

ADDITIONAL HEALTH CONDITIONS

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your participation in this program?

Yes No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition(s)

How often do you have symptoms?

Plan for managing this condition while traveling:

DISABILITIES

Are you registered with the UNH Disabilities Office? Yes No

(If yes, please discuss your plans to study abroad with your disability counselor so you might increase your options abroad.)

Do you have a disability that will require accommodations while abroad? Yes No

(If yes, you must register with the Disability Services Office (DSO) and meet with the DSO staff. This must be done in a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. If you do not disclose your disability or request accommodations in a timely manner, UNH may not be able to assess and accommodate your needs.) More time, ideally one year in advance of your departure, is needed for more significant accommodation requests.

HEALTH AND EMERGENCY AGREEMENT

I authorize the release of information contained in this *Student Health/Emergency Treatment Authorization* form for access and review by the UNH Center for Experiential Education Office staff, UNH Risk Assessment Officer, UNH Campus Police, the appropriate health professionals in the Health Center and Disability Services Office, and the insurance provider. I understand this form will be kept at the UNH Campus Police during the experience abroad.

I understand that if I have not turned in this form in a timely manner, there may be insufficient time for the UNH Health Center to review this information. If further medical information is required, I understand that I will be contacted by a UNH health care professional who will ask for a specific release to my treating health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the Center for Experiential Education International program coordinator, the program leader, and the host institution’s resident director, and I will be informed of this communication.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize the University of New Haven, through its representatives, to secure any necessary treatment. In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through the Study Abroad insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse University of New Haven or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, the University of New Haven may notify my emergency contacts listed on the Experience Abroad Application.

I certify that all responses made on this form are complete, true and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated *Student Health/Emergency Treatment Authorization*. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that participation in this experience abroad program is contingent on receipt by the UNH Bursars Office of this completed and signed form.

Participant Signature: _____ Date: _____

If you have any questions regarding medical problems, immunization requirements, or other health issues, call the UNH Health Center at 203 932 7079 at least 25 days prior to departure.



DECISION FORM
University of New Haven
Center for Experiential Education
205 Kaplan Hall, West Haven, CT 203 932 7236

Complete one of the following steps **within two weeks of the date of your acceptance letter** (NOT the date you receive this letter). If the Center for Experiential Education has not received these forms within two weeks, it will be assumed you are no longer interested and you will be dropped from the program. The \$500 intent fee will remain on your account.

1. If you wish to **accept admission**, complete and return this form along with the *Statement of Responsibility* and the *Student Health/Emergency Treatment Authorization* to the Bursar's Office. Upon doing so, you will be billed for a \$500 deposit that is applied to the cost of your program.
2. If you wish to **withdraw** from the program, complete, sign and return this form to the Center for Experiential Education, Kaplan Hall 205
3. If you wish to **transfer** your application, complete, sign and return this form to the Center for Experiential education, Kaplan Hall 205

Name: _____ PID: _____

Name of study abroad program: _____

Country(ies) of program: _____ Semester/term and year of program: _____

I ACCEPT my admission to the above University of New Haven Experience Abroad program. I have received an acceptance packet from the UNH Center for Experiential Education and have completed the enclosed *Statement of Responsibility* and *Student Health/Emergency Treatment Authorization* to secure my place in the program. If my acceptance is more than one year in advance, I agree to submit a new Student Health/Emergency Treatment Authorization within one year of my scheduled program departure.

If I should decide to withdraw and fail to submit any written notification of my withdrawal and/or fail to show up at the program site, I understand I will be financially responsible for the entire program fee. If I withdraw or transfer from the program after accepting admission, I understand that notifying the faculty experience leader is not sufficient and that I must submit written notice to the Center for Experiential Education. If my written notice of withdrawal or transfer is received at the Center for Experiential Education:

- **More than 8 weeks before** the program's first day, I will be financially responsible for the non-refundable commitment fee of \$2,000/or any costs incurred on my behalf related to the program if completely withdrawing from the experience abroad; if I am transferring my application, I understand the \$500 Intent fee will be transferred only once to an alternate program and I will be financially responsible for the \$2000 commitment deposit (if applicable).

- **Less than 8 weeks before** the program's first day, I will be financially responsible for the \$100 intent fee and \$2000 deposit or any non-recoverable costs incurred and/or committed by UNH and its affiliates on my behalf at the time of my withdrawal (whichever is more).

- **After the program's first day**, I will be financially responsible for the entire program fee.

Signature: _____ Date: _____

I WITHDRAW from the above UNH Experience Abroad program. I understand that the \$500 application fee is refundable if this withdrawal is submitted before acceptance or within the two-week period after the date of the acceptance letter. If I have accepted admission into a program, I understand that the \$500 application fee and the \$2000 deposit (if applicable) are non-refundable and I am financially responsible for my program fee according to the schedule indicated above. I understand it is my responsibility to withdraw from my study abroad courses.

