

STEP 1: READ/SIGN and APPLY FOR A PASSPORT

I. Study Abroad **Application/Pre-Departure Steps**

All study abroad applicants must do the following to enroll in the course:

Submit the application materials to faculty leaders. **This means Steps 1-4, attached:** The *Application, Financial Commitment, Academic and Personal References*, your essay and the *Agreement and Acceptance of Risk* and a copy of your passport's information page.

Complete of the interview process with faculty leaders.

Obtain from faculty leaders permission to enroll in the course(s) and a signed registration form

Bring the signed registration form and the *Disclosure of Funding Sources* form to the Panther Welcome Center (room 101) to register for the course and discuss funding/payment options.

Submit all above forms (except signed registration form) to the Global Office, room 248.

Once enrolled, do the following before the first class meeting:

Submit photocopy of your passport application, if you do not have your passport at registration.

Pay in full of travel fee or remaining balance not covered by Financial Aid at time of billing.

Complete Step 5, attached: Follow instructions and obtain any required signatures for the *Student Health and Emergency Contact* and the *Conduct Review* forms.

II. Criteria and Eligibility

Criteria to be considered when applying to attend a study abroad course:

Academic good standing. A 2.5 GPA has historically been required at the faculty leaders' discretion. Preference may go to applicants who are further along in their studies.

Qualities of emotional maturity and social skills. Travel abroad in a group setting demands patience, flexibility, self-awareness, a sense of humor, good will, and an ability to tolerate uncertainty or challenges when they occur – and they will! Above all, we are looking for students who exhibit responsibility and sensitivity to others. The success of these programs depends on both the students and the leaders. We need good “ambassadors” to represent the College during these experiences.

Motivation and curiosity. Your ability to get something out of an off-campus experience depends entirely upon what you put into it. We are looking for students who are genuinely curious about the world around them and have demonstrated initiative in acting upon this curiosity.

Self-knowledge. No matter where students go to study off-campus, the primary journey is usually an internal one. Students should know explicitly why they wish to participate.

Advance preparation. You will be responsible for reading and writing assignments as a part of the course and pre-departure activities. Students must participate in all pre-departure class activities to be well prepared for the academic responsibilities associated with study abroad.

PARTICIPANT ELIGIBILITY to TRAVEL & ENROLLMENT

- All applicants must be at least 18 years old at the time of travel*. A 2.5 minimum GPA is needed to enroll or at the faculty leaders' discretion. **Let us know if you will be under 17 at the time of travel.*
- Participants cannot have any academic or disciplinary holds on their record upon submitting an application, nor at the time of travel. Prospective students may not be on probation of any kind, or just returning from suspension. Students must remain in good standing.
- Payment in-full must occur before deadlines in your trip's Checklist and Timeline.
- Students must include **one ACADEMIC and one PERSONAL** reference and have health a wellness and conduct clearance to travel. TC3 faculty leaders or staff to ask additional questions before allowing you to travel.
- Students must be eligible for and have in their possession a current passport that will not expire within six months of travel by the due dates for your trip.
- Applicants should demonstrate the maturity and motivation necessary for success in a study abroad program prior to enrolling. All participants will complete an application form and an interview.
- Students must read and understand the course outline and agree to participate in all pre-departure and in-country activities. Anyone who does not participate at any time will not travel or may be sent home at their expense without possibility of a refund of the travel fee. Students agree to sign the *Agreement and Acceptance of Risk* Form at time of application and complete all pre-departure steps, including on-time payment, with no exceptions.

I have thoroughly read the program information in the course outline/syllabus, and I understand the scope of the trip and my responsibilities before and during travel. I authorize TC3 to examine my record to verify my eligibility for this program. I understand the rules of this program and the payment deadlines and agree to comply with them, and that not doing so could result in my dismissal at any point with no refund.

STUDENT SIGNATURE _____ **DATE** _____

II. Submit passport details OR apply for a passport with expedited processing.

If you already have a valid passport that will be valid for *at least six month after your return*, submit a copy of the information page of your current passport to Global Initiatives/room 248. We suggest starting the process immediately; even if you're not 100% sure you will travel.

Information on how to apply for a U.S. passport [can be found here](#):

I have applied for and/or submitted a copy of my passport or my application to the Global Office/248.

