BOROUGH OF MANHATTAN COMMUNITY COLLEGE
The City University of New York
Study Abroad Program Coordinator Application Packet

STUDENT APPLICATION MATERIALS

ELIGIBILITY AND SCHOLARSHIP REQUIREMENTS:

Non-Scholarship Candidates will pay TUITION, STUDENT FEES for registration and 100% ALL PROGRAM EXPENSES.

Scholarship Candidates will pay TUITION, STUDENT FEES AND 40% of the TOTAL COST of the program which will include Air & Local Transportation, Room & Board and Foreign University Fees when applicable. To be eligible for a BMCC Association Study Abroad Scholarship, a student must be matriculated at BMCC, not in arrears, and enrolled at the time of application; additionally, the student must not have received a BMCC Association Study Abroad scholarship in a previous semester.

STUDENT ELIGIBILITY REQUIREMENTS

Both Scholarship and Non-Scholarship Candidates must meet all of the following requirements:

1. The student must be matriculated at an accredited college or university and enrolled at the time of application.

2. The student must have completed 12 college credits and have met the prerequisites for the desired study abroad program to be taken by the application deadline.

3. Study abroad participants must have an overall GPA of 2.80 or better by the application deadline.

4. Statement of Purpose: Study Abroad Goals and Expectations: The student must submit a one-page, single-spaced, typed statement of purpose as a part of the application. The statement of purpose in 500 words or less should explain how your participation in this particular study abroad program will advance your personal, educational, and/or career goals.

5. The student must be interviewed by their respective study abroad coordinator in the academic department administering the Study Abroad Course to be taken.

6. The student must submit:
   a. Three letters of reference,
   b. A statement of purpose,
   c. A recent statement of medical health as a part of the application.

7. All documents and the completed application must be submitted by the application deadline of February 14, 2014.

8. If a student is accepted to a BMCC sponsored study abroad program, the non-scholarship candidate must pay 100% of the total program cost in addition to 100% of all BMCC tuition and fees for the course. A scholarship candidate must be a currently enrolled BMCC student, and pay 40% of the total program cost in addition to 100% of all BMCC tuition and fees for the study abroad course. BMCC program applicants who are accepted in a study
abroad program must pay their 40% share of program costs by March 21\textsuperscript{st}, 2014. Failure to make the necessary payment may result in the student being dropped from the program.

9. BMCC students may only apply for one study abroad program at BMCC in a given semester, and receive a BMCC Association Study Abroad scholarship only once.

10. Program participants must familiarize themselves and comply with all BMCC college policies, including, for example, the BMCC student code of conduct.

11. Well before a program’s date of departure (Approximately three weeks), students must obtain valid passports, if necessary, and visa, if required from the nearest U.S. based consulate or embassy of the country to be visited. The visa application must be done in a timely manner. All program participants need to consult with their respective program coordinators on all issues dealing with passport applications and/or required visa(s).

12. All student applicants are required to consult with their respective program coordinators regarding their share of program costs and deadlines. As for program refund policies, in case of personal and/or medical reasons, students will be required to submit proper documentation to their study abroad program coordinator to determine whether or not a possible partial/full refund is in order and in accordance to BMCC policy.

13. Students must travel as a group. No student or Program Coordinator may travel before or after the entire group travels to and from its destination.
STUDENT APPLICATION INSTRUCTIONS:

In order for your application to be complete, you must attach all of the following:

1. Statement of purpose: State the goals and interests you wish to pursue by enrolling in this course. In a one-page, single-spaced, typed statement, prioritize your goals in relation to cultural awareness, heritage, language acquisition, or other goals you hope to achieve.

2. Medical certificate dated within one year of the program departure date stating that you are in good health and can travel abroad. Any illnesses must be described, and any required medications must be listed. (Please see attached form.)

3. A signed CUNY Wavier and Release Agreement, also signed by parent/guardian and notarized if you will be under the age of 18 by the program departure date. (Please see attached form.)

4. A signed Code of Conduct Agreement, also signed by parent/guardian if you will be under the age of 18 by the program departure date. (Please see attached form.)

5. Three letters of reference from instructors, advisors, counselors, dean, or employer.

6. If you are a non-BMCC applicant, please submit a copy of your transcript from the college you are currently attending.

7. A completed emergency card. (Please see attached form.)

8. A photocopy of your passport, valid for the program dates. If you don’t have one at the time of application, apply for one (processing time may take at least 4 weeks) and bring it (with the visa, if required) as soon as possible after acceptance to the program.

