

## Galapagos 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.

## HCLAS Study Abroad Programs

1. \$500 non-refundable deposit  
Please go to Student Accounts with your \$500 check (payable to Hofstra University) and the Trip Deposit form (Galapagos Program) which you will find in your application (last page). The \$500 deposit payment will show on your account.

- Please complete the application form for the Galapagos trip which can be located on our Study Abroad website.
- Complete 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 HCLAS Study Abroad Office, 107 Roosevelt Hall. The Office will not accept incomplete applications.**

**January Study Abroad Programs      Galapagos Program**

**To the Student:**    Please return completed application and all necessary forms

I hereby make application for admission to the **Galapagos 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:

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Permanent Address:

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

Telephone: \_\_\_\_\_

### **Parent/Guardian contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

### **Academic Information**

Present College/University: \_\_\_\_\_ Year of Study \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
GPA \_\_\_\_\_

### **Program-specific Information**

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 \_\_\_\_\_

**Hofstra College of Liberal Arts and Sciences**

**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. On the upper right hand corner there is a Hofstra search engine. Type in *HCLAS Study Abroad*. Click the first choice (Study Abroad Programs in HCLAS). On the main page there will be links on the left hand side. Please click forms (PDF). 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.

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 for HCLAS, located in 107 Roosevelt Hall.