Did you apply for financial aid for this program? Yes No

(If yes, the Center for Experiential Education will notify the UNH Office of Financial Aid of this cancellation and your award will be adjusted accordingly.)

Reason for cancellation:

Financial Safety Family Academic Accepted into another program Medical No longer eligible Other: _____

Signature: _____ Date: _____

I WISH TO TRANSFER* MY APPLICATION from the above Experience Abroad program to the program indicated below. I understand and agree that the \$500 application fee will be transferred only once, to the program indicated below. If I have accepted admission into the original program, I understand the \$2000 deposit (if applicable) is non-refundable and non-transferable. I understand I will be financially responsible for my program fee according to the schedule indicated above. I understand it is my responsibility to adjust my course enrollment. I understand that if any information on my health form has changed since I submitted my original application, I will re-submit a new health form.

Name of program transferring to: _____

Semester and year transferring to: _____

Did you apply for financial aid for your original program? Yes No

(If yes, the Center for Experiential Education will notify the Financial Aid of this transfer and you will need to see a Financial Aid advisor to adjusted your award accordingly.)

Reason for Transfer: _____

Signature: _____ Date: _____

***NOTE: Freshman Seminar Abroad applicants may NOT transfer their application.**



STATEMENT OF RESPONSIBILITY
University of New Haven
Center for Experiential Education
205 Kaplan Hall, West Haven, CT 203 932 7236

I, _____, have been accepted to participate in a UNH Experience Abroad program. I accept my admission to the program and agree to abide by the following statement of responsibilities:

1. Alcohol and Drugs.

- As a participant in a UNH experience abroad program, I must abide by host country laws and local institutional regulations with respect to alcohol and other drugs. Unless permitted by host country law and local institutional regulations, I will not possess, consume, furnish, or distribute any alcoholic beverages. Further, I understand that the University of New Haven has a zero-tolerance policy with respect to the possession, use, manufacture, production, sale, exchange, or distribution of illegal drugs.
- I am responsible for knowing and obeying the laws of the host country, as well as all local institutional regulations, regarding alcohol and other drugs. I understand that violations of law or policy may result in (i) immediate dismissal from the program; (ii) academic withdrawal from the University for the semester in progress; and (iii) disciplinary action upon my return to campus.

2. University Code of Conduct.

- I must abide by the University of New Haven Code of Conduct while enrolled in the program and I may be subject to disciplinary action for violations of those policies upon my return to campus.

3. Host Country Customs.

- I will abide by the laws and customs of my host country, community, institution and program.
- I know that I need to be sensitive to the social mores of the host culture.
- I am also subject to the disciplinary codes and processes of the host institution.

4. Dismissal.

- If I seriously disrupt the group learning process, or if my behavior gives the program director reasonable cause to believe that my continued presence in the program poses a danger to the health or safety of persons or property, or impedes, disrupts or obstructs the program in any way, I will face immediate dismissal. Alcohol, drug and weapons related violations, assault, and sexual or racial harassment are so seriously problematic that dismissal is highly likely. For lesser infractions, the disciplinary procedure described in the UNH Student handbook will apply. Before I may be removed from the program, I will have an opportunity to explain my conduct to the program director(s).
- A decision to dismiss me from the program would be final and no refund would be made.
- Transportation back to the United States would be at my own expense. (Only applicable to UNH sponsored study abroad programs.)

5. Travel Arrangements.

- The University may make changes to the program itinerary, including cancellation, at any time and for any reason. I will be responsible for any loss due to such cancellation or change.
- The University is not responsible for penalties assessed by air carriers or any other associated costs based on operational and/or itinerary changes.

- If I travel independently and arrive after the start of the program, I will notify my program leader or the Center for Experiential Education and am responsible for all academic consequences such as lost class time and assignments.
- I must confirm departure and arrival times and locations with my program leader.
- My property is transported at my risk.
- The University is not responsible for travel delays and hassles.
- I will notify my program leader or on-site personnel of my itinerary whenever I leave the site for longer than one day. The University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated from any University-sponsored activities.
- If I become separated from the program group, for any reason, I will rejoin, at my own expense, the group at the first opportunity.
- The University may substitute hotel accommodations or housing at any time. Specific room and housing assignments are within the University's sole discretion. (Only applicable to UNH sponsored study abroad programs.)

6. Spouses/Partners and Children.

- The University is not responsible for providing support for accompanying non-participants, i.e. spouses/partners and children. I must obtain overseas health insurance for any accompanying non-participants. Such persons cannot attend classes or other activities formally associated with the program. If such a person disrupts the program, it may be grounds for my dismissal.

