

2012 APPLICATION FOR OFF-CAMPUS J TERM PROGRAM

Received

Entered

PROGRAM NAME : _____

Early application is recommended. Incomplete applications will not be considered. You are allowed to apply to one program only.

PART I: STUDENT INFORMATION

Last Name: _____ First & Middle Name: _____

Hartwick ID #: _____ Major: _____ Minor: _____

Sex: Male Female Graduation year: _____ GPA: _____

Campus Box #: _____ Email Address: _____ Alternate email: _____

Local Phone: (____) _____ Cell Phone: (____) _____

Passport number: _____ Date of birth: _____

Parent/Guardian Name: _____

Home Mailing Address: _____

Home Phone: (____) _____ Home Fax: (____) _____

Parent/Legal Guardian Email: _____

PART II: PROGRAM RELEVANCE

1. Please indicate your reasons for applying to this particular program.

2. What on-campus or off-campus courses have you taken that are relevant to this off-campus program?

3. Briefly describe any previous experience with travel or residence in other countries or other regions of the United States.

PART III: REFERENCES

Please list the names of (2) two references, including titles, phone numbers and the duration of the relationships. References cannot be parents or legal guardians. **For current Hartwick students**, one reference must be a Hartwick faculty member with whom you have taken a class; the other can be another faculty member or an administrator, coach, or staff member. **For students entering Hartwick in '10**, one reference may be a high school faculty member with whom you have taken a class; the other can be another high school faculty member, coach or administrator.

1. Name: _____ Title: _____ Phone Number: () - _____
Duration of relationship: _____
2. Name: _____ Title: _____ Phone Number: () - _____
Duration of relationship: _____

PART IV: SIGNATURES

This section must be signed by your academic advisor, off-campus Program Director, and YOU. Applications will not be considered without these three signatures. Signature of program director does not signify acceptance into the program; it represents recognition of your interest to participate. All complete applications received will be reviewed before participant selections are made.

I recommend the applicant for admission to the program listed on this application. By signing, I verify that this student is in good academic standing and is eligible for participation in this program.

Academic Advisor _____ **Date** _____

I have conferred with the applicant and approve this application for consideration. My signature does not signify automatic acceptance into the chosen program; it signifies my recognition of student's interest.

Program Director _____ **Date** _____

I certify that all information provided by me in this application, or otherwise in connection with my application for participation in this program, is factually true and complete, and that if selected for participation, I will comply with all program requirements. I understand that if my GPA falls below 2.0, or if I am placed on academic or disciplinary probation between the time of acceptance and J Term, I will become ineligible for this program and cancellation penalties will apply.

Hartwick College often reprints pictures submitted to the Center for Interdependence (photo contests, etc.) in promotional material. If you are willing to have a picture of you included, please indicate below.
Yes, I agree to having my photographs reprinted or shared. (Initial here and check box.) _____

Participant _____ **Date** _____

FINANCIAL AGREEMENT FOR OFF-CAMPUS J TERM PROGRAMS 2012

Center for Interdependence – 1st floor Golisano Hall – (607) 431-4079 – FAX (607) 431 - 4008

Initial to the left of each statement and provide student and parent/legal guardian signatures below.

_____ I understand that if accepted into an Off-Campus Program, I am required to submit a deposit and full payment by the following dates. If deposit and final payment are not made by these dates, I understand I will be terminated from the program. I may reapply to the program later if there is space. **For spring applicants: the \$500 deposit deadline is April 30, 2011. The full payment deadline is August 5, 2011. For Fall applicants: the \$500 deposit deadline is September 30, 2011. The full payment deadline is October 10, 2011.**

_____ I understand the **Deposit Refund Policy** that follows:

I understand that \$200 of the \$500 deposit is non-refundable, once I am accepted into a program. If I voluntarily withdraw from a program, I may transfer the entire deposit to another program to which I am accepted within that same term. If I withdraw and do not transfer to another program during the same JTerm, only \$300 of the \$500 deposit will be refunded. I understand that I must sign a withdrawal form in order to withdraw from a program.