9. If you do not have a valid passport, or your passport will expire before the program return date, then you must obtain or renew your passport before the date of departure. If the country to be visited by the study abroad program requires citizens of your country to obtain a visa, you must obtain the proper visa for the duration of the study abroad program before the date of departure. Obtaining a passport and/or a visa may take up to eight weeks or more depending upon your country of origin. Students are advised to contact the consulate or embassy of their country of citizenship as soon as possible to obtain a passport.

10. Students with disabilities who require reasonable accommodations or academic adjustments for this course must contact the BMCC Office of Accessibility or in the case of a non-BMCC applicant, the Disabilities Office at their home institution to obtain a letter indicating the needed accommodations. Although BMCC is committed to providing equal access to all programs and curricula to all students, as a result of the absence of an equivalent law as the ADA (American with Disabilities Act of 1990) in all countries, student applicants with disabilities may not be able to find proper accommodations and facilities at the host institution, residence/hotel used by a study abroad program in the country to be visited.
If you will be under 18 on the program departure date, your parents must also sign the Code of Conduct and the CUNY Waiver and Release Agreement, which must also be notarized. (Please see attached forms.)

Have you received a BMCC Association Study Abroad Scholarship in the past?
(If yes, you are not eligible for a BMCC Association Study Abroad Scholarship.)

YES  NO

Are you applying for a BMCC Association Study Abroad Scholarship?

YES  NO

Matriculation: Are you currently matriculated at BMCC?
(If not, you are not eligible for a BMCC Association Study Abroad Scholarship.)

YES  NO

If NO: Name of the Institution where you are currently matriculated: ___________________________
**STUDENT APPLICATION (CONTINUED):**

<table>
<thead>
<tr>
<th>Total number of credits completed</th>
<th>Overall Grade Point Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of credits completed in the department which is administering the study abroad program to which you are applying:</td>
<td></td>
</tr>
<tr>
<td>List course(s) and grade(s) received in the department which is administering the study abroad program to which you are applying:</td>
<td></td>
</tr>
<tr>
<td>Course(s):</td>
<td>Grade(s):</td>
</tr>
<tr>
<td>Do you have a disability which requires reasonable accommodations or academic adjustments for this program?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>If yes, please include an official letter from the Accessibilities Office indicating reasonable accommodations or academic adjustments required.</strong></td>
<td></td>
</tr>
<tr>
<td>Are you a US citizen, resident or foreign student?</td>
<td></td>
</tr>
<tr>
<td>If foreign student, country of residence:</td>
<td></td>
</tr>
<tr>
<td>Do you have a valid Passport?</td>
<td></td>
</tr>
<tr>
<td>If yes, Exp. Date:</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:**

- Applicants who have a non-U.S. passport may be required to apply for a tourist/student visa to travel to the program destination. Applicants are advised to consult with their program coordinator on this matter.

- If accepted to the BMCC Study Abroad Program, all students must meet the current health, and tourist regulations of the United States Government, including passport as well as the travel health and tourist regulations of the government(s) of the country(ies) to be visited. For more information, see the US State Dept. website at [http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html).

- All study abroad participants will be informed by their respective program coordinator that they will be registered with the U.S. Embassy of the country to be visited.

- Orientation: Students selected will be required to attend all orientation lectures and discussions. Students will receive all information related to travel plans, textbook(s), syllabus for the course, bibliography and rules and regulations to be followed in the country(ies) to be visited.

**Declaration:** I testify that to the best of my knowledge the above information contained in this application and the information contained in all documents attached to this application is true and accurate.

Signature: ___________________________ Date: ___________________________

Student Name: ___________________________ student ID #: ___________________________
STUDENT’S NAME: ________________________________

Please have your physician answer the following questions and sign, date, and use his/her official stamp below.

PHYSICIAN’S MEDICAL INFORMATION

The student named above is applying to the BMCC/CUNY Study Abroad Program. In the interest of the student’s safe and successful participation, we would appreciate your cooperation in answering the following questions and adding any information that you feel is relevant to the student’s ability to participate in the Program. This information will remain confidential and will be provided only to the Program Coordinator, the resident Program Instructor overseas, and those with a need to know for the purpose of providing any necessary accommodations or in the event that medical attention is necessary.

1. Does the student have any dietary restrictions, known food or drug allergies, or other medical conditions that the Study Abroad Program should be aware of in the event of an emergency?

   Yes  No

   If yes, please attach any additional sheets as may be necessary.

2. Is the student taking any medications, or will the student be taking any medications while abroad, that the Study Abroad Program should be aware of in the event of an emergency?

   Yes  No

   If yes, please attach any additional sheets as may be necessary.

3. Is the student aware that the availability of certain medications varies by country and that she/he may not be able to obtain certain necessary medications abroad?

