

Brooklyn College Study-Abroad-in-China Programs Student Application

Please Check a Program: _____ Summer/ _____ Winter, _____ Year, in Beijing-Xi'an-Nanjing-Shanghai, etc, China

PERSONAL INFORMATION

Name: (as appears on
passport) _____

Student Identification Number: _____ Sex (circle one): _____ Male / _____ Female

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

City/State/Country of Birth: _____

CONTACT INFORMATION

Mailing Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Home: () - ; Cell: () -

Email (**Print legibly**): _____

Travel Information

Passport #: _____ Expiration Date: _____ Citizenship: _____

Check here if applicable: I am applying for my passport _____; I am renewing my passport _____

Note: Passport must be valid until 6 months beyond trip dates. If not, renew it now. Expedite passport renewal or application process. Copy of valid passport must be submitted for airline tickets 45 days prior to departure.

Special Meal Request for Flights (check one if any): _____ Vegetarian / _____ Kosher

Special Health Conditions (specify if any): _____

ACADEMIC INFORMATION (please check one about your current academic status):

_____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Student

Credits accumulated to date: _____ Current Grade Point Average (Index): _____

COLLEGE INFORMATION

* If your home college is **NOT** Brooklyn College, check here and complete all parts of this section:

Home College: _____

College Address: _____

City: _____ State: _____ Zip: _____

Home College Advisor: _____

Advisor's Telephone Number: () - ; Advisor's Email: _____

*** IF YOU ARE NOT A BROOKLYN COLLEGE STUDENT, INCLUDE, OR REQUEST TO SEND, AN OFFICIAL TRANSCRIPT IN A SEALED ENVELOPE WITH REGISTRAR'S STAMP.**

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EMERGENCY CONTACT PERSON INFORMATION

Last Name: _____ First Name: _____ Relationship: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: () - () - _____

Email: _____

Medical Insurance & Needs

We require all students to have medical insurance with the benefit of medical evacuation when traveling abroad. Please check one option and sign below.

I have checked with my current medical insurance provider and I am covered for accident and illness with medical evacuation when traveling to another country and I will provide documentation of such benefits in writing from my current medical insurance provider.

My medical insurance provider is: _____

My policy or group number is: _____

24 Hour telephone number is: _____

I have included a clear copy of the front and back of my insurance card with this application.

- OR -

I am purchasing accident and illness medical insurance coverage for travelers. (Note: This information can be provided a few weeks prior to departure). _____ (FILL IN PROGRAM NAME) SEE BELOW FOR RECOMMENDED PROVIDERS.

I have other arrangements for medical insurance. Please describe and give all pertinent information.

Are there any medical conditions, allergies or physical conditions that you would like us to be aware of? ___YES ___NO
 If YES, please describe:

Health & travel Insurance providers for students studying aboard

www.culturalinsurance.com 203 399-5132	www.wallach.com 800 237-6615
www.internationalsos.com 800 767-1403	www.studyabroadinsurance.com 410 583-2595
www.HIGSinc.com 800 242-4178	www.travelinsured.com 800-243-3174

FINANCIAL MATTERS

Are you currently receiving financial aid? (Check one) ___YES ___NO; If yes, please list the type of aid you are receiving.

Will you be applying for a S.T.O.C.S. grant? (CUNY Undergraduate Applicant: Check one) ___YES ___NO

Check here if you do not wish to have your name and address released to the other program participants.

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Coursework Request

You may choose 2 courses of study from the following and **must indicate 3 choices from the following and place them in order of preference (1-3). If your first choice is not offered or is filled, we will go to your next choices.**

_____ BUSN 3175: Asian Business	3 credits
_____ HIST 3534: Revolutionary China	3 credits
_____ CORC 3206: Development of the Silk Road (upper tier Core) <i>(Prerequisites for Core 3206: Junior standing and completion of all lower-tier Core requirements in Philosophical & Social Inquiries)</i>	3 credits
_____ CORC 1110: Classical Cultures (China)	3 credits
_____ SPEC 1619: Intercultural Communication	3 credits
_____ SPEC 2623: Business and Professional Communication (cross-cultural perspectives)	3 credits
_____ CHIN 1010: Elementary Chinese I	4 credits
_____ CHIN 1020: Elementary Chinese II	4 credits
_____ SPEC 7296X: Independent Research (for <i>graduate students</i> only)	3 credits

Please indicate that you will take only one course _____; or, you will take two courses _____.

All Students should note:

- The syllabus for each course is available on the Program's website <http://depthome.brooklyn.cuny.edu/bc-china>.
- **ALL COURSES ARE SUBJECT TO APPROVAL BY BROOKLYN COLLEGE, SUFFICIENT ENROLLMENT AND FACULTY AVAILABILITY.**
- Once your courses have been confirmed you will be registered.
- You are not allowed to make changes to your courses once you are registered. STOCs awardees are not allowed to drop courses.
- You must pay for your courses before departure.