_____ I understand the **Hartwick College Cancellation Policy** that follows:

Hartwick College reserves the right to cancel a program at any time for sufficient cause. In such cases, the \$500 deposit can be transferred to a different Hartwick off-campus program for the same J Term, when space is available. If the College cancels a program and there is no other program available or I do not wish to transfer, the College will refund the entire deposit to me plus any additional fees I have paid to Hartwick College toward the program.

_____ I understand the **Program Fee Adjustment Policy** that follows:

All Off-Campus Program fees are estimated and are subject to change due to circumstances such as currency exchange rates, unforeseen fuel surcharges and/or changes in enrollment that impact overall group pricing. As such, if necessary, Hartwick will notify me of any additional program fee charges on or before October 10, 2011. I will pay these adjustment fees in full by October 30, 2011.

_____ I understand the **Off-Campus Program Withdrawal Policy** that follows:

If I choose to withdraw from a program after official acceptance I must submit a signed withdrawal form, available online or at the Center for Interdependence. No refunds will be issued without this form. Withdrawals are effective as of the day the form reaches the Center for Interdependence. If I am dismissed from a program for failure to complete any course pre-requisite or for academic, disciplinary or health reasons, the following withdrawal policy will also apply, as per the date of my dismissal.

- If the withdrawal is effective prior to September 30, 2011, I will receive back \$300 of the deposit (if previously paid), according to the Deposit Refund Policy above. If I have paid additional amounts above the deposit, I will receive a refund of those amounts.
- If the withdrawal is effective between September 30 and November 1, 2011, I will be responsible for 30% of the program fee (including any adjustments as described above). If I have previously paid fees in excess of this amount, the excess will be refunded to me. If I have not previously paid fees equal to this amount, the College will apply amounts previously paid toward my obligation, and will bill me the remaining amount due.
- If the withdrawal is effective between November 2 and December 1, 2011, I will be responsible for 50% of the program fee (including any adjustments as described above). If I have previously paid fees in excess of this amount, the excess will be refunded to me. If I have not previously paid fees equal to this amount, the College will apply amounts previously paid toward my obligation, and will bill me the remaining amount due.
- If the withdrawal is effective between December 2 and the first day of the course I will be responsible for 75% of the program fee (including any adjustments as described above). If I have previously paid fees in excess of this amount, the excess will be refunded to me. If I have not previously paid fees equal to this amount, the College will apply amounts previously paid toward my obligation, and will bill me the remaining amount due.
- If the student withdraws or leaves a program for any reason on or after the scheduled departure date, no portion of the program fee will be refunded and any expenses incurred by the student to return home are his or her sole responsibility, and not the College's.

_____ **My signature indicates that I have read, understand, and agree to the financial obligations listed above.**

Student Name

Billing Parent/Legal Guardian Name

_____ print

_____ print

_____ signature

_____ signature

Date: _____

Date: _____

HARTWICK COLLEGE
2012 Off-Campus J Term Programs
Center for Interdependence • 1st floor Golisano Hall • (607)431-4079

EMERGENCY CONTACT INFORMATION

Your Name: _____ **J Term Program:** _____
Print

Please complete all fields below, including phone numbers and email addresses. Incomplete forms will be returned.

Emergency Contact #1

Name of parent(s)/legal guardian(s): _____

Relationship to Participant: _____

Address: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Email Address: _____

Emergency Contact #2

Name of Alternate Contact: _____

Relationship to Participant: _____

Address: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Email Address: _____

By signing your name below, you permit Hartwick College to release information to the parent/guardian and alternate contact you have indicated above. This information may include, but is not limited to, pre-departure information regarding the program, billing statements and other financial information, and information regarding your whereabouts and/or participation in the program. The College may make these disclosures for any purpose that it deems necessary or advisable in connection with its administration and operation of the program, including without limitation, enforcement of the requirements for participation in the program.

I permit Hartwick College to release information to the persons I have indicated above.

