



What semester do you plan to graduate? \_\_\_\_\_

**\*Please note:** *If your degree conference date is in June, you will not be eligible to participate in a summer study-abroad program after graduation.*

Have you previously participated in a study-abroad program? \* Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Please note:** *If you have already enrolled and received credit for the course(s) offered in this program you will be unable to receive credit for the same program.*

If yes, please indicate the name, location, and academic focus of the program, along with the length of time abroad and the year of your participation.

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Are you applying for any other study-abroad programs? If so, please indicate which one(s). (Please note that your answer to this question will not affect your eligibility for this program).

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If you have learned or studied any language that does not appear on your transcript, please fill out the table below.

Language	Years Studies/known	Reading Ability	Writing Ability

Please list any foreign travel or residence abroad:

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How did you first hear about our study-abroad program?

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- **Please read all application materials and program policies carefully.**
- **All questions must be answered, and all supporting documentation, with the exception of the health forms, is due at the time of application. Incomplete applications will not be accepted.**
- **To be approved for a study-abroad program, you must be in good academic standing and disciplinary standing, with a GPA 2.5 or higher. Each program, however, may have its own GPA requirement.**
- **You must not have any Bursar stops on your record at the time of acceptance into the program.**
- **All students must have a valid passport, or have a passport pending at the time of application.**
- **All students requiring a visa to enter the host country must get further instructions from the Office of International Studies & Programs.**

I, the undersigned, acknowledge that I have read this study abroad application and that all statements are correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JJC Study-Abroad Application Checklist

*Before you submit your application, make sure you have the following.*

### 1. **APPLICATION:**

Complete all questions on the application form and **attach a, standard, 2x2 passport photo** of yourself to the first page. Passport photos can be purchased at CVS or Duane Reade.

### 2. **PERSONAL STATEMENT:**

Please type and attach a **1-2 page essay** explaining why you wish to join this program and what contribution it will make to your education. Also include, if you wish, any characteristics or qualities you possess that you think would benefit the program.

### 3. **RECOMMENDATION FORM & LETTER:**

Students are required to request one letter of recommendation from a college-level instructor. Students participating in a faculty-led program cannot request this letter from the professor leading the program.

### 4. **TRANSCRIPT:**

Attach an unofficial copy of your transcript to this application. CUNY students may access their transcripts through CUNYfirst. If you are a transfer student, please provide an unofficial transcript from your former institution.

### 5. **COPY OF VALID PASSPORT:**

Submit a copy of the biographical page of your passport and supporting documents, (i.e. visa, US Permanent Residency Card, etc.). If you do not have a passport, you will need to file for one, and provide a copy of your paid receipt for the pending passport with your application. Once your passport is processed, it is the student's responsibility to submit a copy of the biographical page to the OISP.

### 6. **HOME-CAMPUS AUTHORIZATION FORM**

To be completed at the OISP for John Jay College students or home campus study-abroad office for non-John Jay College students.

### 7. **CUNY INTERNATIONAL TRAVEL PARTICIPATION, WAIVER, AND EMERGENCY CONTACT FORM**

The CUNY Release Form must be completed and signed. You must submit the original and signed copy.

### 8. **APPLICATION FEE**

A non-refundable application fee of **\$50.00** is due at time of application. Money orders, personal checks, and cash are accepted. Money orders and personal checks are to be made out to *John Jay College*.

### 9. **GRADUATE STUDENTS**

Please make sure that you obtain permission from either your major advisor or chairperson, of your department, before you apply for any study-abroad program.

### 10. **CLASS SCHEDULE**

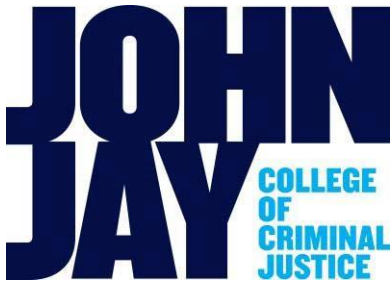
Please provide the OISP with your class schedule and/or indicate the times you are free for an interview. Students may be required to have an interview with the program director.

### 11. **PHYSICIAN'S STATEMENT**

To be handed in **once you have been accepted into the program**. We encourage students to make an appointment with a physician ASAP, as wait times may vary.

