

STATE UNIVERSITY OF NEW YORK
Student Research Abroad

Participant Information

Please type information directly into forms and staple completed forms. **Submit to the Office of International Education (13 Bray Hall) with a copy of your passport, visa (if applicable), flight itinerary, and proof of international health insurance with medical evacuation and repatriation coverage.**

Full Name			
	Last Name	First Name	Middle Name
SU ID#		Birth Date (mm/dd/yyyy)	Gender
Email		Cell Phone	Home Phone
Academic Major		Degree Level at time of Travel:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> Other:

Immigration Status US Citizen/ PR F-1 student J-1 student Other:

SUNY-ESF OFF-CAMPUS RESEARCH INFORMATION

Purpose of Travel		Are you registered for credit related to this experience? Indicate course # , # of credits, & semester of registration.	<input type="checkbox"/> No <input type="checkbox"/> Yes--
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Will ESF faculty/students travel with you? Please note names. No Yes--

Travel Location(s) (City & Country)		Travel Start Date:	
		Travel End Date:	

While traveling, will you have a cell phone?	<input type="checkbox"/> No <input type="checkbox"/> Yes, the number is	While traveling, will you access your email?	<input type="checkbox"/> No <input type="checkbox"/> Yes, occasionally. <input type="checkbox"/> Yes, daily.
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INTERNATIONAL TRAVEL PREPARATION

Please provide information regarding your international travel preparation.

Travel Advisories	Please review the travel advisories on the U.S. Department of State website to determine if there are conditions that pose imminent risks to the security of travelers traveling to your travel destination. Travel Advisories: https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html There is a Travel Advisory of: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 for my travel destination(s) of _____
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Passport	An international traveler's passport should be valid 6 months beyond the anticipated U.S. re-entry date. <input type="checkbox"/> My passport if valid 6 months beyond my re-entry date. <input type="checkbox"/> I will obtain a valid passport.
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Entry Requirements	Please review the country-specific information on the U.S. Department of State website to access any applicable embassy notes, determine entry and exit requirements, and obtain information related to safety and crime. https://travel.state.gov/content/passports/en/country.html <input type="checkbox"/> I have read the information regarding entry & exit requirements; safety & crime; and any applicable Embassy notes. <input type="checkbox"/> Travel requires a visa and I will take the necessary measures to obtain one.
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Immunizations	Please access the Center for Disease Control's website to obtain information regarding health and immunizations for your travel destination and obtain any necessary vaccinations and medications. http://www.cdc.gov/travel/destinationList.aspx <input type="checkbox"/> I have read the information regarding health and immunizations for my travel destination.
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**STATE UNIVERSITY OF NEW YORK
Student Research Abroad**

Travel Information

Full Name			ID #:	
	Last Name	First Name		

Research / Program Information			-
	Location (City & Country)	Research Project / Program	

INTERNATIONAL TRAVEL INFORMATION

Please provide information regarding your international travel arrangements & attach a copy of your flight itinerary.

HOST INSTITUTION (If applicable)

Institution Name			Dates of Visit		
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Address					
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Phone		Email		Fax	
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ACCOMMODATIONS

Lodging Name			Dates of Stay		
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Address					
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Phone		Email		Fax	
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Lodging Name			Dates of Stay		
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Address					
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Phone		Email		Fax	
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Lodging Name			Dates of Stay		
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Address					
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Phone		Email		Fax	
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ADDITIONAL ARRANGEMENTS & COMMENTS

Flight(s)					
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In-Country Travel					
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Accommodations					
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Semester you plan to return to ESF:					
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Academic Advisor Signature

		I certify that the above is correct and is being conducted with both my knowledge and authorization.
1. Printed Name	_____	
2. Signature	_____	
3. Date	_____	

STATE UNIVERSITY OF NEW YORK
Student Research Abroad

Agreement & Release

Full Name			ID #:	
	Last Name	First Name		
Research / Program Information				-
	Location (City & Country)	Research Project / Program Abroad		Dates of Travel

I understand and hereby acknowledge that my participation in the program is wholly voluntary. In consideration of *SUNY's* agreement to permit me to participate in the program, by my signature below after item G., 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 those risks.

I release *SUNY*, its officers, trustees, employees, and agents from any and 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 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 so as 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 of the other risks that could arise out of or occur during my travel to, from, in or around the country in which this program is located.

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 period of the program, and (3) after the program ending date; I may elect to travel independently at my own expense. I understand that I shall be solely responsible for any such travel and any activities in which I participate during any free time. I understand that *SUNY* strongly discourages students from renting or operating vehicles while traveling abroad. 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 the *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* in order 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 in the program 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 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. 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

- 1) my home institution of which I am a matriculating student and to which the study abroad credits will transfer,
- 2) the *SUNY* administering campus through which I am participating in this program if different from the home institution,
- 3) the host institution where I will be temporarily enrolled for a term or set length of time,
- 4) a provider on a contract with the State University of New York,

as well as the laws of the United States of America, the State of New York, the host country and any other country where I may travel or stay. I agree to obey these rules, guidelines, regulations, codes, policies and laws.