NON- BC CUNY Students

If you are a non-Brooklyn College CUNY student, once we tell you what class(es) you can take, you should immediately contact the study abroad office on your home campus about how to apply for the e-permit. The e-permit information is also online at portal.cuny.edu. Your e-permit allows you to be registered for courses at Brooklyn College.

NON-CUNY Students

If you are not a CUNY student, you also need to complete the program application for the visiting student.

Supporting Documents

APPLICANT'S STATEMENT OF PURPOSE

On a separate sheet, write concise statement of your proposed program of study and how it will be related to your present academic program or profession and describe the personal benefits you expect to receive from the program and how you will incorporate this program into your future goals. This statement is required of all applicants and must be submitted with the application.

LETTER OF RECOMMENDATION

One letter of recommendation from a college professor is required of all students. Students should request the letter from a professor you know well, who is able to judge your academic qualifications, and who can comment on your ability to gain from this study abroad experience. Please have the professor put the letter in a sealed envelope and sign over the seal.

The release agreement on the following pages must be notarized.

The following section must be notarized before submission of your application. Brooklyn College students can go to The Benefits Office in 1227 Boylan Hall for a notary. The BC notary is available for all students. Students from other CUNY campuses can visit their respective Registrar office, or they go to a bank for the notary service.

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THIS IS A RELEASE. READ BEFORE SIGNING!!

WAIVER AND RELEASE AGREEMENT

I, _____ (“Applicant”), am a student at _____
College (the “College”) of The City University of New York (the “University”) and have agreed to participate in the College’s international studies
program (the “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) which 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 City of New York, the State of New York, the College, the University, 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 I may be given permission to take trips that are not part of the official study abroad itinerary, while I am a participant in the Nanjing study abroad program. Prior to taking a side trip, I will request and obtain prior written approval from the program director. I will provide the program director with the scheduled departure and return dates, location, travel arrangements and the place where I am staying. Failure to obtain written approval or to abide by the approved itinerary, may result in my termination from the program. I shall assume all risks and responsibilities associated with this trip, and shall 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 this trip.

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 that 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 which 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 judgement, 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.

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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 advisor, 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 _____, 200 __, 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 Signature

NOTE: IF APPLICANT IS UNDER THE AGE OF 18, THEN THE FOLLOWING PMUST BE COMPLETED, SIGNED, AND NOTARIZED.

IF APPLICANT IS UNDER THE AGE OF 18:

I, _____:
Print Full Name

- (a) am the parent or legal guardian of the Applicant;
- (b) have read the foregoing Waiver and Release Agreement (including such parts as may subject me to personal financial responsibility);
- (c) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release; and
- (d) agree, for myself and for the Applicant, to be bound by its terms.

SIGNATURE OF PARENT OR GUARDIAN

STATE OF _____

SS#: _____

COUNTY OF _____

On this day of _____, 200 __, 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 Signature

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VERIFICATION OF ENCLOSED DOCUMENTS

Check off the document enclosed with this application and initial. Please note that not all students need to enclose all documents.

- | | |
|--|---------------|
| <input type="checkbox"/> OFFICIAL TRANSCRIPT (unofficial copy Ok, but ask to send official copy soon) | _____ INITIAL |
| <input type="checkbox"/> COPY OF MEDICAL INSURANCE CARD FRONT AND BACK (OK to provide a bit later) | _____ INITIAL |
| <input type="checkbox"/> APPLICANT'S STATEMENT OF PURPOSE | _____ INITIAL |
| <input type="checkbox"/> LETTER OF RECOMMENDATION (the professor can email it directly to the program director) | _____ INITIAL |
| <input type="checkbox"/> COPY OF PASSPORT PHOTO PAGE (ok to provide a bit later if unavailable; apply or renew now if expired) | _____ INITIAL |
| <input type="checkbox"/> FIRST PAYMENT OF \$450 (in money order or bank cashier's check) | _____ INITIAL |

I, the undersigned, acknowledge that I have read this Study Abroad Application and that all statements are correct to the best of my knowledge. In addition, I, the applicant, authorize the release of my transcript(s) and recommendations to the academic institutions involved in the program for which I have applied.

Applicant's signature:

Date:

Parent or guardian's signature (*required if the applicant is under 18*)

Signature:

Date:

OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS BOX

DATE APPLICATION RECEIVED: _____

STUDENT ACCEPTED:

__ YES

__ NO

SIGNATURE OF PROGRAM DIRECTOR: _____