### 12. **OFFICE LOCATION**

Completed applications should be submitted to the Office of International Studies & Programs. We are located at 524 West 59<sup>th</sup> Street (Haaren Hall, Suite 530) New York, NY 10019. If you have any questions, please contact us at 212-484-1390 or email us at [studyabroad@jjay.cuny.edu](mailto:studyabroad@jjay.cuny.edu) or visit our website at <http://www.jjay.cuny.edu/OISP/studyabroad>.



Faculty Recommendation for Students Applying to JJC Study-Abroad Programs

Name of Student \_\_\_\_\_

Name of Recommender: \_\_\_\_\_ Department \_\_\_\_\_

- 1. How long have you known the applicant?
2. On a scale of 1 to 5 (Circle between 1 as the lowest and 5 as the highest. Circle N/A if you are unable to judge), please rate:
a. The student's sense of responsibility 1...2...3...4...5...N/A
b. The student's oral presentation skills 1...2...3...4...5...N/A
c. The student's self-confidence 1...2...3...4...5...N/A
d. The student's ability to collaborate in a group 1...2...3...4...5...N/A
e. The student's adaptability 1...2...3...4...5...N/A
3. The student is applying to participate in a John Jay College-sponsored international program. Please record some observations, in the space below about the student's strengths and weaknesses in relation to his/her ability to participate successfully in the program. Please also write a formal letter of recommendation.

Recommender's Signature \_\_\_\_\_ E-Mail \_\_\_\_\_

TO THE APPLICANT: Please print your name below, circle one of the following options, and then sign and date. Then give this form to your Recommender with an envelope addressed to the Office of International Studies & Programs for your Recommender to use.

Applicant's Name (please print) \_\_\_\_\_

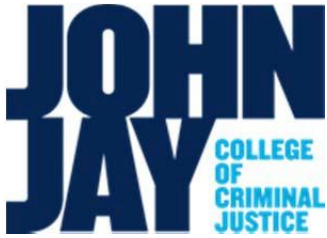
Circle one of the following options:

I waive my right of access to this recommendation letter and understand that I will not be able to see it under any circumstances

OR

I do not waive my right of access to this recommendation letter

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Office of International Studies and Programs**

524 West 59<sup>th</sup> St., 530 HH, New York, NY 10019

T: +1.212.484.1390 F: +1.646.557.4749

E-mail: [studyabroad@jjay.cuny.edu](mailto:studyabroad@jjay.cuny.edu)

**Home-Campus Authorization Form for Students  
Applying to JJC Study-Abroad Programs**

Name of Student: \_\_\_\_\_

Home Campus or Name of non-CUNY School: \_\_\_\_\_

John Jay College Study-Abroad Program: \_\_\_\_\_

Term Abroad: \_\_\_\_\_

Name of Study-Abroad Adviser at Home Campus: \_\_\_\_\_

**STUDY-ABROAD APPROVAL**

Study-Abroad Adviser must check only one option:

Student has been approved to study abroad through John Jay College

My office needs more information to approve student to study abroad through John Jay College.  
Student must submit the following to be approved: \_\_\_\_\_

Student has not been approved to study abroad through John Jay College

Study-Abroad Adviser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCIPLINARY HISTORY**

*A disciplinary record does not preclude approval to study abroad, but it will be reviewed by the Office of International Studies & Programs to determine if the record warrants withholding approval.*

*Information from other offices at the student's home campus, e.g., Office of Student Affairs, Health Center (with student's consent) or others, may be requested as a part of the application review process to ensure that all students can have a safe and productive international experience.*

Student must check only one option:

I have never been on disciplinary probation

I was and no longer am on disciplinary probation  
(please have your Office of Dean of Students sign to confirm)

I am currently on disciplinary probation  
(please have your Office of Dean of Students sign to confirm)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Dean of Students (if necessary): \_\_\_\_\_ Date: \_\_\_\_\_



## CUNY INTERNATIONAL TRAVEL PARTICIPATION, WAIVER, AND EMERGENCY CONTACT FORM

This form (the "Release Form") has been developed by the CUNY Office of the General Counsel (OGC) and cannot be altered or adapted except in the answerable fields without approval from OGC.

**PART A** to be completed by the Program Director (then duplicated for completion of Part B by participating students)

### Description of Activity

\_\_\_\_\_ ("College") of The City University of New York ("University") believes that participation in organized, off-campus activities by its students can be an important part of a student's learning experience. Off-campus activities may, however, involve certain risks, both to the participating students and to the College/University. In order to participate, each student must read carefully, complete, and sign this Release Form and submit it to the Program Director prior to the Activity.

