Global Field Course Student Application Form

Trip Destination: ____________________________  Faculty Member: ____________________________

Course Name and Number: ____________________________

Note: Incomplete forms will not be processed. Send or bring original forms to the School of Continuing Education, Wood Support Services Center, Room 100L

PERSONAL INFORMATION

Legal Name (exactly as it appears on your passport or passport application):

_______first____________________middle____________________last____________________

8-Digit Eastern ID number: ____________________________  E-mail: ________________________@____________

Gender:  □ Male  □ Female

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

Student Status: □ Full time  □ Part-time (less than 12 credits)

Passport Information:

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

Country of Issue: ____________________________

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 Major: ____________________________
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 lower level of the Health Services building, 185 Birch Street.

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 how participation in this Global Field Course will contribute toward your educational goals and/or career plans.

What is the approximate cost of the Global Field Course plus any additional tuition associated with course:

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

□  Personal Savings $______________
□  Student Loan $______________
□  Credit Card $______________
□  Family Contribution $______________
□  Other______________ $______________

TOTAL MUST EQUAL COST OF GLOBAL FIELD COURSE ABOVE.
STATEMENT OF UNDERSTANDING

I understand the following statements, as they pertain to my participation in the stated Global Field Course 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 payable to ECSU is due by _________________________________.
- The balance of $_____________ payable to ECSU and deposited at the Bursar’s Office and is due by _______________________.
- **Tuition and registration fees** are **not** included in the travel program price and must be paid through the Bursar’s Office at the time of registration for the course.

Cancellation Policy

1. In order to cancel participation without penalty, written notice (email is an official document) must be received by the instructor associated with the Global Field Course on or before the first deposit deadline (see Student Commitment Form).
2. Penalties include **all non-refundable travel deposits and payments that Eastern has already made on the student’s behalf**.
3. 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. Carol Williams, Associate 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 Global Field Course policies including those presented here and in all relevant pre-departure and orientation materials.

____________________________________  _______________________________________
Student's Signature                      Date
Global Field Courses  
Eastern Connecticut State University  

Statement of Responsibility, Release, Indemnification and Authorization to Participate in a Global Field Course Program

I, (insert name) ____________________________, agree to participate in the Global Field Course 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. By my signature below, I certify that I am covered by my own health insurance policy that will 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 understand that, as part of the costs of the program paid to Eastern, I will be purchasing and will be covered throughout the duration of the program by the International Student Identification Card (ISIC) Basic Insurance, a policy of comprehensive international health, accident and evacuation and repatriation insurance which provides coverage for injuries, illnesses, or emergencies I may sustain or experience overseas. Note that ISIC does NOT cover trip cancellation expenses.

I understand and give my consent for Eastern to send my Eastern ID picture to the University’s travel agent to be used when an International Student Identification Card (ISIC) is purchased for a trip.

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.

I understand that this is a university sponsored program, and that standards of Eastern Connecticut State University and any host institution(s) 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 host institution 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 and 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.

Below are resources for all students participating in a Global Field Course.

<table>
<thead>
<tr>
<th>Description</th>
<th>Website Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Disease Control and Prevention:</td>
<td><a href="http://wwwnc.cdc.gov/travel/default.aspx#">Travel’s Health</a></td>
</tr>
<tr>
<td>Overseas Security Advisory Council:</td>
<td><a href="https://www.osac.gov/Pages/Home.aspx">Featured Stories</a></td>
</tr>
<tr>
<td>Travel. State.Gov</td>
<td></td>
</tr>
</tbody>
</table>

I understand and hereby acknowledge that I have read the information at the above websites for the country/countries I will be visiting. 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 faculty member 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.

____________________________________  _____________________
Student’s Signature                        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: __________________________ Zip Code: __________________________    City: __________________________ Zip Code: __________________________
   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 a copy of your medical insurance card to this form.

   Insurance Company: ____________________________________________
   Policy Number: _______________________________________________
   Address: _____________________________________________________
   Telephone Number: ___________________________________________
Global Field Courses
Eastern Connecticut State University

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

Participant’s Signature ___________________________ Date ______________________

Eastern ID Number (or Social Security number if not an Eastern student): __________________________

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 Eastern Connecticut State University Global Field Course release form.

_________________________________________ Date ______________________

Notarized by ________________________________

Commission Expires on (Date) __________________________

Rev. 7/16/13