STUDENT SIGNATURE _____ **DATE** _____

STEP 2: COMPLETE THE APPLICATION, ESSAY and FINANCIAL COMMITMENT

STUDY ABROAD APPLICATION – TO COMPLETE BEFORE ENROLLMENT IN COURSE

Name (Last, First, Middle)	Program name/Country	ID Number
NAME _____	STUDENT ID# _____	
COLLEGE EMAIL ADDRESS _____		
PERSONAL E-MAIL ADDRESS _____ CELL PHONE _____		
LOCAL ADDRESS _____		

PERMANENT ADDRESS _____		

ACADEMIC MAJOR _____ ACADEMIC ADVISOR _____		
U.S. CITIZEN? _____ IF NO, VISA TYPE _____ DATE OF BIRTH ____/____/____ Month/Day/Year		
<i>I have read the program information in the course outline/syllabus, and I understand the scope of the trip. I authorize TC3 Staff/Faculty to examine my TC3 record to verify my eligibility for this program. I understand the rules of this program and agree to comply with them.</i>		
STUDENT SIGNATURE _____		DATE ____/____/____ Month/Day/Year

STUDY ABROAD and FOUNDATION SCHOLARSHIP APPLICATION ESSAY

Name (Last, First, Middle)

Program name/Country

ID Number

ESSAY TOPIC

What motivates you to participate in this experience? Describe how participation in this program will enrich you personally and contribute to your academic and/or professional goals. Specifically, how will this study abroad program build upon your education to date and connect to your studies when you return to campus? **Do not use ChatGPT/AI to complete this essay or it will not be accepted.**

In reviewing this essay, the scholarship committee will look for an essay of approximately **300 words** that **1) includes a clearly stated goal** and that **2) connects the anticipated experience to your specific personal, educational, and career objectives**. Please take your time and think through what you want to say. If you would like to have somebody look at your essay for feedback, tutors in the Writing Center are available.

FOUNDATION SCHOLARSHIP CONSIDERATION – PLEASE READ BEFORE SIGNING BELOW

The TC3 Foundation has a fund to assist students in realizing their study abroad aspirations.

You must sign below to apply for a Foundation scholarship. *If you choose to apply for a Foundation Scholarship and funding is awarded, you agree to give approximately two hours of your time and effort in the semester to follow your trip to the promotion of study abroad at TC3 (assuming you are still enrolled at the College). This promotion can happen in a way that is most comfortable for you: In person at an information table or other event or can be in written/print/photo/video format or any combination thereof. Your faculty trip leaders and/or Global Office staff will contact you to set up the event(s) you plan to attend.*

Scholarship Application Release

By signing below, I indicate that I wish for my application form, essay, and references to be used to apply for a Tompkins Cortland Foundation Study Abroad Scholarship. I give my permission for the entire contents to be reviewed by the scholarship committee. I agree to abide by the conditions of the Foundations guidelines for any scholarship I may receive. I agree that if I do receive funding, I will assist with two hours of promotion, as stipulated above. I agree that if I withdraw from the college or fail to meet the stated criteria of the scholarship at the time it is awarded, I will forfeit or repay all or a portion of any scholarship, according to the College's refund policy. I understand that any scholarship monies awarded may be credited against the balance of any of my bills at the college. The TC3 foundation and TC3 have my permission to use quotes from any application and/or essay with donors in press releases and other Foundation or College materials.

STUDENT SIGNATURE _____

DATE _____
Month/Day/Year

STEP 2: COMPLETE THE APPLICATION, ESSAY and FINANCIAL COMMITMENT

FINANCIAL COMMITMENT – Complete before registering in the course

Name (Last, First, Middle)

Program name/Country

ID Number

TO THE STUDENT: The purpose of this form is for students to understand the costs associated with the program and disclose their payment plans for the program. The College depends on all students making a commitment to pay the travel fee of \$_____ in a timely manner in order to offer this study abroad opportunity. There are other travel-related expenses, such as passport fees, vaccination, if applicable, and incidentals that you should be aware of and plan to cover.

PROGRAM COSTS and PAYMENT DETAILS SHOULD BE DISCUSSED WITH FACULTY LEADER(S) AND THIS FORM RETURNED TO THE GLOBAL OFFICE (ROOM 248)

Funding Source(s) Disclosure and Understanding of Payment Due Dates

Completed by the Student. Check whichever applies, read carefully and sign.

I will be paying all program costs **on my own**, without the use of Financial Aid.

I will be paying all or a portion of the course fee **using Financial Aid**. I understand that:

- ✓ Even if my Financial Aid does not cover the full course fee, I will still pay the balance not covered by financial aid by the due date.
- ✓ If I will use *pending Financial Aid*, I am still responsible for any non-refundable expenses incurred by TC3 and will pay in full the balance not covered by financial aid by the payment due date.