Student's Signature: _____

Date: _____

HARTWICK COLLEGE
2012 Off-Campus J Term Medical Information and Release Form

- You must complete and sign this form in order to participate -

DISCLOSURE

The Hartwick College Off-Campus J Term Programs involve a variety of activities in settings that are generally unfamiliar to students. An off-campus course, by nature, will place participants in new situations that may elicit some fresh behaviors, some anxiety, and some new insights. One goal of off-campus programs is to provide students with new awareness about themselves as well as others.

Participation in the program involves risks not found in study at the College, which could include risks associated with traveling to and within and returning from one or more foreign countries or regions of the United States; unfamiliar or different political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and other matters which may differ from how things work at home. Some programs may involve specific activities such as hiking, climbing, swimming, or other physical activities.

The information gathered on this medical form is intended to help inform Hartwick College staff and Off-Campus J Term Program Directors of any pre-existing health conditions, and to help determine if consultation with your physician is recommended prior to your program. If you have a pre-existing condition, participation in some programs or activities may not be recommended, and the College may require approval of your health care provider. By signing this release you are authorizing the sharing of this information with your Program Director and other Hartwick College personnel as necessary or appropriate.

Signature _____

Date _____

I. REQUIRED INFORMATION

Name (PLEASE PRINT): _____ Date of Program _____

Age _____ Date of Birth ___/___/___ Social Security Number _____

Sex F ___ M ___ Height _____ Weight _____

HEALTH INSURANCE: All participants are required to have health/accident insurance coverage.

Name and address of insurance company:

HEALTH INFORMATION:

Because even mild pre-existing health conditions can potentially become serious under the stresses of living in an unfamiliar environment, it is important to consider any factors that might limit your ability to participate fully in a particular program, require accommodations in order for you to participate fully, or pose a danger to the health and wellbeing of you or others. It is in your interest to provide a candid evaluation of yourself below.

1. Has your physical activity been limited at any point in the past five years? (Yes) (No)

If Yes, please explain below.

2. Have you consulted or been treated by a health care professional, other than for a routine check-up, at any point in the past five years? (Yes) (No)

If Yes, please explain below.

3. Have you ever been hospitalized or had an acute physical or mental health condition? (Yes) (No)
If Yes, please explain below.

4. Do you have any allergies? (Yes) (No)
If Yes, please explain below.

5. Will you need to take medications while participating in your chosen program? (Yes) (No)
If Yes, please explain below.

6. Do you have any health conditions, other than those identified above, that may affect your participation in your chosen program? (Yes) (No)
If Yes, please explain below.

7. Do you have a disability that will require accommodation during your participation in your chosen program? (Yes) (No)
If Yes, please explain below.

OTHER PHYSICAL INFORMATION:

1. Can you swim? (Yes) (No)

2. Date of last tetanus shot? _____

3. Indicate your level of fitness:

___ little or no exercise on a regular basis

___ occasional exercise, 1 or 2 times a week

___ vigorous exercise (e.g., 20 minutes of running, fast walking or the equivalent) 3 times a week or more)

4. Are you currently certified in (circle all that apply): First Aid EMT CPR Adv. Lifesaving WSI

II. AFFIRMATION

I affirm that the information that has been provided by me is accurate and complete. I understand that failure to disclose relevant information could affect my own safety and the safety of those around me, and I agree to indemnify and hold Hartwick College and its trustees, officers, employees, agents and representatives harmless from and against any and all claims, demands, actions, suits and proceedings arising out of my failure to provide full disclosure.

I have read and I understand this statement.

Participant Signature: _____ Date: _____

Signature of Parent or Legal Guardian (if under 18 years of age) _____

**CENTER FOR INTERDEPENDENCE
HARTWICK COLLEGE
Oneonta, New York 13820 FAX (607) 431-4008**

**CONDITIONS FOR PARTICIPATION and ASSUMPTION OF RISK ACKNOWLEDGEMENT
JANUARY TERM OFF-CAMPUS 2012**

Name _____ Program/Director _____

Please read carefully and provide necessary signatures.

