

Office of International Studies & Programs

John Jay College Study-Abroad Application

Name: _____
Last First

Home Address: _____
Street
City State Zip Code

Cell phone: (____) _____ Home phone: (____) _____

John Jay College/CUNY E-mail Address: _____

Alternate E-mail Address: _____

Gender: Male ___ Female ___ Date of Birth (MM/DD/YYYY): _____ EMPLID #: _____

CUNYfirst Username: _____

U.S. Citizen: _____ Permanent Resident: _____ U.S. Visa: _____ Type of Visa: _____

Student's Country/Countries of Citizenship: _____

Do you currently have a passport? Yes _____ No _____ Passport number: _____

Passport Expiration Date (MM/DD/YYYY): _____

Major(s): _____ Degree (B.A., B.S., BA-MA, MA, MPA): _____

Minor(s): _____ Cumulative G.P.A./4.0: _____

Number of credits completed: _____ Class year while abroad (e.g. Soph., Junior, etc.): _____

Home College (John Jay, Queens, CSI, etc.): _____

Name of Study-Abroad Program(s) Applying for: _____

City: _____ Country: _____

Please record your race/ethnicity:

- Asian, Native Hawaiian or Other
- American Indian or Alaska Native
- Black or African-American
- Hispanic or Latino(a)
- Italian-American
- Multiracial
- Pacific Islander
- White

What semester will you graduate? _____

***Please note:** *If your degree conference date is in June, you will not be eligible to participate in a summer study-abroad program.*

Have you previously participated in a study-abroad program? * Yes _____ No _____

***Please note:** *If you have already enrolled and received credit for the course(s) offered in this program you will be unable to receive credit.*

If yes, please indicate the name, location, and academic focus of the program, along with the length of time abroad and the year of your participation.

Are you applying for any other study-abroad programs? If so, please indicate which one(s). (Please note that your answer to this question will not affect your eligibility for this program).

If you have learned or studied any language that does not appear on your transcript, please fill out the table below.

Language	Years Studies/known	Reading Ability	Writing Ability

Please list any foreign travel or residence abroad:

How did you first hear about our study-abroad program?

- **Please read all application materials and program policies carefully.**
- **All questions must be answered, and all supporting documentation, with the exception of the health forms, is due at the time of application. Incomplete applications will not be accepted.**
- **To be approved for a study-abroad program, you must be in good academic standing and disciplinary standing, with a GPA 2.5 or higher. Each program, however, may have its own GPA requirement.**
- **You must not have any Bursar stops on your record at the time of acceptance into the program.**
- **All students must have a valid passport, or have a passport pending at the time of application.**
- **All students requiring a visa to enter the host country must get further instructions from the Office of International Studies & Programs.**

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: _____

JJC Study-Abroad Application Checklist

Before you submit your application, make sure you have the following.

1. APPLICATION:

Complete all questions on the application form and **attach a, standard, 2x2 passport photo** of yourself to the first page. Passport photos can be purchased at CVS or Duane Reade.

2. PERSONAL STATEMENT:

Please type and attach a **1-2 page essay** explaining why you wish to join this program and what contribution it will make to your education. Also include, if you wish, any characteristics or qualities you possess that you think would benefit the program.

3. RECOMMENDATION FORM & LETTER:

Students are required to request one letter of recommendation from a college-level instructor. Students participating in a faculty-led program cannot request this letter from the professor leading the program.

4. TRANSCRIPT:

Attach an unofficial copy of your transcript to this application. CUNY students may access their transcripts through CUNYfirst. If you are a transfer student, please provide an unofficial transcript from your former institution.

5. COPY OF VALID PASSPORT:

Submit a copy of the biographical page of your passport and supporting documents, (i.e. visa, US Permanent Residency Card, etc.). If you do not have a passport, you will need to file for one, and provide a copy of your paid receipt for the pending passport with your application. Once your passport is processed, it is the student's responsibility to submit a copy of the biographical page to the OISP.

6. EMERGENCY CONTACT FORM

Please complete the emergency contact form and provide two emergency contacts.

7. NOTARIZED CUNY TRAVEL WAIVER AND RELEASE FORM

The CUNY Waiver and Release Form must be completed and notarized. You must submit the original, and signed, copy.

8. APPLICATION FEE

A non-refundable application fee of \$40.00 is due at time of application. Money orders, personal checks, and cash are accepted. Money orders and personal checks are to be made out to **John Jay College**.

9. GRADUATE STUDENTS

Please make sure that you obtain permission from either your major advisor or chairperson, of your department, before you apply for any study-abroad program.