7. Health.

- I will be responsible for my own health maintenance. In the event of serious illness, accident or emergency, I will inform an appropriate program official so that assistance may be secured and so that my designated emergency contact may be notified.

8. Fees.

- I will be responsible for the non-refundable application fee. I understand that my withdrawal after submitting the *Decision Form* indicating my acceptance of admission may be very costly, and that my failing to turn in all completed acceptance materials and payments in a timely manner may result in my removal from the program.

9. Withdrawal/Transfer.

- If I withdraw or transfer from the program after accepting admission, I understand that notifying the program leader is not sufficient and that I must submit written notice to the Center for Experiential Education.
- If my written notice of withdrawal or transfer is received at the Center for Experiential Education more than 8 weeks before the program's first day, I will be financially responsible for the \$500 intent fee and \$2000 commitment deposit (if applicable) if completely withdrawing from study abroad; if I am transferring my application, I understand the \$500 intent fee will be transferred only once to an alternate program and I will be financially responsible for the \$2000 commitment deposit (if applicable).
- If I withdraw or transfer from the program after accepting admission and my written notice of withdrawal or transfer is received at the Center for Experiential Education less than 8 weeks before the program's first day, I will be financially responsible for the \$500 intent deposit and \$2000 commitment deposit or any non-recoverable costs incurred and/or committed by UNH and its affiliates on my behalf at the time of my withdrawal (whichever is more). After the program's first day, I will be financially responsible for the entire program fee.
- If I withdraw or transfer, I will notify the Center for Experiential Education in writing. The date the *Decision Form* or written notification is received is the date by which the financial calculation will be determined.

- If a balance is due to the Bursar's Office at the time of withdrawal, I will pay UNH to cover expenses incurred to that point.
- If I should decide to withdraw and fail to submit any written notification of my withdrawal and/or fail to show up at the program site, I understand I will be financially responsible for the entire program fee.
- If I withdraw from the program prior to the program's first day, I will be required to withdraw from my course(s) and will receive a full refund of tuition and matriculation fees.
- If I withdraw after the program's first day, refunds for recoverable tuition and fees will be based on the University calendar.
- If I am put on probation or recessed from the University after acceptance, it is my responsibility to withdraw from my program.

10. **Credit for Non-UNH Students.**

- If I am a non-UNH student and participate in a co-sponsored program, I understand that UNH will not issue a transcript. I am responsible for ascertaining whether and how my home institution will accept such credit directly from the institution abroad.

11. **Credit.**

- I will comply with the Center for Experiential Education course credit requirements and with UNH academic policies and procedures.
- I will maintain enrollment for the duration of the program in the specified courses for at least 12 credits for a semester program (unless the particular program requires more) or the minimum number of credits specified for my short-term program.
- I understand the only exceptions to this policy are enrollments for graduating seniors *who are abroad during their final semester*.
- If I fail to enroll (or fail to remain enrolled) for the minimum number of credits, I may be dismissed from the program and/or I will be billed and responsible for paying an additional program fee. Even if I pay this additional fee after completion of the program, I may not be retroactively enrolled in my desired courses.
- If I miss a substantial portion of the program, for whatever reason, the amount of credit awarded will be determined at the program leader's discretion.
- If I withdraw, depart or am dismissed from a program before its formal completion, I may be ineligible for academic credit.
- Should I receive permission to return home early, I may be eligible to receive a grade of "W" on my academic transcript.
- Any refund of tuition and fees would be according to the policy stated on the Registrar Web site.
- I understand that if I participate in certain co-sponsored programs, I must enroll in and will be financially responsible for paying tuition for the minimum number of credits and will not receive a refund if I enroll in fewer credits. I understand that there are **no exceptions** to this policy for graduating seniors who are abroad during their final semester.

12. **Waiver.**

- In the case of an emergency in which I cannot be reached, I authorize U.S. Embassies and Consulates to release information concerning my welfare and whereabouts to the University of New Haven.
- In authorizing this release of information, I hereby waive 5 USC Section 522 (b) (8).

13. **Release of Claims and Indemnity.**

- For myself and all those who may claim through me, I release the University (and its employees and representatives) from liability for all injuries, illnesses, and losses, including death, I may sustain to my person and/or property, which are in any way connected to my program participation, except as regards any claim of "gross negligence" that is actionable under Connecticut laws.

- I further agree to defend and hold the University harmless with respect to any loss, claim or expense it may sustain by reason of my behavior as a program participant.

14. Governing Law.

- Any dispute arising from this Statement will be determined according to Connecticut law.

In signing this document I acknowledge that I have had an opportunity to ask any questions I have about it, that I have read and understand it, that I accept its terms, and that I have signed it knowingly and voluntarily.

Signature: _____ Date: _____

Parent/Guardian Signature (if participant is under age 18): _____ Date: _____