Important: *In the event this financial aid is rescinded for whatever reason, I understand that I will remain personally responsible for payment of all non-refundable expenses, even if I do not participate in travel.*

Student Signature

Printed Name

Date
Month/Day/Year

STEP 3: REQUEST REFERENCES - Personal Reference (1 of 2 References)

Name (Last, First, Middle)

Program name/Country

ID Number

To the Student:

The **personal reference** should know you well and be able to judge their emotional stability and maturity as it relates to new and unpredictable experiences, such as with international group travel. **Parents, close relatives and those affiliated with the study abroad program may not serve as a reference.** A letter is also acceptable in lieu of this form, if desired.

Where to submit: This letter is confidential. Have your reference email or mail it **directly to the Office of Global Initiatives.** (See above.)

If mailing, the applicant should provide the reference with a self-addressed, stamped envelope for this purpose. The applicant may submit the reference themselves if this form has been placed in a sealed envelope with the signature of the reference over the seal.

I waive my right to access this reference completed by _____

Name of Reference

Student's Signature: _____ **Date:** _____

Reference: Please submit the completed reference form to the office above

To the Personal Reference:

The person named above is applying to participate in one of TC3's academic study abroad programs, which require travel with fellow students and professors. Students will be representing the College as cultural ambassadors while in country. Since the circumstances of travel can be unpredictable and at times challenging, maturity, adaptability, flexibility, open-mindedness, emotional stability, and cooperation are important to success and safety. **We ask that you attest to the student's ability to cope with, contribute to, and benefit from this experience as described. Please honestly weigh strong and weak points.**

1. How long have you known this person and in what capacity?
2. Describe the person's level of maturity and emotional stability.
3. Describe this person's ability to be open-minded and flexible.
4. Comment on this person's ability to get along with people different from themselves.
5. Please share any other information about this person that might be helpful in determining this person's capacity to participate successfully in a study abroad experience.

STEP 3: REQUEST REFERENCES

Academic Reference (2 of 2 References)

STUDENT Name (Last, First, Middle)

Program name/Country

TC3 Student ID

To the Student:

The **ACADEMIC REFERENCE** should come from a former or current professor/teacher who knows you well and is able to judge your academic and personal maturity as it relates to study abroad. **Faculty leaders of the trip to which you are applying SHOULD NOT compete this form.** A letter of recommendation is acceptable in lieu of this form.

I waive my right to access this reference completed by _____ Yes No

Name of Reference

Student's Signature: _____ Date: _____

Please submit this reference form directly to the office above.

To the Academic Reference:

The student named above is applying for one of TC3's academic study abroad programs. We ask that you attest to the applicant's attributes with which you are familiar and to their ability to represent positively both their home campus and the United States in a study abroad program, weighing both strong and weak points. Thank you for your attention.

How long and in what capacity have you known the student? _____

Academic attributes	No evaluation	Poor	Fair	Good	Very good	Excellent
Competence in major or specialization						
Academic interest and motivation						
Capacity for independent study						
Resourcefulness						
Reliability						
Integrity						
Non-academic attributes	No evaluation	Poor	Fair	Good	Very good	Excellent
Level of maturity						
Ability to adapt to new circumstances						
Self-confidence and self-esteem						
Ability to relate well to others						
Emotional stability						
Open-mindedness						

Additional comments about this student welcomed on the back of this page.

Your Name (please print) _____ Title, Department: _____

Signature: _____ Date: _____ Institution: _____

TOMPKINS CORTLAND COMMUNITY COLLEGE | Office of Global Initiatives

170 North St, Dryden, NY 13053 | Email: global@TC3.edu | Tel: 1-607-844-8222, ext. 4522

Updated August, 2025

STEP 3: FUNDING SOURCES/PERSONAL CONTRIBUTION + COURSE ENROLLMENT

Disclosure of Funding Sources – Bring this and your signed registration form to the Welcome Center (room 101). Ask to register in the course and to discuss funding and payment options.

Name (Last, First, Middle)	Program Name/Country	Student ID Number
----------------------------	----------------------	-------------------

TC3 depends on students understanding their financial obligations, making timely payments and completing paperwork in order to provide study abroad programs. After you have permission to enroll, bring this form and the signed Registration Form to Room 101 of TC3's Main Building. Meet with Panther Welcome Center (room 101). Staff will register you in the course and discuss funding and payment. When completed, students should keep a copy and bring this form to the Global Initiatives Office, 248.