Destination of Activity:

Dates of Activity:

Name of Campus Director:

Name of Field Director or Chaperone(s) (if applicable):

Contact Telephone Number on Date(s) of Activity:

Description of Activity:  
(including travel to and from Destination of Activity)

**PART B** to be completed and signed by the participating student; if under 18, also by his/her parent or legal guardian and notarized.

I wish to participate in the Activity, and in consideration for being permitted to participate in the Activity, I hereby represent and agree as follows:

### ASSUMPTION OF RISK

1. I understand that participation in the Activity involves risks not found in study at the College. These risks can range from a) minor injuries such as bruises and strains, to b) major injuries such as broken limbs, loss of sight, neck or back injuries, heart attacks and concussions, to c) catastrophic injuries, including paralysis and death, and also include risks of damage to or theft of personal property, and risks involving traveling to and within, and returning from, Activity sites and other foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters described in the U.S. Department of State Country Specific

Information (and Travel Warnings and/or Travel Alerts, if any) and in the Centers for Disease Control and Prevention Travel Notices that I have accessed at <http://travel.state.gov> and at <https://wwwnc.cdc.gov/travel/notices> and reviewed carefully. I understand that there may be other risks not known or reasonably foreseeable. I have sought and obtained information and advice that I feel are necessary and appropriate.

2. I VOLUNTARILY ACCEPT AND ASSUME ALL OF THE RISKS IN PARTICIPATING IN THE ACTIVITY.
3. My participation in the Activity is voluntary.

#### **WAIVER OF LIABILITY**

4. I, for myself and on behalf of my family, heirs and personal representative(s), HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS, The City University of New York (“University” or “CUNY”), any student organization and/or related entity of CUNY that organized, sponsored and/or funded the Activity, the City of New York, the State of New York, and the officers, directors, employees, representatives, agents and affiliates of any and all of them (“Released Parties”) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER arising out of or related to any loss, damage or injury (including death) to me or others, or to any property belonging to me or others,

(a) caused by, deriving from, or associated with my presence at, participation in, or travel to or from the Activity, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERS, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the officers, directors, employees, representatives, agents or affiliates of any of the Released Parties; or

(b) arising at a time when I am not under the direct supervision of University, including, without limitation, during travel and/or activities other than those specifically required in order to participate in the Activity that I may choose to undertake before, during or after the Activity, and/or that are caused by my failure to remain under such supervision.

5. I have no known physical or health-related reasons or problems that preclude or restrict my participation in the Activity or I have disclosed to the College any physical, mental, and emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for visual or auditory aids that might impair my ability to participate in the Activity. I, for myself and on behalf of my family, heirs and personal representative(s), HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS each of the Released Parties FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER arising out of or relating to any loss, damage or injury (including death) to me or others, or to any property belonging to me or others, caused by, deriving from, or associated with my failure to disclose to the College any such conditions, problems, or needs.

#### **OTHER REPRESENTATIONS**

6. I understand that each country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior that violates those laws or standards could harm the University’s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the

Activity and assume responsibility for my actions, understanding that the circumstances of an Activity may require a standard of behavior that may differ from that applicable on campus.

7. I will comply with the University's rules, standards, and instructions for student behavior generally and for the Activity, including the College's Code of Student Conduct, the Henderson Rules of Public Order, and the expectations for student behavior described in the CUNY International Travel Guidelines (collectively, the "standards"). I acknowledge and understand that my compliance is important to the success of the Activity and to the University's/College's willingness to permit future similar activities. I agree that the University has the right to enforce the standards, in its sole judgment, and that it may impose restrictions, up to and including disciplinary proceedings and not granting academic credit for and removing me from the Activity, for violating the standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the College, the University, the Activity or other participants.
8. I agree that, due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University may not apply. If I am removed from the Activity, I consent to going home at my own expense with no refund from the University or College of any monies paid. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.
9. I understand that it is within the College's discretion to change travel, accommodations, and other arrangements as it deems necessary. I understand that the College is not responsible for nor does it represent or act as agent for, and cannot control the acts or omissions of any host institution or service providers, including those who provide transportation, tour, dining or sleeping accommodations.
10. I understand and agree that the University is not in any way responsible for my wellbeing with respect to any travel to destinations beyond those specifically required for the Activity that I may choose to undertake before, during, or after the Activity.
11. I have or will obtain and maintain the insurance policy required by the University ("travel insurance") which provides coverage for health and hospitalization, accident, repatriation, and medical and security evacuation. I will be responsible for the costs of such insurance and for any expenses not covered by insurance.
12. I also have or will obtain and maintain travel insurance coverage for all travel and activities other than those specifically required in order to participate in the Activity that I may choose to undertake before, during, or after the Activity. Among other things, this means that I if I extend my travel before or after the dates of the Activity, I will extend my travel insurance to ensure I have coverage for the duration of my time abroad. I will use my best efforts to register any travel extensions and report any additional updates in [CUNY-GO](#).
13. The University may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances, and I hereby authorize the University to make such decisions and take such actions. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.
14. Except for any University scholarships or similar funding, I am assuming full financial responsibility for all costs and expenses incurred by me in connection with the Activity, including, without limitation, financial responsibility for damage or destruction to property of third parties.
15. I will not hold myself out as having the power or authority to bind or create liability for the College or the University.