1. **PROGRAM FEES:** As a participant in one of Hartwick College's off-campus programs, I understand that I am accountable for all program fees. I acknowledge that all financial responsibilities associated with my tuition and the program fees are to be paid in full on or before the College's published deadlines. I understand that if I fail to make the deposit and full payment by the deadlines, I will be terminated from the program. I am aware that I will not be allowed to participate in the program should I have an outstanding balance with the College and that I may not be entitled to a refund of some or all of the monies I have paid toward the program fee. I have also read and agree to the deposit and full payment deadlines, Deposit Refund Policy, the Hartwick College Cancellation Policy, the Off-Campus J Term Withdrawal Policy, and the Program Fee Adjustment Policy as outlined in the separate Financial Agreement.
2. **PERSONAL CONDUCT AND COMPLIANCE WITH RULES, REGULATIONS AND LAWS:** Hartwick College, through its representatives, including but not limited to the Program Director(s), has the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. I understand that this is a supervised Hartwick program and that all Hartwick College policies and procedures, as well as the social and behavioral standards set by the College and by the Program Director(s), are to be observed. Failure to observe these standards will result in termination of my participation in the program and/or disciplinary sanctions. The illegal use of drugs and/or alcohol during the entire period of the program, including free time, is strictly prohibited. Should a representative of Hartwick College decide that I must be dismissed from the program because of violation of the aforementioned requirements, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into jeopardy, such decision will be final, and I will remain subject to any disciplinary sanctions that may be assessed in accordance with applicable College policies and procedures. In the event that I am dismissed and/or sent home for any reason while the program is in progress, I understand that I will return at my own expense with no refund for any portion of the program fee. Dismissal from the program will result in the loss of all academic credit for the program. I agree to respect and adhere to the laws and customs of the host location(s) and understand that violation of, or disrespect for, those laws and customs may result in my dismissal from the program as described above. Furthermore, I acknowledge that the violation of such laws and customs may have legal or other ramifications with consequences beyond the control of Hartwick College and the U.S. Government.
3. **PROGRAM REQUIREMENTS:** I understand that I am required to satisfy all January Term Program course pre-requisites as outlined in the course description, including attendance at all orientation and pre-departure meetings.
4. **INSURANCE COVERAGE:** I understand that I am required to have accident and major medical insurance that covers me no matter where I am. I also understand that if my program takes place outside the U.S., Hartwick College will enroll me in study abroad insurance that covers medical evacuation and repatriation of remains. I agree to read the study abroad insurance policy before I leave the country.
5. **MEDICAL TREATMENT:** I understand that all health, physical, physiological, or psychological conditions must be described on the Medical Information Sheet. I also understand that a failure to disclose information that might have an impact on my ability to participate fully in the program will be considered grounds for disciplinary action under the terms of the Student Handbook, which defines fraud as "all forms of dishonesty including cheating, plagiarism, knowingly furnishing false information to the College, forgery, or alteration or use of College documents or instruments of identification with intent to defraud."

In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate medical condition, I authorize any representative of Hartwick College to secure medical treatment on my behalf, including without limitation surgery and administration of an anesthetic, I accept all financial responsibility for such treatment, and I release the College and its related parties from any responsibility or liability arising out of such actions to the extent provided in Paragraph 11 below. I understand that the Program Director(s) has/have the right to decide if, as a result of illness or injury, I should return home before the completion of the program. If I have to return home, I will be responsible for any additional costs not covered by the study abroad insurance.

6. **RESPONSIBILITY DURING FREE TIME:** I understand during free time within the period of this program and after the period of the program, I may elect to travel independently at my own risk and expense. I agree to inform the Program Director(s) of my travel plans and understand that neither Hartwick College nor its trustees, agents, officers, employees or representatives are responsible for me while I am traveling independently during such free time.
7. **TRAVEL:** I understand that I am expected to travel with the group as stipulated in the course description and any specific individual arrangements must be coordinated with the Program Director(s) before final ticketing. I understand that I will be traveling during the program by various modes of transportation including but not limited to airplane, train, bus, or van, and I release Hartwick College and its related parties from any responsibility or liability arising out of such travel to the extent provided in Paragraph 11 below. If I become separated from the program group, fail to meet a departure during the program, or become sick or injured, I will at my own expense seek out transportation to meet up with the group at its next available destination. If I become sick and/or injured and am unable to continue the program, I understand that I may be asked to return home and will be responsible for the costs of doing so.

