

# Venice Program

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 the January 2020 Venice 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, payable to Hofstra University and the **Hofstra University Trip Deposits 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 for HCLAS, along with the completed application and necessary forms that you have downloaded. **You will be able to see the \$500 deposit paid on your account**
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: Thursday, October 10, 2019**

**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 10, 2019**.

I hereby make application for admission to the **Venice 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: \_\_\_\_\_

700 number \_\_\_\_\_

Campus Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail:

Cell phone: \_\_\_\_\_  
\_\_\_\_\_@pride.hofstra.edu

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 in Venice:

\_\_\_\_\_

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 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 the January 2020 Venice 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**  
**Director, Hofstra in Venice Program**

**Re: Necessary forms**

As a participant in the Hofstra in Venice Program, 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 be downloaded. Please visit [hofstra.edu/studyabroad](http://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 \$500 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 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 University Trip Deposits

### Office of Student Accounts

Semester	Location	Detail Code	Amount	Trip Description
January 2020	____Athens	TDAT	\$500	Athens Trip Deposit Fee – January
January 2020	____Venice	TDVE	\$500	Venice Trip Deposit Fee-January
January 2020	____Galapagos	TDGA	\$1,000	Galapagos Trip Deposit Fee-January
January 2020	____Hofstra In LA	TDCA	\$500	HU in LA Trip Deposit Fee-January
Other _____	_____	_____	_____	_____

Comments: \_\_\_\_\_

Please complete all sections above and return to student for submission with payment at:

*SFS Suite, 206 Memorial Hall*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID # \_\_\_\_\_

Authorized Signature *Maria L. Fixell* Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Department \_\_\_\_\_