10. CLASS SCHEDULE

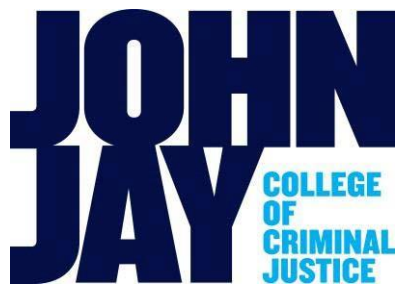
Please provide the OISP with your class schedule and/or indicate the times you are free for an interview. Students may be required to have an interview with the program director.

11. PHYSICIAN'S STATEMENT

To be handed in **once you have been accepted into the program**. We encourage students to make an appointment with a physician ASAP, as wait times may vary.

12. OFFICE LOCATION

Completed applications should be submitted to the Office of International Studies & Programs. We are located at 524 West 59th Street (Haaren Hall, Suite 530) New York, NY 10019. If you have any questions, please contact us at 212-484-1390 or email us at studyabroad@jjay.cuny.edu or visit our website at <http://www.jjay.cuny.edu/study-abroad-programs>.



Faculty Recommendation for Students Applying to JJC Study-Abroad Programs

Name of Student _____

Name of Recommender: _____ Department _____

- 1. How long have you know the applicant?
2. On a scale of 1 to 5 (Circle between 1 as the lowest and 5 as the highest. Circle N/A if you are unable to judge), please rate:
a. The student's sense of responsibility 1...2...3...4...5...N/A
b. The student's oral presentation skills 1...2...3...4...5...N/A
c. The student's self-confidence 1...2...3...4...5...N/A
d. The student's ability to collaborate in a group 1...2...3...4...5...N/A
e. The student's adaptability 1...2...3...4...5...N/A
3. The student is applying to participate in a John Jay College-sponsored international program. Please record some observations, in the space below about the student's strengths and weaknesses in relation to his/her ability to participate successfully in the program. Please also write a formal letter of recommendation.

Recommender's Signature _____ E-Mail _____

TO THE APPLICANT: Please print your name below, circle one of the following options, and then sign and date. Then give this form to your Recommender with an envelope addressed to the Office of International Studies & Programs for your Recommender to use.

Applicant's Name (please print) _____

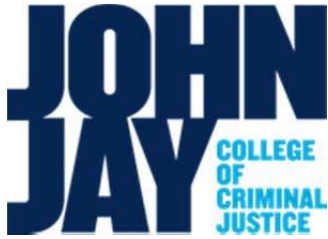
Circle one of the following options:

I waive my right of access to this recommendation letter and understand that I will not be able to see it under any circumstances

OR

I do not waive my right of access to this recommendation letter

Signature _____ Date _____



Office of International Studies and Programs

524 West 59th St., 530 HH, New York, NY 10019

T: +1.212.484.1390 F: +1.646.557.4749

E-mail: studyabroad@jjay.cuny.edu

EMERGENCY CONTACT FORM

Participant's Name: _____

Address: _____

Day/Evening Phones: _____

E-mail: _____

Emergency Contact 1:

Name: _____

Relation: _____

Address: _____

Day/Evening Phones: _____

E-mail: _____

Emergency Contact 2:

Name: _____

Relation: _____

Address: _____

Day/Evening Phones: _____

E-mail: _____

CUNY INTERNATIONAL TRAVEL PARTICIPATION, WAIVER, AND EMERGENCY CONTACT FORM

This form has been developed by the CUNY Office of the General Counsel (OGC) and cannot be altered or adapted except in the answerable fields without approval from OGC.

PART A to be completed by the Program Director (then duplicated for completion of Part B by participating students)

Description of Activity

(“College”) of The City University of New York (“University”) believes that participation in organized, off-campus activities by its students can be an important part of a student’s learning experience. Off-campus activities may, however, involve certain risks, both to the participating students and to the College/University. In order to participate, each student must read carefully, complete, and sign this International Travel Participation, Waiver, and Emergency Contact Form and submit it to the Program Director prior to the Activity.

Description of Activity:
(including travel to and from Destination of Activity)

Destination of Activity:

Dates of Activity:

Name of Program Director:

Affiliation of Program Director to College/University:

Name of Trip Chaperone (if applicable):

Contact Telephone Number on Date(s) of Activity:

PART B to be completed and signed by the participating student and notarized; if under 18, also by his/her parent or legal guardian and notarized

I wish to participate in the Activity, and in consideration for being permitted to participate in the Activity, I hereby represent and agree as follows:

1. I understand that participation in the Activity involves risks not found in study at the College, including risks involved in traveling to and within, and returning from, the Activity site(s). 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 U.S. Department of State Country Specific Information (and Travel Warnings and/or Travel Alerts, if any) that I have accessed at <http://travel.state.gov> and reviewed carefully. I understand that there may be other risks not known or reasonably foreseeable. I accept all of these risks and voluntarily elect to participate in the Activity.

2. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Activity, there are unavoidable risks, 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, agents, or representatives of any and all of them (“Released Parties”) for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Activity, except for such claims, damages or losses may be caused by the gross negligence or willful misconduct of any of the Released Parties. It is my express intent that this Release bind my heirs, assigns, and personal representatives.
3. I represent that my statements herein are accurate and complete and 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.
4. 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 Activity and assume responsibility for my actions, understanding that the circumstances of an Activity likely requires a standard of behavior that may differ from that applicable on campus.
5. I will comply with the University’s rules, standards, and instructions for student behavior generally and for the Activity, including the College’s Code of Student Conduct and the Henderson Rules of Public Order (collectively, “standards”). I acknowledge and understand that my compliance is important to the success of the Activity and to the University’s/College’s willingness to permit future similar activities. I agree that the University has the right to enforce the standards, in its sole judgment, and that it may impose restrictions, up to and including disciplinary proceedings and not granting academic credit for and removing me from the Activity, for violating the standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the College, the University, the Activity or other participants.
6. 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 removed from the Activity, I consent to going home at my own expense with no refund from the University or College of any monies paid. 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.
7. I hereby release each of the Released Parties from any and all claims, damages, injuries (including death), or loss that arises at a time when I am not under the direct supervision of the University, including, without limitation, during travel and/or activities other than those specifically required in order to participate in the Activity that I may choose to undertake before, during, or after the Activity, and/or that are caused by my failure to remain under

such supervision or to comply with the standards. I understand and agree that the University is not in any way responsible for my well being with respect to any travel to destinations beyond those specifically required for the Activity that I may choose to undertake before, during, or after the Activity

8. I understand that it is within the College's discretion to change travel, accommodations, and other arrangements as it deems necessary. I understand that the College is not responsible for nor does it represent or act as agent for, and cannot control the acts or omissions of the host institution or service providers, including those who provide transportation, tour, dining or sleeping accommodations.
9. I have no known physical or health-related reasons or problems that preclude or restrict my participation in the Activity or I have disclosed to the College any physical, mental, and emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for visual or auditory aids that might impair my ability to participate in the Activity, and I hereby release each of the Released Parties from any and all claims, damages, injuries (including death), or loss arising out of my failure to disclose such conditions or problems.
10. I have or will obtain and maintain health, accident, disability, hospitalization, property and travel insurance as required by the College and have or will obtain and maintain the same health, accident, disability, hospitalization, property and travel insurance coverage for all travel and activities other than those specifically required in order to participate in the Activity that I may choose to undertake before, during, or after the Activity. I will be responsible for the costs of such insurance and for any expenses not covered by insurance.
11. The University may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances, and I hereby authorize the University to make such decisions and take such actions. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.
12. I am assuming full financial responsibility for all costs and expenses incurred by me in connection with the Activity, including, without limitation, financial responsibility for damage or destruction to property of third parties.
13. I will not hold myself out as having the power or authority to bind or create liability for the College or the University.
14. I agree that should any provision or aspect of this International Travel Participation, Waiver, and Emergency Contact Form be found to be unenforceable, that all remaining provisions will remain in full force and effect.
15. The waiver and release herein represents my complete understanding with the College and the University concerning its responsibility and liability for my participation in the Activity. 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.
16. I am printing my contact information below:

Name of Participant:
Local Address:

CUNY ID:

City: State: Zip:

Cell Phone: Email address:

17. I am printing my **emergency contact information** below:

In case of emergency, notify:

Name:

Relationship:

Phone numbers: day evening

18. Check one:

I am at least eighteen years old.

I am not yet eighteen years old, so I have secured the signature of my parent or guardian (see next page) as well as my own.

I wish to participate in the Activity, I have read and completed this International Travel Participation, Waiver, and Emergency Contact Form carefully, and I am signing it voluntarily in the presence of a notary.

Date: Signature: _____

STATE OF _____)
) ss.:
COUNTY OF _____)

On this ___ day of _____, 201___, 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

If participating student completing and signing this form is under the age of 18, then the following page must be completed and signed by the student's parent or legal guardian in the presence of a notary.

