



The College of New Jersey

Office of International and Off-Campus Programs and
The Summer School

Faculty-Led Travel Program Student Application

NAME _____

PROGRAM _____

SEMESTER / YEAR _____

Please return the completed application to:

The Summer School
The College of New Jersey
Green Hall, Room 111
2000 Pennington Road
P.O. Box 7718
Ewing, NJ 08628
USA

Fax: 609-637-5128

Phone: 609-771-2576

summer@tcnj.edu

FACULTY-LED PROGRAM APPLICATION STUDENT CHECKLIST:

The following instructional checklist will assist you in the completion of your application packet. If you have any questions, feel free to contact your faculty leader or The Office of Summer School and Summer programs.

Complete and return the all following documents to Green Hall, Room 111 by the appropriate deadline date posted on your program's webpage:

- Global Experience Student Application Form** - Form with basic personal information and requested courses
- Copy of Passport** - Please bring in a scanned or printed photocopy of your passport (be sure that your passport has not expired yet and will not expire while on the tour)
- Student Emergency Information Form** - Complete this form and make sure you keep 1 copy for yourself and 1 copy for your parents/guardians while you are abroad. This form is to ensure coverage in case of an emergency overseas.

- Your faculty leader will give you important phone numbers to be filled in on the bottom of your Student Emergency Information Form.
- Certificate of Authorization for Medical Procedures and Release of Medical Information** - Form to grant permission to a licensed physician overseas in case emergency treatment may be required.
- Assumption of Risk and Release Form** - Form to release legal right - read carefully and understand before signing
- Statement of Authorization and Consent Form** - Form designed to protect all participants in the TCNJ Global Experience Programs
- Disciplinary Verification Form** - This form must be signed and authorized to release the details of student disciplinary record(s) to the university or program abroad

Please be aware that the office will ONLY accept this packet with ALL OF THE DOCUMENTS IN THE CHECKLIST followed by the REQUIRED INITIAL DEPOSIT. If there is missing paperwork then the office will not accept your application.

The Medical Exam Report is the ONLY document that can be brought in at a later date:

- Medical Examination Report** – Form to be filled out by your physician or by a physician at TCNJ Health Services. If you wish to make an appointment at Health Services, call them *EARLY* in order to secure an appointment at: **609.771.2483**

- Your doctor or the TCNJ physician must fill out this form. We will NOT accept a different form than this one

- Have this form filled out AS SOON AS POSSIBLE (preferably anywhere from 1 -6 months before you leave) since appointments fill up near the end of the school year.

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The College of New Jersey

GLOBAL EXPERIENCE STUDENT APPLICATION FORM

PART I: Personal Information

Program Name _____

Faculty Leader _____

Student Name _____
(first) (middle) (last)

Social Security # _____ Sex ____ Male ____ Female

Student ID # _____

Level of Education: Freshman Sophomore Junior Senior Graduate

Date of Birth (mm/dd/yy) _____ Passport No. (if Known) _____

Place of Birth _____ Country of Citizenship _____

Current Address

Current Telephone (____) _____

Permanent Telephone (____) _____

Email _____

Permanent Address

Emergency Contact _____

PART 2: Academic Information

Home College _____

Grade Point Average _____

Major _____

Earned Credits* _____

* earned credits at time of application

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STUDENT EMERGENCY INFORMATION FORM

On a rare occasion, an emergency requiring hospitalization and/or surgery may occur. This form is a safeguard to prevent a dangerous delay in case of emergency.

Program: _____

Participant's Name: _____

Date of Birth: _____ Citizenship: _____

1. Emergency Contact:

Name _____ Relation _____

Address _____

Day Phone (____)-____-____ Evening Phone (____)-____-____

2. I am Insured Under:

Policy Number _____ Expiration Date _____

Company Name _____

24 Hour Phone Number _____

3. Medicines I am Allergic to:

4. The following are medical conditions which a physician in another country should be aware of:

5. In the event of an emergency and we cannot be reached, we give our consent to authorize a representative of the host institution to authorize treatment or hospital care which on the best judgment of a licensed physician is deemed advisable.

Signature of Student _____ **Date** _____

Signature of Parent _____ **Date** _____

Or legal guardian (if 18 years of age or younger)

Other Important Phone Numbers and Information (to be obtained from your faculty leader):

Abroad Program Emergency Contact Name _____

Phone Number (____) _____ Email _____

Nearest Hospital to program Site _____

Equivalent 911 _____

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**AUTHORIZATION OF MEDICAL PROCEDURES & RELEASE OF
MEDICAL INFORMATION**

I hereby grant permission to any licensed physician or dentist to perform emergency treatment on the undersigned student while he or she is participating in The College of New Jersey Study Abroad Program in _____ (Name of Country) from _____ through _____ dates of the program. Because of the nature of the program, I further acknowledge and agree that The College of New Jersey officials for the program have a need to know and a right to know about medical procedures and the prognosis of any medical condition that may affect my continuing participation in the program.

As such, I hereby authorize medical personnel to release medical information relevant to my continuing participation in the _____ (Name of Faculty-Led Travel Course or Program) in _____ (Country) to the aforementioned TCNJ personnel on a need to know basis. The following is information concerning medical history, including allergies, medications being taken, and any physical impairment, to which a physician should be alerted:

Date

Student's Signature

Date

Parent's or Guardian's Signature
(Required if student is under the age of 18)

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ASSUMPTION OF RISK & RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHT – READ AND UNDERSTAND BEFORE SIGNING

Program: _____

Name of Applicant: _____

Date of Birth: _____

If Applicant is less than 18 years of age, a parent or legal guardian must also read and sign this form.

