

STATE UNIVERSITY OF NEW YORK**Participant Information****Student Research / Non-Faculty or Non-Credit Program Abroad**

Please type information directly into forms and staple completed forms. **Submit to the Office of International Education (9 Old Greenhouse) 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	<input type="checkbox"/> US Citizen/ PR <input type="checkbox"/> F-1 student <input type="checkbox"/> J-1 student <input type="checkbox"/> Other:				

SUNY-ESF OFF-CAMPUS PROGRAM OF STUDY/ 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--
Will ESF faculty/students travel with you? Please note names.	<input type="checkbox"/> No <input type="checkbox"/> 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.

INTERNATIONAL TRAVEL PREPARATION

Please provide information regarding your international travel preparation.

Travel Advisories	<p>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.</p> <p>Travel Advisories: https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html</p> <p>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 _____</p>
Passport	<p>An international traveler's passport should be valid 6 months beyond the anticipated U.S. re-entry date.</p> <p><input type="checkbox"/> My passport is valid 6 months beyond my re-entry date. <input type="checkbox"/> I will obtain a valid passport.</p>
Entry Requirements	<p>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.</p> <p>https://travel.state.gov/content/passports/en/country.html</p> <p><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.</p>
Immunizations	<p>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.</p> <p>http://www.cdc.gov/travel/destinationList.aspx</p> <p><input type="checkbox"/> I have read the information regarding health and immunizations for my travel destination.</p>

STATE UNIVERSITY OF NEW YORK
Student Research / Non-Faculty or Non-Credit Program 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	
Address			
Phone		Email	Fax

ACCOMMODATIONS

Lodging Name		Dates of Stay	
Address			
Phone		Email	Fax
Lodging Name		Dates of Stay	
Address			
Phone		Email	Fax
Lodging Name		Dates of Stay	
Address			
Phone		Email	Fax

ADDITIONAL ARRANGEMENTS & COMMENTS

Flight(s)	
In-Country Travel	
Accommodations	
Other	
Comments	

STATE UNIVERSITY OF NEW YORK

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

Agreement & Release

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

To the Student: As with all academic programs, certain conditions must be adhered to in order to preserve program integrity. As a necessary precaution to protect the State of New York, the State University of New York and SUNY College of Environmental Science and Forestry (hereafter collectively referred to as *SUNY*), these conditions are listed below. We ask that you **read carefully** and **indicate with your signature that you understand them and will comply**. 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*-administered or arranged overseas academic programs, and for all *SUNY* credit-bearing or course related or other *SUNY*-sponsored or arranged overseas 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 Office of International Programs Education at *SUNY* College of Environmental Science and Forestry .

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. I acknowledge that I am aware that there are risks involved in participation in international travel and that I am willing to assume those risks.

1. My participation in this course/research/ program will require transportation to and habitation in another country and may involve my being subject to risks relating to travel or arising out of program activities.
2. I have, as advised by the program's acceptance materials, reviewed the U.S. Consular Information Sheets and Travel Warnings [contained on the U.S. Department of State Consular Affairs web site] and the Travelers Health section of the Center for Disease Control'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.
3. I release *SUNY*, its officers, trustees, employees, and agents from any and all liability, damage or claim of any nature arising out of, or in any way related to my participation in this program, the transportation, or health care that may be provided, or in any independent activities that I may undertake during my participation. I understand that this means that I cannot hold *SUNY* legally responsible, even if its negligence contributes to any injuries or damages that I may suffer.

B. I acknowledge that I have appropriate insurance coverage, will be prepared to pay expenses not covered by insurance, and will disclose pre-existing health issues, and will ascertain the need for and obtain necessary vaccinations and recommended medications.

1. *SUNY* requires that all students participating in an overseas academic/research program be covered by appropriate accident and medical insurance and that the participants be financially responsible for such expenses. *SUNY* may require the purchase of a health insurance policy specifically approved by *SUNY* as a condition of participation in a program.
2. I will be covered for the duration of the program and for any pre- or post-program travel by a comprehensive health and accident insurance policy which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and/or traveling while on the program.
3. I understand that payment for medical expenses overseas may have to be advanced and reimbursement sought later from an insurance carrier.

4. I understand that my program abroad will be rigorous and demanding, and that students with emotional issues are advised to consult with their counselor prior to the program regarding their participation.
5. I absolve *SUNY* of all responsibility and liability for any injuries (including death), illnesses, claims, damages, charges, bills and/or expenses I may incur while I am abroad.
6. I understand 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.
7. I understand that *SUNY* also recommends that participants in overseas academic programs insure their property from loss and theft.
8. I agree to report to *SUNY* any physical or mental condition I have which may require special medical attention or accommodation during the program as soon as possible. I understand that if I fail to report such information to *SUNY* within at least 60 days prior to the starting date of the program, I will not be allowed to participate.
9. As advised by the program's acceptance materials/accepted participant webpage, or the [Travelers Health section of the Center for Disease Control's website](#), 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.

C. I absolve and release *SUNY* from liability for things and events that arise out of, result from, occur during, or are connected in any manner with my participation in the program and/or any travel incident thereto.

1. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify, defend, hold harmless, release and forever discharge *SUNY* and its employees, agents, officers, trustees, and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both.
2. I understand and acknowledge that *SUNY* in no way represents or acts as an agent for transportation carriers, hotels, and other suppliers of services connected with this program and *SUNY* assumes no responsibility or liability, in whole or in part, for any problems, delays, or damages caused by such parties or events beyond *SUNY*'s control, such as weather, criminal activity, or civil unrest.
3. I understand and acknowledge that in the event that I become detached from a trip group, fail to meet a departure bus, airplane or train, or become sick or injured, I will bear all responsibility to seek out, contact and connect with the group at its next available destination; and that I shall bear all costs involved in contacting and reaching the trip group at its next available destination.
4. I understand and acknowledge that if, due to weather, flight schedules, or other uncontrollable factors, I am required to spend additional nights, *SUNY* will not be responsible for my hotel, transfers, meal costs, or other expenses.
5. I understand and acknowledge that my baggage and personal property are transported at my risk entirely and, as noted above, *SUNY* also recommends that participants in overseas academic programs insure their property from loss and theft.
6. I release *SUNY*, its officers, agents, and employees from any and all liability, damage or claim of any nature whatsoever arising out of, or in any way related to my participation in this program, including but not limited to the medical authorization given to *SUNY*, acts of God, acts or omissions of any third parties (including but not limited to common carriers, hotels, restaurants, host families, or overseas organizations, or other firms or agencies).
7. I indemnify and hold harmless *SUNY*, its officers, agents, and employees from any damage or liability incurred as a result of any illness I may suffer, including the costs of any medical care, or any injury or damage to the person or property of others which I may cause, or from any financial liability or obligation which I may personally incur, while participating in the program.
8. I understand and acknowledge that it is my responsibility to determine and meet prerequisites for classes I hope to take in the program and I understand and acknowledge that *SUNY* cannot guarantee me placement in classes at an overseas institution and indemnify and hold *SUNY*, its officers, agents, and employees harmless from any damage or liability incurred due to the inability to enroll in or cancellation of, or my failure to complete with a satisfactory grade a class at an overseas institution.

D. I acknowledge that I am aware that *SUNY* has the right to make changes to the program.

1. *SUNY* reserves the right to make changes to the program at any time and for any reason, with or without notice, and that *SUNY* shall not be liable for any loss whatsoever to me by reason of any such change.
2. *SUNY* reserves the right to substitute hotels, accommodations or housing at any time. Specific room and housing assignments and types of housing assigned when arrangements are made by *SUNY* are within the sole discretion of *SUNY*.
3. *SUNY* reserves the right, at its sole discretion, to cancel the program or any aspect thereof prior to departure; and, at *SUNY*'s sole discretion, to cancel the program or any aspect thereof after departure, requiring that all participants return to the United States. In the event that a program is cancelled after the start of the program, *SUNY* will refund only uncommitted and recoverable funds.

E. I acknowledge that I am responsible for my conduct during the period of my participation in this program, am responsible for following through on acceptance and post participation procedures, and am responsible for paying for the program and any related or unrelated costs I may incur.

1. In regard to my conduct while a participant in this study abroad program I understand that:
 - a. All participants in the program are subject to the home institution's regulations and guidelines (including but not limited to those contained in other orientation materials), *SUNY* and my home *SUNY* campus's code of conduct, the host University's regulations and guidelines, as well as the laws of the host country. I agree to obey those rules, guidelines, regulations, codes, policies and laws.
 - b. *SUNY* reserves the right to decline to accept or 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 laws of the host institution or host country, I understand that I may be required to leave the program at the sole discretion of *SUNY*'s employees, agents and representatives, and I may be referred to the appropriate *SUNY* officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the program and I will return to the United States at my own expense. Further, I understand that I am responsible for any expenses that others may incur due to my actions.
 - c. *SUNY* is not responsible for the defense of a participant accused of a violation of the laws of the host country or rules of the host institution or organization and is not responsible for the payment of any fines or other penalties resulting from such violations. I agree to be responsible for any damage or liability incurred as a result of any illness or accident I may suffer, including the costs of any medical care not covered by insurance, or any injury or damage to any person or property of others which I may cause, or for any financial liability or obligation which I may personally incur, while participating in the program.
2. As a participant in this study abroad program, I pledge to conduct myself in a manner that reflects favorably on my home campus, on *SUNY*, the State of New York, the United States of America, and myself.
3. I understand and acknowledge that the manufacture, distribution, possession, use or sale of controlled substances as defined by New York State and/or U.S. Federal Law, and/or the laws of the host country is prohibited during study abroad. I understand that I will be directly subject to the laws and legal procedures of the host country and host organization as applied to the use, possession and distribution of illegal drugs, and these will be strictly enforced by local authorities.
4. I understand and acknowledge that I am solely responsible for ascertaining the lawful age for the possession or consumption of alcoholic beverages in the host country and for my conduct in compliance with local laws as enforced by local authorities. I understand that abuse of alcohol even in my free time may be grounds for my dismissal from the program.
5. I agree to participate fully in all portions of the program, and further agree that any deviation from the design of the program's content or format must be approved by *SUNY*.
6. I understand and acknowledge that in order to secure my courses/tutorials and/or housing placement at my overseas host institution, I may be required to submit the appropriate forms to both the International Programs Office at *SUNY* ESF, my home campus, and to the appropriate office(s) at the overseas institution in a timely manner as specified in acceptance materials by any deadlines noted, and I am personally responsible for any damage or liability incurred as a result of my failure to follow instructions, return necessary required forms, or take any necessary actions required or recommended by *SUNY* or my host institution.

