



**STUDY ABROAD
PROGRAM**

STUDENT PACKET



Dear Student,

Congratulations on your decision to join Suffolk County Community College Study Abroad program this summer.

By deciding to study abroad you have made a commitment that will not only contribute to your academic success but also will help you in the future to better market your skills in the workforce or enhance your application when applying to a 4 year academic institution. You are curious, motivated, willing to take a risk, explore new horizons and challenge yourself- that is pretty awesome!

Please, find attached a number of documents we need you to fill out to help us make your trip safe and enjoyable. Please, note -you need to visit your physician. **Please, make sure you get your doctor's office stamp on the appropriate form, along with the doctor's signature.** OCA Form No.: 960 must be submitted to us as well.

IN ADDITION to the attached documents, please, send to us a READABLE copy of the front page of your passport as well as your airline ticket reservation with all connections' details. All documents will be store securely.

We **MUST** have all forms and requested documents on file at Study Abroad Office **2 weeks prior to your departure.** Please, mail them or drop them off to:

Study Abroad Office, 533 College Road, Riverhead Building, Rooms 300/301 Selden, New York 11784.

You will not be allowed to remain on location without your file being complete.

If you have any questions or concerns, please, email saadis@sunysuffolk.edu or studyabroad@sunysuffolk.edu. You can call us at 631 451 4430.

With best regards,

Study Abroad Team



STANDARDS OF CONDUCT

Participant Name: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Parent/ Guardian Name: _____

Date of Birth: _____

(If Participant is under 18 years old at time of application)

(If Participant is under 18 years old at time of application)

If Participant is under 18 years of age at time of application, a parent or legal guardian must also read and sign this form

Programme: _____

Travel Dates: _____

By signing below, I hereby agree as follows:

1. I understand that as a Participant in the Indicated Study Abroad Program (the "Program"), I represent Suffolk County Community College (the "College") and the United States of America. Therefore, I will ensure that my department reflects positively upon both.
2. I understand that each country has its own laws and standards of acceptable conduct, including culture, dress, manners, morals, and politics. I recognize that any behavior that 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. Therefore, I will become and keep informed of, and will at all times abide by, all laws and standards for each country to, or through, which I will travel during the Program.
3. I will at all times comply with all rules, standards and instructions for student behavior, including, but not limited to, all those set out in the Student Code of Conduct. I have previously received a copy of the Student Code of Conduct and hereby agree to comport myself in compliance with the contents therein, which include, but are not limited to:
 - a. **A PROHIBITION AGAINST PUBLIC INTOXICATION, FOR WHICH THERE IS A ZERO TOLERANCE.**
 - b. **A PROHIBITION AGAINST ILLEGAL DRUG USE, FOR WHICH THERE IS A ZERO TOLERANCE.**
 - c. **A PROHIBITION AGAINST ANY DISRUPTIVE BEHAVIOR, FOR WHICH THERE IS A ZERO TOLERANCE.**
 - d. **A PROHIBITION AGAINST OVERNIGHT STAYS BY FAMILY MEMBERS OR FRIENDS FOR ANY REASON.**
 - e. **A PROHIBITION AGAINST ENTERTAINING ANY UNAUTHORIZED VISITORS IN APARTMENTS OR ROOMS.**
4. I agree that the College has the right to enforce the standards described above and in the Student Code of Conduct, 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. **If I am expelled, I consent to being sent home at my own expense with no refunds.**
5. I will attend to any legal problems that I may encounter with any foreign nationals and/or with the government and authorities of the host country. The College is not responsible for providing any assistance under such circumstances.

6. I understand that participation in the Program requires a financial commitment. I therefore agree to make all payments required to secure my travel, transportation, lodging, subsistence, access to local sites and other facets related to the Programme **prior to the deadline of _____**. I hereby accept that failure to tender the requisite payments prior to the indicated deadline may preclude and prohibit my participation in the Program.

7. I understand that if I elect to withdraw from the Program for any reason, my withdrawal request must be submitted in writing to the Program **prior to the deadline of _____**. I hereby accept that failure to meet the withdrawal deadline will preclude and prevent the refund of any monies that I have previously tendered in fulfillment of Program obligations.

x _____
*Signature of Student (Parent/Legal Guardian-check below)**

Date

* I (A) am the parent/legal guardian of the above Participant, (B) have read the foregoing Standards of Conduct, (C) am and will be legally responsible to the obligations and acts of the Student as described in this form, and (D) agree, for myself and for the Participant to be bound by all of its terms.