SUNY reserves the right to decline; to accept; or to retain me in the program at any time should my actions or general behavior impede the operation of the program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of *SUNY* or the host institution, or the laws of the host country or any country where I may travel or where I stay, I understand that I may be required to leave the program at the sole discretion of *SUNY*'s employees, agents and representatives, I may be referred to the appropriate *SUNY* officials for further 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 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 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 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 even in my free time may be grounds for my dismissal from the program.

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

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.

Student's Signature: _____ Date: _____

Student's Full Name (*Printed*): _____

Parent or Guardian's Signature (*If under age 18*): _____

Student Research / Non-Faculty or Non-Credit Program Abroad

Full Name			ID #:	
	Last Name	First Name		
Research / Program Information			-	
	Location (City & Country)	Research Project / Program Abroad	Dates of Travel	

To the Student: The information provided will remain confidential. Be aware, though SUNY and the organization hosting you overseas will try to provide assistance, you will be responsible for your own care. 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.

<p>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.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Have you arranged to receive all the necessary immunizations and medications recommended for visiting the program site by reviewing information that:</p> <ul style="list-style-type: none"> * may have been provided by SUNY; * may have been provided by the program site; * 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>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.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4. Are you currently taking or have you recently discontinued any medications you may need while abroad? If yes, list medication name and purpose.</p> <p>Please consider 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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. ESF and other administering parties 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Person to notify in case of emergency, illness or accident:

Name: _____ Relationship to student: _____

Street/Apt #: _____ Daytime Telephone #: (____) _____

City, State, ZIP: _____ Evening Telephone #: (____) _____

E-mail Address: _____ Cell Telephone #: (____) _____

Second person in the event that the above cannot be reached:

Name: _____ Relationship to student: _____

Street/Apt #: _____ Daytime Telephone #: (____) _____

City, State, ZIP: _____ Evening Telephone #: (____) _____

E-mail Address: _____ Cell Telephone #: (____) _____

Student Declaration

I grant the State University of New York, its employees, agents and overseas partners permission to communicate 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 and during 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, if needed, developed a treatment plan for the student to manage his/her condition during the overseas program.

Signature of Provider Printed Name of Provider

Address and Phone Number of Provider

STATE UNIVERSITY OF NEW YORK
ESF International Program/ Course

STATEMENT OF INSURANCE

Full Name			ID #:	
	Last Name	First Name		

Health and accident insurance is **required** of all participants in State University of New York administered overseas academic courses, programs, or projects. It is strongly advised that you enroll in a policy that is designed especially for students studying or traveling abroad. Such a policy should minimally include overseas urgent and emergency medical care and accidental death and dismemberment coverage. Medical evacuation and repatriation coverage is also required. The coverage must be in effect for the entire period a student is away from home. International students with the SUNY HTH inbound student health insurance policy, must enroll in the outbound study abroad coverage for the duration of the international course/program. Students who do not have such coverage must purchase the insurance provided by SUNY **available at ESF's Cashier's Office (102 Bray Hall)**.

All off-campus course/program participants participating in a program more than 100 miles from your permanent residence in your home country are required to purchase insurance, as it includes evacuation for other than medical reasons. A complete description of the SUNY International Student and Scholar Health Insurance Plan is available online at www.haylor.com/student.

Please complete the following:

- I have purchased the SUNY Outbound Study Abroad Student Health Insurance Plan which includes both health and medical evacuation, and repatriation coverage.

Cashier's Signature

I, the undersigned, accept full responsibility for the maintenance of comprehensive health insurance including medical evacuation and repatriation coverage and costs associated with the plan and services/treatments.

Student's Signature Date

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

II. To Be Completed by Student Affairs.

Student's Last Name

Student's First Name

1. _____ The student named above and on the reverse side of this form **has not received** a judicial sanction (probation or higher) on our campus.
2. _____ The student named above and on the reverse side of this form **has received** a judicial sanction (probation or higher) on our campus.

Effective Dates: _____

Level of Sanction: _____

Violation: _____

Other Remarks: _____

Printed Name of Individual Authorized to Complete This Form

Signature

Title

Date

Please return both pages of this form directly to the Office of International Education at:

**Office of International Education
13 Bray Hall
oi@esf.edu**

Students who have previously been convicted of a felony are advised that their prior criminal history may impede their ability to complete the requirements of certain academic programs and/or to meet licensure requirements for certain professions. Students who have concerns about such matters are advised to contact the dean's office of their intended academic program.