Outlined below is the expected Financial Aid and Remaining Balance. *(Completed by TC3 Financial Aid and/or Registration and Billing Staff)*

Anticipated Aid Type	Amount	Disbursement Date	Notes
FED. DIRECT SUBSIDIZED LOAN	_____	_____	_____
FED. DIRECT UNSUBSIDIZED LOAN	_____	_____	_____
ALTERNATIVE LOAN	_____	_____	_____
PELL	_____	_____	_____
OTHER AID	_____	_____	_____
TOTAL AID	\$ _____		
Remaining personal contribution owed toward Travel Fee after financial aid, if any: \$ _____			

Panther Welcome Center Staff Signature

Date

RETURN THIS FORM TO THE GLOBAL OFFICE, SUITE 248. KEEP A COPY FOR YOUR RECORDS.

STEP 4: AGREEMENT, RELEASE AND ACCEPTANCE OF RISK FOR SUNY STUDY AWAY PROGRAMS – READ CAREFULLY and SIGN WHERE APPLICABLE

Please type or print.

Name: _____
Last First Middle

Program: _____
Location Term

For Participants in State University of New York Administered Off-Campus Academic Activities

To the Student: To participate in an Off-Campus Academic Activity with the State University of New York and the State University of New York campus at Tompkins Cortland Community College _____, hereafter referred to as “SUNY TC3”, the Student must comply with all conditions below:

If you are a participant under the age of 18, your parent or guardian’s signature is also required.

Informed consent and agreement to these conditions is a **required condition of participation** for all SUNY TC3-administered or arranged off-campus Programs, and for all SUNY credit-bearing or course related or other SUNY-sponsored or arranged off-campus travel. If you have questions concerning this document (or any pre-departure procedures or forms), consult the orientation and other pre-departure materials supplied, or contact the study abroad office at Tompkins Cortland Community College (SUNY-TC3).

I, [PRINT FULL NAME] _____, have agreed to participate in a SUNY TC3 -administered or arranged off-campus Program, or a SUNY credit-bearing or course related, or other SUNY-sponsored, arranged, or initiated off-campus travel activity (hereafter called the Program, sponsored by _____, either in collaboration with an international host organization or organizations, or by arrangement of a SUNY staff, in [NAME OF REGION] _____ from [INTENDED START DATE] _____ to [EXPECTED END DATE] _____.

In consideration of SUNY-TC3’s agreement to permit me to participate in the Program, by my signature below, I agree to and acknowledge the following:

- A. Acknowledgment and Acceptance of Risk:** I acknowledge that my participation in the Program is voluntary, that there are inherent risks involved in Program participation, and that I assume all risks.
- I release SUNY, its officers, trustees, employees, and agents from all liability, damage or claim of, damages to, or loss of my property, personal illness or injury, or death to me while I participate in this Program.
- By voluntarily participating in the Program, I freely assume any risk associated with or arising out of traveling, studying, conducting research, engaging in community service, participating in activities, and living away from campus or abroad.
- I have, as advised by the Program’s acceptance materials, reviewed the U.S. Consular Information Sheets and Travel Advisories [contained on the [U.S. Department of State Consular Affairs web site](#) and the [Travelers Health section of the Centers for Disease Control and](#)

[Prevention's web site](#), and by those means, been informed of such risks. I have diligently endeavored to learn about the country or countries and specific locations within those countries I will visit to be aware of the health and safety risks that I may face. I hereby assume, knowingly and voluntarily, each of these risks and all other risks that could arise out of or occur during my travel to, from, in or around the location of the Program.