7. I am aware of the nature and the cost of the program. I agree to pay the Program Fees, Tuition, Differential, or other charges that were specified on the program budget or Estimate of Costs that I received with my offer of admission and will guarantee that all financial obligations will 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 owing by the payment deadline(s) or arrange for a deferment of payments with the appropriate offices.
8. 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* or that *SUNY* 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, may not receive a refund of *SUNY* tuition. I may also be obligated to repay any financial aid awards that I received in support of my participation in the program.
9. I acknowledge that I have read the orientation materials and understand its content. I agree to abide by the guidelines, rules, and procedures described and outlined in any program specific materials provided or directed to be read online. I also agree to abide by any rules and procedures that may be provided by faculty or staff involved in the organization, implementation, and delivery of the program.
10. I agree to complete all the academic work required by my program or host university before the end of my study abroad term/semester/session, or academic year, whichever is applicable, and to remain on site until that date.
11. I understand and acknowledge that it is my responsibility to determine if I must request from my overseas host that a statement of my academic work be forwarded to the Study Abroad Office at the end of my program and if so will comply with the overseas host's instructions.

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

1. I give my consent for *SUNY*, the overseas 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, any and 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.

G. I authorize the release of my student, health, and insurance records as described below.

1. According to the provisions of Public Law 93-380 (20 USC 1232g-Family Educational Rights and Privacy Act of 1974) and laws concerning the use of medical records commonly referred to as HIPPA, and in connection with my participation in the overseas program indicated above, I hereby authorize the International Programs Office and its officers, agents, and employees, the Office of the Registrar, the Office of Financial Aid, the Office of Judicial Affairs, or any other office of *SUNY*, representatives of my home campus, representatives of my insurance providers, medical staff in whose care I may be, the staff of the organization or institution I am attending overseas, to communicate with each other and with my parents or guardian or others whose names I provided in my application or on my Emergency Contact list and provide to them or receive from them any academic, medical, or financial information deemed appropriate to assist with health care, to ensure continuation of enrollment at my home university, or enrollment in insurance (e.g. enrollment verification or other similar documents) or for any other purpose deemed appropriate to ensure my health and safety in, facilitate financing my participation in, and ensure the receipt of academic credit for my program, including the release of an academic transcript to my home campus upon program completion to an address I provide.
2. I understand that copies of the medical and academic records submitted as part of my application or acceptance procedures may be provided to the overseas program staff or the overseas 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 they reside in. I waive any requirement that I be furnished a copy of these records prior to or concurrent with their release.

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 Section F, which remains in force until rescinded in writing for specific images or quotes.

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*): _____

STATE UNIVERSITY OF NEW YORK

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

Student Health Information

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.

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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you up to date with recommended vaccinations for your age and have you reviewed the health information that may have been provided by SUNY and/or the program site overseas; checked the Centers for Disease Control and World Health Organization website; and reviewed information that may be available from the governments of the countries you will enter for appropriate vaccination and health recommendations needed prior to departure, and if indicated, have you arranged for these immunizations and/or obtained necessary medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 insure that you can be protected from exposure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you currently taking or have you recently discontinued any medications you may need while abroad? If yes, list medication name and purpose. 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.	<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

STATE UNIVERSITY OF NEW YORK**Judicial Review Form****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	

The State University of New York requires a judicial review of all applicants for its study abroad programs. It is necessary for us to be informed of any judicial record that exists for any participant. The existence of judicial records at the participant's home university does not necessarily mean denial of admission to a program; however, the information must be reviewed by the Study 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 judicial record. Students must also inform their home campus Study Abroad Office about their intention to study abroad.

Instructions for the Student: Please complete Section I of this form and then take the form to the Judicial Officer on your home campus. Be sure to fill in your name at the top of page 2.

Instructions for the office of the Dean of Students: The student named on this form has authorized release of his/her judicial record to the Office of International Education and Programs office. Please complete the second section of this form and then **return both pages of this** to us **directly** by mail or fax or as a PDF scan via email to the address/fax/email at the end of this form. A prompt response is appreciated.

I. To Be Completed by the Student:

Last Name First Name Campus ID#

Home Campus Program Abroad & Administering Campus

Have you ever been convicted of a felony? ____ yes ____ no

Have you ever been suspended, dismissed, or expelled from a college or university? ____ yes ____ no

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 the judicial affairs officer named above to provide documentation and discuss all information related to any judicial affairs 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 a study abroad program.

Student Signature Date Release Signed

Date This Release Expires and Is No Longer Valid. (Recommended: End of the semester in which you will be studying abroad)

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
Old Greenhouse
oie@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.