8. **UNFORESEEN CIRCUMSTANCES:** I recognize that in cases of political unrest, natural disaster or other unforeseen events, a representative of Hartwick College will attempt to take reasonable measures for the protection of program participants. I understand that Hartwick College and its trustees, agents, officers, employees and representatives assume no responsibility for damage to or loss of property, or for injury or death, arising out of such events.
9. **PASSPORT, VISA, AND IMMUNIZATIONS:** I understand that if a passport is required for travel, I will supply the Center for Interdependence a copy of my passport by October 10th. If I am required to have a visa for travel to the host location, I am responsible for securing that in a timely manner. I am responsible for all costs associated with securing a valid passport, a visa, and any immunizations that might be recommended or required.
10. **ENROLLMENT:** I understand that the College reserves the right to establish the minimum and maximum enrollment for the program, to establish the selection procedures for enrollment, and to cancel a program at any time which does not have the minimum enrollment or for other reasons.
11. **ASSUMPTION OF RISK, RELEASE, WAIVER AND COVENANT NOT TO SUE:** I understand that travel to and from, presence at, and participation in programs at, different locations, whether within or outside of the United States, involves risks of injury and property loss or damage, including possibly short-term and long-term disability, and even death. These risks can come from causes which are many and varied, may not be presently foreseeable, and may include negligent or intentional acts or omissions of others. Among other things, I understand that the social, cultural, political, religious, governmental, health care, legal (both civil and criminal) and other systems, as well as the climate and geophysical characteristics, of the program location(s) may be different from those to which I am accustomed. For example, police, fire and other governmental systems may be inadequate by United States standards in certain countries; and the quality and availability of health care may be very different than what is typically available in the United States. I voluntarily acknowledge, accept and assume all risks of my participation in the program, whether or not described above or otherwise presently foreseeable and whether or not caused by the negligent or intentional acts or omissions of others. In consideration of being allowed to participate in the program, I release Hartwick College and its trustees, officers, employees, agents and representatives from any and all claims, causes of action and damages (collectively, "Claims") I may have in the future, waive all such Claims, and agree not to sue the College or its trustees, officers, employees, agents and representatives for any such Claims, which may arise out of my participation in the program, including without limitation Claims resulting from the negligence of any of the aforementioned persons or entities.
12. **MISCELLANEOUS:** I understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of New York, and that if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect. This Agreement and any obligations assumed by me in other forms or agreements related to the program are cumulative and shall not be deemed to supersede one another. This Agreement shall be binding upon me, as well as my successors, executors, personal representatives, heirs and assigns.

I have read this Agreement, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent.

Signature of Participant

Date

Billing Parent/Legal Guardian Signature (Parent or legal guardian who receives Hartwick bills.)

I have read this release, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent to my son/daughter/ward's participation in this program and my assumption of responsibility for all financial obligations in connection with the program. I understand that full payment of his/her Hartwick College balance is required in order to participate in the program.

Signature of Parent/legal guardian or individual who receives Hartwick bills

Date

Parent/Legal Guardian Signature for Participants Under 21 Years of Age (Parent or legal guardian signature is required below.)

As the parent(s) or legal guardian(s) of the participant whose signature appears above, I/we have read and understand the conditions outlined above, and have given my/our child or ward permission to participate in the program. My/our signature(s) below shall constitute my/our agreement to the terms and conditions of this Agreement on behalf of the participant to the extent required by applicable law, as well as my/our agreement to the provisions set forth in Paragraph 11 above with respect to any rights I/we may have or subsequently acquire as a result of the participant's participation.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date