- B. Independent Travel and Operation of Vehicles:** I understand and agree that (1) prior to the start of the Program, (2) during free time within the dates Program, and (3) after the Program ending date; Except in case of emergency which necessitate a departure prior to the end of the trip, I may not depart from group-organized activities unless a prior arrangement has been made with faculty leaders and TC3's Global Initiatives Office, and an independent travel waiver has been signed and filed with TC3's Office of Global Initiatives. I understand that I will be solely responsible for any such travel outside the designated program dates, and any activities in which I participate during the time that I travel according to the signed waiver after the program ends. I understand that *SUNY* strongly discourages students from renting or operating vehicles while participating in the Program. I understand that poor road conditions, different traffic laws and regulations, and varying insurance requirements can make driving motor vehicles in foreign countries extremely hazardous and is not recommended by *SUNY*. If I rent or operate a vehicle, while participating in the Program, I agree that such activity is totally voluntary on my part and against *SUNY*'s advice.
- C. Release and Indemnification:** To the extent permitted by law, I, individually, and on the part of my heirs, successors, assigns, and personal representatives, hereby agree not to sue *SUNY* any of its employees, agents, officers, trustees, or representatives in either their official or individual capacity ("Releasees") and release the Releasees and each of them from any and all liabilities, claims, demands, actions, cause of actions, costs, and expenses of any nature whatsoever which I may have due to any loss, damage, or injury, including death, that I may sustain, or to any property belonging to me, arising from my participation in the Program or while traveling to, from, or around the Program, or while upon the premises where the Program is being conducted. I agree to indemnify and hold harmless the Releasees from and against any claims, suits, causes of action, loss, liability, damage, or costs, including court cost and attorneys' fees, and fees to enforce this Agreement, that the Releasees may incur arising from my involvement in the Program.
- D. Insurance:** I acknowledge that I have/will obtain, and am responsible for paying for, comprehensive accident and medical insurance coverage as required by *SUNY* to participate in the Program. This insurance will provide coverage for injuries and illnesses I sustain or experience while traveling to, from, or around or while attending the Program, and, more specifically, in the country where I will be living and/or traveling while on the Program. This coverage is required to last for the duration of my participation in the Program, as well as pre- and post- Program travel (if I arrange for such with the insurer), and I am responsible to pay expenses not covered by insurance, as well as any expenses that will later be reimbursed by the insurance carrier.

I further acknowledge that *SUNY* requires that participants planning to operate a motor vehicle while overseas obtain liability and collision insurance that will cover them in applicable foreign

countries.

I understand that *SUNY* also recommends that participants purchase trip cancellation coverage and that they also insure their property from loss and theft.

- E. Requisite Vaccinations:** As advised by the Program's acceptance materials, or the Travelers Health section of the Centers for Disease Control and Prevention's internet page, or my doctor, I have ascertained the required or recommended vaccinations and medications for the area I will be traveling to, and I am solely responsible for securing any necessary immunizations prior to departure and for obtaining recommended or required medications needed while abroad.
- F. Program Changes:** I understand and agree that, although *SUNY* will attempt to maintain the Program as described in publications and brochures, *SUNY* reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither *SUNY*, its trustees, employees, or agents shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

SUNY reserves the right to cancel the Program or any aspect thereof prior to, or after, departure. If cancellation of the Program or an aspect thereof occurs after departure, *SUNY* may require that *all participants* return to the United States, prior to completion of the Program. If a Program is cancelled after the start of the Program, *SUNY-TC3* will refund only funds not identified as non-refundable, and then only uncommitted and recoverable funds.

I agree to participate in all required classes and activities as outlined in the Program description and/or syllabus provided by *SUNY* or *SUNY* partner, unless exceptions are approved in writing by *SUNY*.

I understand and acknowledge that my study abroad program or host university may modify, or interrupt in-person teaching and move to remote or online instruction with little or no notice to respond to local conditions.

I understand that I must have an alternate academic plan in the event I cannot attend the chosen overseas program (for example, be prepared to enroll in other classes at my home institution). In the event of a Program cancellation, *SUNY* will provide support for student academic continuity planning, but I understand that loss of credit may occur if course schedules/availability make continuation of my academic plan unfeasible.

I understand and acknowledge that I must remain flexible and willing to adjust to unanticipated changes to my Program. I will pack accordingly and monitor local news and reliable and reputable information sources to ensure that I am fully informed and aware of the situation in my Program's location.

- G. Applicable Laws, Regulations, and Policies Regarding Conduct and Removal from the Program:** I understand that while I participate in the Program, I am subject to the regulations, code of conduct, and guidelines of:
- my home institution of which I am a matriculating student and to which the study abroad credits will transfer,
 - the *SUNY* administering campus through which I am participating in this Program if different from the home institution,

- the host institution or partner where I will be temporarily enrolled for a term or set length of time,
- a provider on a contract with the State University of New York,
- the laws of the United States of America, the State of New York, the host country or state, and any other country or state where I may travel.

I agree to obey these rules, guidelines, regulations, codes, policies, and laws.