   Yes  No

4. As far as you know, are all routine immunizations up to date?

   Yes  No

5. Foreign travel and study abroad necessarily involve stress due to exposure to different cultural and physical environments as well as the potential for possible experience with a medical and health care situation different from that found at home. To the best of your knowledge, is this student able to participate safely and successfully in this study abroad program?

   Yes  No

   If no, please attach any additional sheets as may be necessary.

6. Does the student require any accommodation to a disability to enable her/him to participate safely in this study abroad program?

   Yes  No

   If yes, please attach any additional sheets as may be necessary.

<table>
<thead>
<tr>
<th>PHYSICIAN’S NAME:</th>
<th>PHONE NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE:</td>
<td>DATE:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY CARDS
Fill out this Emergency Card and make several copies. Turn in one copy with your study abroad application, leave a copy with your U.S. emergency contacts, leave a copy with your abroad emergency contacts, and keep a copy with you at all times.

INFORMATION TO LEAVE WITH YOUR FAMILY:

<table>
<thead>
<tr>
<th>NAME OF SCHOOL ABROAD</th>
<th>Istituto Linguistico Mediterraneo</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL ADDRESS</td>
<td>Scuola Media Statale Motto/co ILM, Via Puccini 366, 55049 Viareggio</td>
</tr>
<tr>
<td>SCHOOL TELEPHONE</td>
<td>011-39-050-50039</td>
</tr>
<tr>
<td>CONTACT PERSON AT THE SCHOOL ABROAD</td>
<td>Dr. Rosanna Filippeschi</td>
</tr>
<tr>
<td>NAME OF INSURANCE COMPANY (leave with your family a copy of insurance card)</td>
<td></td>
</tr>
<tr>
<td>FLIGHTS TO ITALY</td>
<td>Delta 246</td>
</tr>
<tr>
<td>FLIGHTS TO NEW YORK</td>
<td>Delta 247</td>
</tr>
<tr>
<td>PROFESSOR'S NAME</td>
<td>Dr. Kristina Varade</td>
</tr>
<tr>
<td>OTHER POSSIBLE CONTACT IN ITALY</td>
<td></td>
</tr>
<tr>
<td>DEAN FOR ACADEMIC AFFAIRS - BMCC</td>
<td>Dean Erwin Wong – (212) 220-8322</td>
</tr>
</tbody>
</table>

INFORMATION FOR BMCC:

| NAME OF CONTACT IN CASE OF AN EMERGENCY | |
| RELATIONSHIP TO EMERGENCY CONTACT | |
| TELEPHONE NUMBER OF EMERGENCY CONTACT | |
| E-MAIL OF EMERGENCY CONTACT | |
| MEDICAL INFORMATION (known medical conditions, allergies, medications, etc.) | |
| NAME OF ALTERNATE CONTACT IN CASE OF AN EMERGENCY | |
| RELATIONSHIP TO ALTERNATE EMERGENCY CONTACT | |
| TELEPHONE NUMBER OF EMERGENCY ALTERNATE CONTACT | |
| E-MAIL OF ALTERNATE EMERGENCY CONTACT | |
| OTHER INFORMATION YOU THINK WE NEED TO HAVE | |

EMERGENCY INFORMATION STUDENTS SHOULD CARRY WITH THEM:

<table>
<thead>
<tr>
<th>STUDENT'S NAME</th>
<th>Istituto Linguistico Mediterraneo</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF SCHOOL ABROAD</td>
<td>Scuola Media Statale Motto/co ILM, Via Puccini 366, 55049 Viareggio</td>
</tr>
<tr>
<td>SCHOOL TELEPHONE</td>
<td>011-39-050-50039</td>
</tr>
<tr>
<td>CONTACT PERSON AT THE SCHOOL ABROAD</td>
<td>Dr. Rossana Filippeschi</td>
</tr>
<tr>
<td>YOUR BMCC PROFESSOR'S NAME</td>
<td>Dr. Kristina Varade</td>
</tr>
<tr>
<td>NAME OF INSURANCE COMPANY</td>
<td></td>
</tr>
<tr>
<td>INSURANCE POLICY NUMBER</td>
<td></td>
</tr>
<tr>
<td>INSURANCE CONTACT INFORMATION</td>
<td></td>
</tr>
<tr>
<td>BLOOD TYPE</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE NUMBER OF U.S. EMBASSY ABROAD</td>
<td>(+39) 055-266-951</td>
</tr>
<tr>
<td>ADDRESS OF U.S. EMBASSY ABROAD</td>
<td>Lungarno Vespucci, 38 – 50123 Firenze</td>
</tr>
<tr>
<td>ALLERGIES TO MEDICATIONS</td>
<td></td>
</tr>
</tbody>
</table>
CODE OF CONDUCT AGREEMENT

In addition to the standards of conduct described in the CUNY Waiver and Release Agreement, Study Abroad Program participants must familiarize themselves with the following code of conduct by which they will need to abide while participating in a BMCC Study Abroad Program. While abroad, students are still subject to uphold the Henderson Rules as described in the school’s catalog (see the current BMCC/CUNY Bulletin). Below are examples of unacceptable conduct while abroad and space where participants must agree to adhere to this code of conduct.

