*including, but not limited to, records maintained by the Office of Student Conduct, the Registrar, the Department of Residence Life, and/or the Office of the Vice President for Student Affairs*) to the CCSU Center for International Education. I fully understand that my university 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 Course Abroad policies of the Center for International Education, including those presented here, on the Center for International Education's website, and in all relevant pre-departure and orientation materials.

Student's Signature

Date

Student's Name: _____

CCSU ID Number: _____

Spring 2010 Course Abroad to Germany & Poland

DEPOSIT PAYMENT INFORMATION:

- The cost of the travel program is approximately \$1,995.00
- The \$500.00 deposit is due by November 20, 2009

Attached is my check payable to "CCSU" or

Please charge the following card for the \$500.00 deposit:

MasterCard Card number: _____

Visa Expiration Date: _____

Discover Name as it appears on the card: _____

Cardholder's Signature: _____

Final payment is due by March 1, 2010 via your Pipeline Account or in the Bursar's Office.

Return this application, along with your deposit to:

The George R. Muirhead Center for International Education
Central Connecticut State University
1615 Stanley Street,
Barnard Hall, Room 123
New Britain, CT 06050-4010

Or, if paying deposit by credit card,
Fax to (860) 832-2047

**George R. Muirhead Center for International Education
Central Connecticut State University**

**Statement of Responsibility, Release, Indemnification and
Authorization to Participate In A Course Abroad Program**

I, (*insert name*) _____, agree to participate in the course abroad to Germany and Poland sponsored by Central Connecticut State University (CCSU) from March 18-28, 2010. 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 CCSU and the 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 am also aware and have been advised that I will be enrolled by CCSU in a supplemental insurance policy which provides for a minimum coverage of \$25,000 for international medical evacuation and \$7,500 for the repatriation of remains.

I understand that this is a university sponsored program, and that standards of Central 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 CCSU 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 CCSU, and I may be referred to the appropriate CCSU officials for further disciplinary or other actions. In such an event, I am responsible for reimbursing CCSU for the cost of my participation in the Program. CCSU 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 CCSU determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

I understand that CCSU reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and CCSU shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. CCSU is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether CCSU makes a flight arrangement. Any additional expense resulting from the above will be paid by me. CCSU 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 CCSU.

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: _____ CCSU 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)?

3. Are you taking medication? Yes No
If so, what?

4. Do you have Health Insurance? Yes No

_____	_____
Insurance Company	Policy Number
Address: _____	Telephone Number: _____