I agree to abide by the reasonable instructions, requests and requirements of SUNY's employees, agents, and representatives. SUNY reserves the right to remove me from the Program should I fail to follow such instructions or if my actions or general behavior impede the operation of the Program or the rights or welfare of any person, including myself. Similarly, if my conduct violates any policy or procedure of SUNY or the host institution, or the laws of the host country or state, or any country or state where I may travel, I understand that I may be required to leave the Program at the sole discretion of SUNY's employees, agents, and representatives. Such conduct may also subject me to appropriate disciplinary or other action, and I may be banned from Program property. In such an event, no refund will be made for any portion of the Program, and I will return to the United States, and/or home at my own expense. I understand and acknowledge that the manufacture, distribution, possession, use, or sale of controlled substances as defined by New York State and/or federal law, and/or the laws of the host country or other country or state where I visit is prohibited during the Program. I understand that I will be directly subject to the laws and legal procedures of the respective foreign country or state and host institution as applied to the use, possession, and distribution of illegal drugs, and these will be strictly enforced by local authorities. Furthermore, I understand and acknowledge that I am solely responsible for ascertaining the lawful age for the possession or consumption of alcoholic beverages in the respective country and for my conduct in compliance with local laws as enforced by local authorities. I understand that, even if I am of lawful age for consumption thereof, abuse of alcohol or other substances, even in my free time, may be grounds for my dismissal from the Program.

H. Financial Obligations: I am aware of the nature and the cost of the Program. I agree to pay the Program Fees, Tuition, Differential, or other charges specified on the Program budget or Estimate of Costs that I received with my offer of admission and will guarantee that all financial obligations be met by the deadline(s) specified on the bill statement. If I am a financial aid recipient, I will submit all documentation required by my home campus's Financial Aid Office and will either remit any balance remaining by the payment deadline(s) or arrange for a deferral of payment with the appropriate offices.

I understand and acknowledge that if I withdraw before the start of the Program, I will be responsible for paying any part of those costs that cannot be recovered by SUNY-TC3 or that SUNY-TC3 may still be required to pay on my behalf. If I withdraw from the Program after its starting date, I will not expect to receive a refund of any Program fees, differentials, or other charges and, depending on the rules of the host university (partner) an amount equal to SUNY tuition may be added to Program charges or differential. I may also be obligated to repay any financial aid awards that I received in support of my participation in the Program.

I understand that my failure to pay all financial obligations to a partner of SUNY may result in those outstanding charges being added to my Program charges at the administering SUNY.

I understand that my failure to pay all financial obligations to the respective *SUNY* institution will result in my grades for the Program being withheld by the administering campus and a hold being placed on my account at both my home SUNY campus and the administering campus.

This *Agreement/Release Form* remains effective until my relationship with *SUNY* is terminated, judicial actions resolved, financial accounts are settled, and grades recorded, except for the Photo Release Waiver below.

(Signature page is below. Please keep the above *Agreement and Liability Release* form for your records.)

ACKNOWLEDGEMENT/RELEASE SIGNATURE – SUBMIT THIS PAGE ONLY. KEEP THE TOP PORTION FOR YOUR RECORDS.

I agree that the terms of this *Agreement/Release Form* are to be construed under the laws of the State of New York, and that if any portion thereof is held invalid, the balance thereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this *Agreement/Release Form* and terms of participation.

SIGNATURE: _____ DATE: _____

FULL NAME (printed): _____

PARENT or GUARDIAN'S SIGNATURE (if under age 18) _____

Photo Release Waiver

I give permission for photographs of me and statements by me to be used in publicity materials.

I give my consent for *SUNY*, the host institution I attend, and agencies, organizations, and individuals cooperating with *SUNY* in the administration of the Program to use images of me or written statements from me in promotional and informational materials. I hereby irrevocably authorize *SUNY* to copy, publish, exhibit, or distribute in any legal manner all images, videos, audio recordings and electronic or digital recordings in which my likeness appears. I further waive any right to inspect or approve any advertisement, publication, or information piece in which my likeness appears. I hold *SUNY* harmless and release and discharge *SUNY*, its employees and agents, from any claims, demands, or causes of action which I, my heirs, representatives, executors, administrators or other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

SIGNATURE: _____ DATE: _____

FULL NAME (printed): _____

PARENT or GUARDIAN'S SIGNATURE (if under age 18) _____

Release of Information

In accordance with the provisions of the federal Family Educational Rights and Privacy Act of 1974 ("FERPA"), in connection with my participation in the Program indicated above, I hereby authorize all relevant offices, officers, agents, and employees of the State University of New York, the host institution, Program provider(s), as well as representatives of my insurance providers ("Organizations") to communicate with each other and with my parents, guardian(s) or Emergency Contacts and exchange any of my academic or financial information deemed appropriate to ensure the safe and efficient management of the Program and my participation in it.

