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.
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.
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
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 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

<table>
<thead>
<tr>
<th>Semester</th>
<th>Location</th>
<th>Detail Code</th>
<th>Amount</th>
<th>Trip Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2020</td>
<td>Athens</td>
<td>TDAT</td>
<td>$500</td>
<td>Athens Trip Deposit Fee – January</td>
</tr>
<tr>
<td>January 2020</td>
<td>Venice</td>
<td>TDVE</td>
<td>$500</td>
<td>Venice Trip Deposit Fee-January</td>
</tr>
<tr>
<td>January 2020</td>
<td>Galapagos</td>
<td>TDGA</td>
<td>$1,000</td>
<td>Galapagos Trip Deposit Fee-January</td>
</tr>
<tr>
<td>January 2020</td>
<td>Hofstra In LA</td>
<td>TDCA</td>
<td>$500</td>
<td>HU in LA Trip Deposit Fee-January</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 _________________________________