HCLAS Study Abroad Programs

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 8, 2018, 10:00 AM – 12:30 PM., followed by lunch. Students are requested to go to the Multipurpose Room East, Student Center, for registration 9:00-10:00 AM. Please be on time. This session is mandatory for all students participating in a January 2019 program.
HCLAS Study Abroad Programs

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: October 17, 2018
To the Student: Please return completed application, all necessary forms and $400 deposit receipt to the Office of Study Abroad Programs, 107 Roosevelt Hall, by October 17, 2018.

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: _____________________________@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 _________
Study Abroad

Give your reasons why you want to study abroad and participate in the Hofstra in Venice Program.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 2018 Study Abroad Program may cancel without penalty on or before November 9, 2018. * Any student who cancels after November 9, 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 November 9, 2018.

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 visit 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 16, 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, 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 $400 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 $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 bold 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.
## January Study Abroad Account Numbers

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<th>Location</th>
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