For violations or alleged violations of a conduct code of any Organization, I hereby authorize all offices, officers, agents, and employees of the Organizations, as well as the home institutions of other students on the Program or on related Programs alleged to be involved in the conduct violation or alleged conduct violation either as an accused/respondent or as a victim/reporting

individual to communicate with each other and with my parents, guardian(s) or Emergency Contacts and exchange any information related to my participation in the Program deemed appropriate to ensure the safe and efficient management of the Program.

I understand that copies of the academic records submitted as part of my application or acceptance procedures may be provided to the Program staff in the host country or the host institution that I will attend and, though we request that all records be kept in the strictest confidence, once sent, these records will be subject to the laws of the country where they reside. I waive any requirement that I be furnished a copy of these records prior to or concurrent with their release.

SIGNATURE: _____ DATE: _____

FULL NAME (printed): _____

PARENT or GUARDIAN'S SIGNATURE (if under age 18) _____

Please complete steps 1-4, including the interview with faculty leaders and registration before moving on to step 5.

STEP 5: HEALTH INFORMATION and EMERGENCY CONTACT

Study Abroad Student Health Information

Please type or print in ink.

Name: _____
Last First Middle

Program: _____
Location Abroad Approximate dates of the program Administering College

To the Student: The information provided will remain confidential. Be aware that you will be responsible for your own care, although your leaders will make every effort to provide assistance and travel with a list of nearby hospitals. Please be honest with yourself and prepare accordingly. The questions that follow will help guide you in preparing for your stay abroad. Indicating that you have health concerns may allow us to assist you in determining if you are prepared to go and can receive appropriate treatment.

1. Do you have or have you had any physical, psychological or emotional conditions (including eating disorders), that might require treatment abroad, or that might be exacerbated by the stress caused by changes in culture, climate, diet or exercise? If yes, explain below and plan to see your health care provider to discuss your care.	Yes	No
2. Have you arranged to receive all the necessary immunizations and medications recommended for visiting the program site by reviewing information that: - may have been provided by SUNY or your faculty travel leaders - is available on the US Center for Disease Control and Prevention website; and - may be available from the government of the countries you will enter?	Yes	No
3. Do you have any allergies, reactions to medications, or dietary restrictions? If yes, consider what you may need to manage your condition or restrictions. If needed, see your health care provider for assistance in planning for your care. You may list any allergies or dietary restrictions below so we can inform overseas providers. However, SUNY can only inform and cannot ensure that you can be protected from exposure.	Yes	No
4. Are you, have you recently or will you be taking any medications? Tell us what prescription and over-the-counter medications you are currently taking in the space below. Also share any medications that you recently discontinued and that you may need while abroad? List all medication name and purpose below:	Yes	No

<p>Please tell us below how you will have access to the medication you need and consult with your physician to develop a plan for managing your condition while abroad. Depending on the medication, SUNY may request additional information.</p>		
<p>5. (Disclosure of disabilities is optional) Do you have a disability for which you are seeking accommodations? If yes, provide a description of desired accommodations. Please be aware that the Americans with Disabilities Act (ADA) does not apply outside the borders of the United States. The Administering Campus will assist you, to the extent possible, to obtain the accommodations you may want; however, it may not be able to obtain the accommodations necessary to enable you to participate in all aspects of the overseas program.</p>	<p>Yes</p>	<p>No</p>
<p>6. Person to notify in case of emergency, illness or accident:</p> <p>Name: _____ Relationship to student: _____</p> <p>Street/Apt #: _____ Daytime Telephone #: (____) _____</p> <p>City, State, ZIP: _____ Evening Telephone #: (____) _____</p> <p>E-mail Address: _____ Cell Telephone #: (____) _____</p> <p>Second person in the event that the above cannot be reached:</p> <p>Name: _____ Relationship to student: _____</p> <p>Street/Apt #: _____ Daytime Telephone #: (____) _____</p> <p>City, State, ZIP: _____ Evening Telephone #: (____) _____</p> <p>E-mail Address: _____ Cell Telephone #: (____) _____</p> <p>Health Information continues on next page.</p>		

(Health Information Form Continued)

Student Declaration

I grant the State University of New York, its employees, agents and overseas partners permission to share information concerning my health condition with program representatives, my family, insurance company representatives and with any physician, psychologist or counselor who treated me during the past five years or is now treating me. In situations where I am unable to give oral or written consent, I grant permission for hospitalization and treatment recommended and carried out under the supervision of a qualified physician, including administering anesthetics and performing necessary surgery at my own expense. I appoint the representative of SUNY in the host country for the program to act on my behalf in authorizing necessary medical, dental or surgical care, hospitalization or medical evacuation for me should this be required.

