Japan 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, April 21, 2018, 10:00 AM – 12:30 PM., followed by lunch. Please go to the Plaza Rooms, Student Center. This session is mandatory for all students participating in a summer 2018 program.
Please make sure you hand in the following with your completed application:

1. $400 non-refundable deposit receipt. Please go to Student Accounts with your $400 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 for HCLAS, 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: March 7, 2018
Summer Study Abroad Programs: Japan Program

To the Student: Please meet with Dr. Takashi Kanatsu, Director, Japan Program and obtain his signature below. Please return completed application, all necessary forms and $400 deposit receipt to the Office of Study Abroad Programs for HCLAS, 107 Roosevelt Hall by March 7, 2018

I hereby make application for admission to the Japan 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, (4) I agree to check my Hofstra Pride Email at least once a week for Program updates and understand that my application is subject to cancellation if I do not respond to Dr. Kanatsu’s emails.

Signature_________________________________ Date_____________________

I met with Dr. Kanatsu and his signature is below.

_________________ ___________________ Date ________________________

Dr. Takashi Kanatsu

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

I am applying for the following program: Main Program (Tokyo only) __________
Full Program (Optional tour included) ______

I am interested in taking the following course(s) abroad _________________________

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.
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 Japan 2018 Study Abroad Program may cancel without penalty on or before April 2, 2018.* Any student who cancels after April 2, 2018, 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 $400 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 April 2, 2018.

Name____________________________ Date ____________
(please print)
Signature________________________
To: All Students
From: Maria L. Fixell
Assistant Dean for Study Abroad Programs
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 Study Abroad Office, 107 Roosevelt Hall no later than May 3, 2018

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.
All students who are interested in applying to an HCLAS study abroad program are requested to note the following change regarding the collection of the $400 nonrefundable deposit:

The last sheet of your study abroad application is a form that has all account numbers for our programs. Please bring this sheet (with the highlighted account number for your program) to any teller in Student Accounts (Memorial Hall, second floor), along with your $400 check. You will receive two (2) receipts once you have paid your $400 nonrefundable deposit. Please keep one receipt for your files and return one receipt to the Office of Study Abroad Programs along with your completed application, and necessary forms.

Please note: Student Accounts will not accept your $400 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.

If you have any questions regarding this procedure, please feel free to stop by our office (107 Roosevelt Hall), or call me at (516) 463 4765.

Thank you.
## Summer Study Abroad Account Numbers

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