I hereby agree as follows:

1. Risks of Study Abroad. I understand that participation in The College of New Jersey Faculty-Led Travel Program specified above (the "Program") involves risks not found in the study at the College. These include, but are not limited to, 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. I have made my own investigation and am willing to accept these risks.

2. Institutional Arrangements. I understand that the college 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 College is not responsible for matters that are beyond its control. I hereby release the College from injury, loss, damage, accident, delay or expense arising out of any such matters.

3. Independent Activity. I understand that the College is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University supervised activities.

4. Health and Safety.

- **A.** I understand that foreign travel and living overseas can provide special challenges and stresses. Medical care, including mental health care, emergency medical care and medicine may not be as available and/or of a quality comparable to that of the United States. Students with previous or current medical and/or mental health conditions are strongly encouraged to consult with trained medical and/or mental health professionals and to prepare strategies that may be used abroad should they experience problems. I acknowledge that I have been strongly encouraged to assess my ability to participate in the program and have done so.
- **B.** I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs of payment for medical costs while I participate in the Program. I recognize that the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States, during the program, the College is not responsible for the cost or quality of such treatment or care.
- **C.** The College (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the College from any liability for any of its actions or inactions.

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5. 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 College'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 travel during the Program.
- **B.** I will also comply with the College's rules, standards or instructions for student behavior. I waive and release all claims against the College that arise at a time when I am not under the direct supervision or to comply with such rules, standards, and instructions.
- **C.** I agree that the College has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion 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 Program, or other participants. I recognize that due to the circumstances of foreign study programs, procedure for notice, hearing and appeal applicable to student disciplinary proceedings at the College do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.
- **D.** I am solely responsible for any legal problems I encounter with any foreign nationals or government of the host country. The College is not responsible for providing any assistance under such circumstances.

6. Program Changes. The College has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the College fees and program charges are based on a number of items, including (and not limited to) current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund or fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

7. Assumption of Risk and Release of Claims. Knowing the risks described above, 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. To the maximum extent permitted by law, I release and indemnify The College of New Jersey, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the program (including periods in transit to or from any country where the Program is being conducted).

I have carefully read this Release Form before signing it. No representation, statements, or inducements, oral or written, apart from the foregoing statement, have been made. This agreement shall become effective only upon receipt of my application by The College of New Jersey and shall be governed by the laws of the state of New Jersey, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

Signature of Student

Date

Signature of Parent/Guardian (if student is under 18)

Date

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STATEMENT OF AUTHORIZATION & CONSENT FORM

The following agreement is designed to protect all participants in TCNJ Faculty-Led Travel Program: the students, faculty members, The College of New Jersey and the institutions cooperating with The College of New Jersey. Please indicate your agreements with the following conditions by affixing your signatures below.

1. We understand that any program of travel does involve some risk and that participation in the program is voluntary. We release The College, its trustees, officers, and employees from any responsibility from claims, lawsuits, damages, expenses, liabilities or injuries which may arise to during participation in the Faculty-Led Travel Program.
2. We understand that it is the responsibility of the student to have adequate medical, accident, dismemberment and repatriation insurance coverage. We understand that it is required that the student purchase the ISIC International Health Insurance (\$68). We also understand that it is strongly recommended that the student obtain the International Student Identity Card which carries limited coverage and is included as part of the \$68 fee (cards and details available at Green Hall room 111).
3. We agree that if the student drives any motorized vehicle while abroad, they take full responsibility for all claims, damages, liability expels, lawsuits or injuries which may occur as a result of driving any motorized vehicle.
4. We acknowledge that the organizations involved in this project have forbidden the use of drugs by the participants except for those prescribed by an examining physician and noted on the Medical Authorization form.
5. We understand that while traveling or residing in any foreign country that the student will be subject to the laws, rules, and law enforcement procedures of that country. Any violation of such laws is beyond the control of the Faculty-Led Travel Program.
6. We understand that if the student leaves the program once the program has begun or tuition has been paid, there will be no refund (unless there is a medical condition that warrants withdrawal). If the student if receiving financial aid, it is understood that full payment for tuition and program fees has been committed by the student. Transcripts will be held until such payment has been made in full.

Date

Student's Signature

Date

Parent's or Guardian's Signature
(Required if student is under the age of 18)



DISCIPLINARY VERIFICATION RECORD & RELEASE FOR OFF-CAMPUS PROGRAMS (INTERNATIONAL & DOMESTIC)

THIS IS A RELEASE OF LEGAL RIGHT – READ AND UNDERSTAND BEFORE SIGNING

PARTICIPANT SECTION

I authorize The College of New Jersey to release details of my disciplinary record(s) to the program I am applying to:

PARTICIPANT SIGNATURE

DATE

PARTICIPANT NAME – PLEASE PRINT

CITY & COUNTRY OF PROGRAM ABROAD

TCNJ SECTION

THIS SECTION WILL BE COMPLETED BY THE JUDICIAL AFFAIRS OFFICER AT TCNJ. (**Check the appropriate section below**)

_____ I have verified that the applicant's record **does not** make mention of any previous disciplinary problems, including probation or higher.

_____ I have verified that the applicant's record **does** make mention of previous disciplinary problems, including probation or higher. (If permissible, please attach an explanation of the circumstances.)

JUDICIAL OFFICER – PLEASE PRINT

JUDICIAL OFFICER – SIGNATURE

TITLE

PHONE NUMBER

EMAIL

DATE

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