Unacceptable Conduct:

Study Abroad Program students are selected for their maturity and seriousness of academic purpose. Study Abroad participants are viewed as ambassadors of BMCC while abroad. As such, students are expected to conduct themselves professionally while the duration of the Study Abroad Program. In general, this includes being prompt and attentive for classes, meetings and other group activities, dressing appropriately, and being courteous to people with whom they come in contact during the program and during pre-departure program activities. Yet in order to be clear as to what constitutes unacceptable conduct, some examples are listed below:

- Cheating or plagiarism in connection with an academic program.
- Forgery, alteration, or misuse of official documents, records, or identification, or knowingly furnishing false information.
- Obstruction or disruption, on or off International Programs property, of the educational process, administrative process, or other official function.
- Physical abuse, on or off International Programs property, of the person or property of any member of the International Programs staff, faculty, or student body, or the threat of such physical abuse.
- Theft of, or non-accidental damage to, International Programs property, or property in the possession of, or owned by, a member of the International Programs faculty, staff, or student body.
- Unauthorized entry into, unauthorized use of, or misuse of International Programs property.
- The sale or knowing possession of dangerous drugs, restricted dangerous drugs, or narcotics, as those terms are used in New York State statutes, except when lawfully prescribed pursuant to medical or dental care, or when lawfully permitted for the purpose of research, instruction, or analysis.
- Possession, or use of, explosives, dangerous chemicals, or deadly weapons on International Programs property.
- Engaging in lewd, indecent, or obscene behavior.
- Abusive behavior directed toward, or hazing of, a member of the International Programs community.
- Violation of any lawful directive of the Director of International Programs, or of the Resident Director, notice of which had been given prior to such violation and during the academic term in which the violation occurs, either by publication or by posting on an official bulletin board designated for this purpose, and which directive is not inconsistent with any provisions of law and regulations currently in force.
- Failure to attend classes and/or excessive absences.
- Failure to carry out a course’s requirements.
BOROUGH OF MANHATTAN COMMUNITY COLLEGE  
The City University of New York  
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- Violation of the laws of the host country or of their political subdivisions.
- Violation of the rules and regulations of the host university institution.
- Violation of the terms of your stay or visa restrictions imposed by the host country.
- Participation abroad in any event, activity, or conspiracy of a political nature, or the making of any public statement which might tend to embarrass or inconvenience BMCC’s Study Abroad Programs or endanger your own welfare and/or that of other participants.
- Conduct which represents a danger to the personal safety of the student involved or to other students, faculty, or staff members, including psychotic, violent and/or irrational behavior.
- Conduct of an antisocial or eccentric nature which might tend to embarrass or inconvenience the International Programs or infringe upon the opportunities and benefits available to participating students.
- Flagrant disregard of local customs, mores or beliefs which might result in offending or antagonizing host country citizens or officials.
- Inciting or displaying antisocial or uncooperative behavior in the student group overseas, spreading malicious rumors, or an in any way violating the rights of any other participating student or students, faculty or staff members.
- Soliciting or assisting another to do any act described above.

Failure to abide by the conditions or spirit of this agreement may result in dismissal from the program and/or other penalties as determined by appropriate BMCC disciplinary procedures.

I have read and I accept the terms and policies stated in the Code of Conduct Agreement.

Student’s signature ___________________________ Date: ______________

Parent’s Signature (if necessary) ______________________ Date: ______________

(NOTE: If under the age of 18 years, parent’s signature is also required.)
WAIVER AND RELEASE AGREEMENT

THIS IS A RELEASE. READ BEFORE SIGNING!!

I, ___________________________ ("Applicant"), am a student at Borough of Manhattan Community College (the "College") of The City University of New York (the "University") and have agreed to participate in the College’s study abroad 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 the University is not in any way responsible for my well being with respect to any travel to destinations beyond those specifically required under the Program that I may choose to undertake before, during, or after the Program.

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 which 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 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 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 judgment, 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.

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 adviser, 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.

STATE OF ____________________
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

Note: If Applicant is under the age of 18, then the following page must 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 ____________________)   
COUNTY OF ______________________)

ss.:

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