I certify that all responses made on this form are true and accurate, and that I will notify the Administering Campus hereafter of any relevant changes in my health that occur prior to the start of the program.

Student's Signature

Date

Parent/Guardian's Signature (required if student is under 18 years of age)

Date

If you answered yes to 1, or 4, or no to 2 please make an appointment with your health care provider to review your medical history and travel plans and have him/her sign below.

To the Treating Clinician: Please review the student's medical history, discuss with him/her the upcoming overseas study plans and sign below. A physical exam is not required by SUNY if you have adequate information to advise the student.

I have reviewed this student's medical history and examination with him/her, consulted with him/her about vaccinations and medications that may be required, and developed a treatment plan for the student to manage his/her condition during the overseas program, if needed. (Attach pages as necessary.)

Signature of Provider

Printed Name of Provider

Address, Phone Number and Stamp of Provider

STEP 5: CONDUCT REVIEW FORM

Study Abroad Conduct Form

Instructions for the Student: Please complete section I of this form and then take the form to the conduct office on your home campus. Then send to the Office of Global Initiatives/Suite 248 (address above). Be sure to fill in your name at the top of page 2.

Instructions for the home institution: The student named on this form has authorized release of their conduct record and criminal history review to the *TC3 Office of Global Initiatives*. Please complete section II of this form and then **return both pages of this document** to us **directly** by mail or fax, or as a PDF scan. A prompt response is appreciated.

CAMPUS CONDUCT REVIEW

The State University of New York (SUNY) requires a conduct review of all applicants for its education abroad programs. It is necessary for us to be informed of any conduct record that exists for any participant. The existence of conduct records at the participant's home campus does not necessarily mean denial of admission to a program; however, the information must be reviewed by the education abroad office on the campus responsible for the program in order for a determination to be made. Each applicant, regardless of home campus, is required to provide this authorization even if there is no conduct record. Any falsification or omission of data may result in disciplinary charges under the Student Code of Conduct

FELONY CONVICTION

SUNY policy prohibits TC3 admission applications from inquiring into an applicant's prior criminal history. However, the College must seek information regarding a student's criminal history if the student engages in certain covered activities, including study abroad programs.

Under N.Y. State law, a felony is defined as a crime for which more than one year in prison may be imposed. If you have been convicted of a felony as an adult, you should answer YES to the felony conviction question below. If you have been adjudicated as a juvenile or as a youthful offender, or if your conviction has been sealed, you should respond NO to the felony question below.

Responding YES to the question below will not automatically prevent your participation in study abroad, but you may be required to provide additional information. This information will be reviewed to ensure that your participation does not present an unreasonable safety risk. Any falsification or omission of data may result in disciplinary charges under the Student Code of Conduct.

For more information: <https://www.tompkinscortland.edu/academics/non-academic-code-conduct>

I. To Be Completed by the Student:

Name: _____
Last First Middle

Program: _____
Home Campus Program Title & Administering Campus

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, what was the date of your last felony conviction? ____ / ____ (Month/Year)

Have you ever been suspended, dismissed, or expelled from a college or university for conduct issues?

_____ Yes _____ No

If yes is checked to any of the questions above, submit an explanation or ask to speak with the study abroad coordinator at TC3 in room 248.

Please give your consent by agreeing with your signature to the statement below.

Under the provisions of the Family Education Rights and Privacy Act, I authorize relevant offices at my home campus to provide documentation and discuss all information related to any student conduct and criminal history review on the campus at which I am matriculated with the appropriate study abroad office staff members and, if appropriate, with the associated faculty program director, for the purpose of determining my participation in an education abroad program.

Student Signature

Date Release Signed

This release expires and is no longer valid at the end of the term in which you will be studying abroad

II. For applicants NOT CURRENTLY ATTENDING TC3, to Be Completed by the Student Conduct Officer

Student's Last Name

Student's First Name

1. _____ The student named above **has not received** a conduct sanction (probation or higher) on our campus.
2. _____ The student named above **has received** a conduct sanction (probation or higher) on our campus.

Effective Dates: _____

Level of Sanction: _____

Violation/s: _____

Remarks: _____

Additional information may be attached. A representative of the Global Initiatives office may contact you to discuss.

Printed Name of Individual Authorized to Complete This Form

Signature

Title

Date

Email address

Phone number

Please return both pages of this form directly to the Global Office – address below.