

HCLAS Study Abroad Programs Athens Program Application

Students, please note:

- In order to apply to this program you must be in good academic standing (2.0 minimum GPA) and good judicial standing.
- Study Abroad Pre-Departure Orientation Session. Saturday, December 7, 2019, 10:00 AM – 12:30 PM., followed by lunch. Students are requested to go to the Plaza Rooms, Student Center for registration 9:00 – 10:00 AM. Please be on time. This session is mandatory for all students participating in a January 2020 program.

Please make sure you hand in the following with your completed application:

1. \$500 non-refundable deposit receipt.
Please go to Student Accounts with your \$500 check and the study abroad account number sheet which you will find in your application (last page). Once you have paid, you will receive 2 receipts. Please keep one receipt for your files and return one receipt to the Office of Study Abroad Programs, along with the completed application and necessary forms that you have downloaded.
2. Completed necessary forms, which include: medical information, medical emergency authorization, acknowledgment of risks and release and publicity.
Instructions to download these forms are in this application.

Please bring the above to the Office of Study Abroad Programs, 107 Roosevelt Hall. The Office will not accept incomplete applications.

Application deadline: October 10, 2019

January Study Abroad Programs: Athens Program

To the Student: Please return completed application, all necessary forms and \$500 deposit receipt to the Office of Study Abroad Programs, 107 Roosevelt Hall, by **October 07, 2019.**

I hereby make application for admission to the **Athens Program** of Hofstra University. I understand that, if admitted, I will be asked (1) to accept the supervision and authority of officials of Hofstra University, including the Director of the Program while abroad, (2) to conduct myself as a responsible representative of my country and college, and (3) I agree to conform to all government regulations and laws pertinent to my stay abroad.

Signature _____ Date _____

Student Contact Information

Name: _____ Female ____ Male ____

Date of Birth: _____

701 number _____

Campus Address:

_____ E-mail: _____@pride.hofstra.edu

Cell phone: _____

Permanent Address:

Parent/Guardian contact Information

Name: _____

Address: _____

E-mail: Parent 1: _____

Parent 2: _____

Telephone: _____

Cell phone: Parent 1: _____

Parent 2: _____

Academic Information

Present College/University: _____ Year of Study _____

Major: _____ Minor: _____

GPA _____

Program-specific Information

I am interested in taking the following 3 credit course abroad: _____

Alternate course: _____

How did you hear about the program? _____

Is this your first experience away from home? Yes _____ No _____

Passport information

Full name as it appears on your passport: _____
Passport number: _____
Expiration date: _____
Date and place of issue: _____
Citizenship: _____ If not U.S., visa status _____

Important: Please submit a photocopy of the first page of your passport to the Office of Study Abroad Programs for HCLAS with this application. If you are currently in the process of applying for one, make sure you submit a photocopy as soon as you receive your passport. If you do not have a passport yet, apply for it immediately.

Please make sure that your passport is valid for at least six (6) months after the return date of the trip.

Please note: The Program Director reserves the right to cancel the application of any student who, prior to the Program's departure, fails to comply with the terms and conditions governing the Program.

Hofstra University Study Abroad

Hofstra encourages collaboration between students and their parents/guardians throughout the pre-departure period and study abroad program. To discuss a student's education record, costs, aid, application, etc., as it pertains to study abroad, Hofstra requires written consent from the student. By signing below, you give Hofstra permission to communicate with your parents/guardians.

Student Name _____

Student Signature _____

Date _____

Travel

Please read carefully and choose between Option A or Option B; sign and date.

(A)

- I acknowledge that Hofstra University will purchase air tickets on my behalf for this program and I will be charged by Hofstra University for the payment of these tickets.

I confirm that I will be flying with the group (round-trip) and therefore accept that I will be charged by Hofstra University.

Student name (please print)_____

Signature _____ Date _____

(B)

- I will be making my own air travel arrangements (round-trip). I further accept to meet the Director and group at the designated location.

Student name (please print) _____

Signature _____ Date _____

PROGRAM CANCELLATION POLICY

To the student: Please read carefully and sign.

Students who are participating in a January 2020 Study Abroad Program may cancel without penalty on or before November 8, 2019. * Any student who cancels after November 8, 2019, will be responsible for full payment of the round-trip airline ticket and other program-related expenses. Students will be charged for these expenses by Hofstra University.

** This excludes the \$500 deposit which is nonrefundable.*

I have read the above statement and I am aware that I will be responsible for full payment of the round-trip airline ticket and other program-related expenses should I have to cancel after November 8, 2019.

Name _____ Date _____
(please print)
Signature _____

To: All Students

**From: Maria L. Fixell
Assistant Provost for Study Abroad and Internationalization**

Re: Necessary forms

As a participant in one of our HCLAS Programs, you are asked to complete necessary forms which include: (1) medical information form, (2) acknowledgment of risks and release, (3) publicity release and, (4) emergency medical care authorization.

All forms can now be downloaded. Please go to hofstra.edu/studyabroad and click on "Necessary Forms" under the "Useful Resources" tab. Download all four forms (which include: *Medical Emergency Authorization*, *Medical Information*, *Publicity Release*, and *Risks Release*), complete and return to our office (107 Roosevelt Hall) along with your completed application and \$400 nonrefundable deposit receipt. **We will not accept incomplete applications.**

Please Note: In addition to handing in the four (4) necessary forms, all study abroad participants are now required to make an appointment with Hofstra's Wellness Center for a travel consult at least six (6) weeks prior to the program's departure. After the consultation, the Wellness Center will issue you a compliance form. Please bring the completed form to the Office of Study Abroad Programs, 107 Roosevelt Hall, by November 18, 2019.

If you have any questions, or need further clarification, please don't hesitate to call me at 516 463 4765 or stop by the Office of Study Abroad Programs, located in 107 Roosevelt Hall.

Hofstra College of Liberal Arts and Sciences

Office of Study Abroad Programs

To: HCLAS Study Abroad Students
From: Maria Fixell
Assistant Provost for Study Abroad and Internationalization
Re: New Procedure for the Collection of the \$500 Nonrefundable
Deposit

All students who are interested in applying to an HCLAS study abroad program are requested to note the following regarding the collection of the \$500 nonrefundable deposit:

The last sheet of your study abroad application is the Hofstra Study Abroad Trip Deposit form. Please bring this sheet to any teller in Student Accounts (Memorial Hall, second floor), along with your \$500 check. Your account will show that you paid the \$500 deposit which works on the Program cost.

Please note: Student Accounts will not accept your \$500 deposit if you have any outstanding bills that need to be paid. You will need to take care of these bills first before you can pay the study abroad program nonrefundable deposit.