



Study Abroad Application Form: Hofstra in Japan

See website for specific requirements for study abroad programs. Submit all necessary forms in addition to this application. This includes medical information form and medical emergency authorization, publicity release, and acknowledgement of risks release, and a photocopy of the first page of your passport.

Study Abroad Program:

Date:

I. PERSONAL DETAILS

Family Name (as stated in passport):		
Given Names(s):		
Gender (<i>as on passport</i>):	Female	Male
Hofstra ID:	Date of Birth MM/DD/YYYY	
Pride email:	Cell:	
Major(s):	GPA:	Grad year:
Campus (local) Address:		
Permanent Address		
Street		
City:	State	ZIP

II. PARENT/GUARDIAN INFORMATION

Name:		
Email:	Phone:	
Secondary email (if desired)	Secondary Phone (if desired)	
Street:		
City:	State:	ZIP

III. PASSPORT INFORMATION

Full name as it appears on passport:	
Passport Number:	Expiration Date:
Date and Place of Issue:	
Citizenship:	If not US, visa status?
Submit a photocopy of the first page of your passport to Patricia Welch, and make sure that your passport is valid for at least six (6) months after your return. If you need a passport, apply immediately.	

IV. PROGRAM SPECIFIC INFORMATION

Hofstra in Japan 2020		
Japan (3-week)		
Japan (3-week, plus 2-week optional tour) 5-weeks		
I am interested in taking the following course(s) abroad (refer to program materials)		
Will this be your first experience away from home?		Yes No

V. TRAVEL:

Read carefully and select between Option A or Option B. Sign and Date selected option

Option A	Option B
I acknowledge that Hofstra University will purchase airline tickets on my behalf, and I will be charged by Hofstra University for payment of these tickets. If I select this option, I will be traveling with the group, and accept that I will be charged by Hofstra University for the cost of these tickets.	I will be making my own travel arrangements (roundtrip). I will provide this information to director and study abroad office, and I acknowledge that I will meet the director and group at the designated location and date.
SIGN BELOW SELECTED OPTION ONLY	
Name:	Name:
Signature:	Signature:

VI. DECLARATION AND CANCELLATION POLICY

With this application, I hereby apply for admission to the specified study abroad program. I understand that if admitted, I will be required to (1) accept the supervision and authority of Hofstra University officials, including the Director of the program, while abroad; (2) conduct myself as a responsible representative of my country and university; and (3) conform to all government regulations and laws pertinent to my stay abroad.

I further acknowledge that I will be responsible for full payment of roundtrip airline ticket (if requested) and other program-related expenses according to the program cancellation policy provided. Moreover, if I need to cancel, I acknowledge that any refunds due will be determined by the cancellation policy, and that the \$500 deposit is nonrefundable.

Name (print): _____ **Date:** _____

Signature: _____

VII. APPLICATION CHECKLIST

I have:

Completed all sections of this application

Provided a copy of all necessary forms (see website)

Medical Information Form

Emergency Medical Authorization Form

Publicity Release

Acknowledgement of Risks release

Provided a copy of my passport photo ID page to the director

Acknowledged and signed the declaration and travel information page.