IF STUDENT IS UNDER THE AGE OF 18, THEN THE STUDENT'S PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THE FOLLOWING IN THE PRESENCE OF A NOTARY:

1. I am the parent or legal guardian of my child named and who signed on the previous page.
2. I give my permission for my child to take part in the Activity described on the first page of this form with the understanding that there are potential risks associated with the Activity.
3. I understand that my child is expected to behave responsibly and to follow the University's discipline code and policies and that failure to do so may subject the student to removal from the Activity.
4. I have read and understand this International Travel Participation, Waiver, and Emergency Contact Form, and I confirm that the information provided by my child is accurate and complete.
5. I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the Activity may act on my behalf and at my expense in obtaining medical treatment for my child.
6. I am and will be legally responsible for the obligations and acts of my child as described in this form, including such parts as may subject me to personal financial responsibility.
7. I agree, for myself and for my child, to be bound by its terms.

Print First and Last Name of Parent or Guardian

Signature of Parent or Guardian

STATE OF _____)

) ss.:

COUNTY OF _____)

On this . day of _____, 201__, 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

**JOHN JAY COLLEGE OF CRIMINAL JUSTICE, CUNY
OFFICE OF INTERNATIONAL STUDIES & PROGRAMS
PHYSICIAN'S STATEMENT**

TO THE APPLICANT:

Please authorize by your signature below (page 2) the release of any medical information that may be relevant in the opinion of your physician to your participation in the study-abroad program.

Applicant's Name

Program name and location

Personal History – Please check if you have had the following (if not applicable, please indicate with N/A):

Tuberculosis Scarlet fever Measles Rubella Chicken pox Rheumatic fever
 Hepatitis Malaria Polio Other _____

Surgery

Appendectomy Tonsillectomy
 Hernia repair Other _____

Habits (how much/how often)

Alcohol _____
 Tobacco _____
 Other _____

Allergy (please specify)

Hay fever Eczema Bees/wasps Pet/animal dander _____
 Foods _____
 Other _____

Review of Past Illnesses and Symptoms

Please complete the following, adding additional paper if necessary. **DO NOT LEAVE ANY QUESTION BLANK. If not applicable, indicate with N/A.**

A. Have you consulted or been treated by clinics, physicians, or other practitioners within the past five years for specific illness? (If yes, give details)

B. Have you ever been hospitalized or had a serious acute illness? If yes, give diagnosis and date.

C. Do you have any chronic/recurrent illness? Any permanent/chronic injury or physical disability? (If yes, give details.)

D. Have you had any allergic reaction to past immunizations, prescription, or over-the-counter medicines? (If yes, give details.)

E. Do you have a history of asthma or any other respiratory ailment? (If yes, give details.)

F. Are you currently taking any medications (including oral contraceptives)? (List and give details.)

G. Are you currently receiving antigen/immunotherapy injections or prescription medication for an allergy? (List and give details.)

H. Do you have any health requirements or dietary restrictions? (Explain.)

I. Do you have a history of an eating disorder, such as bulimia or anorexia, within the last five years? (If yes, give details.)

J. In the last five years, have you consulted or been treated by a psychiatrist, clinical psychologist, drug/alcohol counselor, or other mental health professional? (If yes, give details.)

Please check if you have had:

- Unexplained fever Recent weight gain or loss Eye trouble Hearing loss Sinus problems
 Chronic rash Anemia Bleeding/clotting problems Cancer or leukemia Immune system problems
 Heart murmur, palpitations Chest pain, pressure Chronic cough Shortness of breath, wheezing
 Abdominal pain Chronic indigestion, diarrhea Stomach ulcer Gall bladder trouble Hernia (rupture)
 Kidney stone Albumin or blood in urine Painful/swollen joint Back problems Impaired use of any limbs
 Epilepsy (seizures) Recurrent dizziness or faintness Depression Severe headaches

Women only:

- Irregular periods Severe cramps Excessive flow

Comment below on any condition(s) above that you have checked:

With this signature, I certify that I have consulted with my physician and that I will follow through with all essential medications and care I may need to stay physically/mentally healthy and safe while abroad. Moreover, I certify that the information above is accurate and complete.

Participant Signature

Date (MM/DD/YYYY)

Applicant's Name

Program name and location

TO THE PHYSICIAN:

Please indicate if the student named above has a history of chronic or disabling physical conditions; any allergies which may require either continuing or emergency treatment; any special dietary restrictions; or any physical or emotional condition which might affect his/her well-being or that of fellow students while living or traveling outside the United States.

Please indicate the student's blood type, as well as the generic names for any prescription medication the student requires which may not be readily available abroad.

Indicating a prescribed medication, especially one that is essential for the student's physical and/or mental wellbeing, will require the student to follow said prescription exactly as indicated by the physician while abroad. Failure to do so will be grounds for dismissal from the program.

PLEASE NOTE: There should be a written statement from the physician confirming that the student is physically and mentally sound enough to participate.

PHYSICIAN'S STATEMENT: _____

PHYSICIAN'S NAME: (Please print) _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

A DOCTOR'S STAMP OR LICENSE NUMBER IS REQUIRED