ASSUMPTION OF RISK & RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS-READ AND UNDERSTAND BEFORE SIGNING

Participant Name: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Parent/ Guardian Name: _____

Date of Birth: _____

(If Participant is under 18 years old at time of application)

(If Participant is under 18 years old at time of application)

Programme: _____

Travel Dates: _____

I hereby agree as follows:

1. Risks of Study Abroad. I understand that participation in the Program (the "Program") provided by Suffolk County Community College (the "College") and/or the Suffolk Community College Association, Inc., (the "Association") involves inherent risks. These risks include, but are not limited to, travel to, from, and within, one or more foreign countries; local cultural, political, social, legal and economic conditions; different standards of design, safety, and maintenance of buildings, public spaces, conveyances; weather and the environment; the availability and quality of medical care; and other matters that may not be anticipated. I acknowledge that all risks cannot be prevented. I have made my own investigation into and am willing to accept, these risks.

2. Institutional Arrangements. I understand that the College/Association does not represent, act as an agent for, and cannot control the acts or omissions of any sponsor, institution, host organization, host family, transportation carrier or company, hotel, lodging, tour organizer or operator, and/or other goods or service provider. I understand that the College is not responsible for matters that are beyond its control and I assume those risks. I hereby release the College/Association from any Injury, loss, damage accident, delay, fee or expense arising out, or in relation to, any such matters.

3. Independent Activity. I understand that the College/Association is not responsible for activities or actions that I undertake, and/or any injury or loss, including death, that I may suffer, whilst traveling or engaging any activity independent of, or otherwise separated or absent from, College supervision. I hereby release the College/Association from any injury, loss, damage, accident delay, fee, or expense arising out, or in relation to, any such matters.

4. Program Changes. The College has the right to make cancellations, substitutions or changes due to, or related to, emergencies, changed conditions, or in the interest of the Program. I understand that the College's fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. *If I leave or am expelled from the Program for any reason, I understand and hereby accept that there will be no refund of fees paid.*

5. Payment of Fees. I agree to abide by all deadlines for Program fee payments. I further acknowledge and accept the schedule for refunds should I withdraw from the Program. I hereby accept any/all penalties associated with late withdrawal

6. Health and Safety. There are no health-related reasons or problems that preclude or restrict my participation in this Program. I have consulted with a medical doctor with regard to my personal health and medical needs, and I have, in good faith, signed and submitted Medical History/Health Clearance form. I understand that the College is not obligated to provide for any health and medical needs, and I assume all risks and responsibilities thereof. I have obtained insurance to meet any and all payments for, or related to, medical costs that may arise during my participation in the Program. The College/Association is not responsible in any way for the cost, quality, terms and conditions of any medical or healthcare treatment rendered to me during the Program. I hereby agree to pay all expenses and fees, and hereby release the College/Association from any liability, relating thereof.

7. Assumption of Risk and Release of Claims. Knowing the risks described above, and in consideration of being permitted to participate in the Program, and the professional and educational enrichment and academic credit I will derive from the Program, I agree, on behalf of my family, heir(s), executor(s), assignee(s), 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 County of Suffolk and the College/Association, and their 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.

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. By signing below I acknowledge this agreement shall become effective only upon execution and shall be governed by the laws of the State of New York, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program .

x _____
*Signature of Student (Parent/Legal Guardian-check below)**

Date

* I (A) am the parent/legal guardian of the above Participant, (B) have read the foregoing Release Form, (C) am and will be legally responsible to the obligations and acts of the Student as described in this Release Form, and (D) agree, for myself and for the Participant to be bound by all of its terms.



AUTHORIZATION AND RELEASE FOR USE OF NAME, VOICE AND LIKENESS

I, _____, hereby grant Suffolk County Community College (“the College”) irrevocable permission to use my name, voice, quotes, image, visual likeness, portrait, and photograph in all forms and media (including, but not limited to, publications, websites, catalogs, brochures, books, magazines, photo exhibits, motion picture films, and/or videos) (collectively referred to as “Works”) for the following proposes:

- 1) Teaching;
- 2) Admissions applications;
- 3) Professional journal and papers;
- 4) Institutional publicity and public relations;
- 5) Archival purposes; and
- 6) Any other purpose which the College deems fit in the interest of education, knowledge, research, marketing, advertising, or public relations.

I agree that all right and title and interest in and to all such Works and any reproductions or derivative work thereof shall be the exclusive property of Suffolk County Community College. I understand that the College may keep or may use the Works and derivative works now and in the future.

I further consent to the use of my biographical material in connection with such photographs or other portraits or likenesses of me.

I agree that the College does not owe me any compensation for the acts I have consented to in this agreement.

I hereby release Suffolk County Community College, its officers, directors, agents and employees from all liability or legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have carefully read and understand the terms and conditions of this Authorization and Release, and agree to be bound by them.

Signature *Date*

Printed Name/Email Address/

(Signature of legal guardian is needed if subject is under age 18)

Printed Name of Legal Guardian *Date*