16. This Release Form represents my complete understanding with the College and the University concerning their responsibility and liability for my participation in the Activity. It supersedes any previous or contemporaneous understandings I may have had with the College or the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
17. I agree that this Release Form be constructed in accordance with New York law. I agree that this Release Form will be binding to the fullest extent permitted by such law. If any part of this Release Form is held to be unlawful, that part will be limited only to the minimum extent necessary to comply with the law, and the validity of the remaining parts will not be in any way affected.
18. This is my contact information:

Name: \_\_\_\_\_ CUNY ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Citizenship(s): \_\_\_\_\_

Number of passport you will use for travel: \_\_\_\_\_

19. This is my **emergency contact information**:

In case of emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

20. Check one:

I am at least eighteen years old.

I am not yet eighteen years old, so I have secured the signature of my parent or guardian (see next page) as well as my own.

**I WISH TO PARTICIPATE IN THE ACTIVITY. I HAVE READ ALL OF THIS RELEASE FORM AND I FULLY UNDERSTAND IT. I AM VOLUNTARILY SIGNING THIS RELEASE FORM WITH THE INTENTION TO BE BOUND BY ITS TERMS. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS NOT CONTAINED IN THIS RELEASE FORM HAVE BEEN MADE TO ME BY ANY OF THE RELEASED PARTIES.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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***If participating student completing and signing this Release Form is under the age of 18, then the following page must be completed and signed by the student's parent or legal guardian in the presence of a notary.***

***IF STUDENT IS UNDER THE AGE OF 18, THEN THE STUDENT'S PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THE FOLLOWING IN THE PRESENCE OF A NOTARY:***

1. I am the parent or legal guardian of the student named above who signed on the previous page.
2. I give my permission for my child to take part in the Activity described on the first page of this form with the understanding that there are potential risks associated with the Activity.
3. I understand that my child is expected to behave responsibly and to follow the University's discipline code, policies and standards, and that failure to do so may subject the student to removal from the Activity.
4. I have read and understand this Release Form, and I confirm that the information provided by my child is accurate and complete.
5. I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the Activity may act on my behalf and at my expense in obtaining medical treatment for my child.
6. I am and will be legally responsible for the obligations and acts of my child as described in this form, including such parts as may subject me to personal financial responsibility.
7. I agree, for myself and for my child, to be bound by its terms.

\_\_\_\_\_  
Print First and Last Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

STATE OF \_\_\_\_\_ )

\_\_\_\_\_ ) ss.:

COUNTY OF \_\_\_\_\_ )

On this day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_

\_\_\_\_\_ to me known and known to me to be the \_\_\_\_\_ person described in and who executed the foregoing instrument and acknowledged that s/he executed the same.

Notary  
Stamp

\_\_\_\_\_  
Notary Public

**JOHN JAY COLLEGE OF CRIMINAL JUSTICE, CUNY  
OFFICE OF INTERNATIONAL STUDIES & PROGRAMS  
PHYSICIAN'S STATEMENT**

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**TO THE APPLICANT:**

**Please authorize by your signature below (page 2) the release of any medical information that may be relevant in the opinion of your physician to your participation in the study-abroad program.**

\_\_\_\_\_  
**Applicant's Name**

\_\_\_\_\_  
**Program name and location**

**Personal History – Please check if you have had the following (if not applicable, please indicate with N/A):**

Tuberculosis     Scarlet fever     Measles     Rubella     Chicken pox     Rheumatic fever  
 Hepatitis     Malaria     Polio     Other \_\_\_\_\_

**Surgery**

Appendectomy     Tonsillectomy  
 Hernia repair     Other \_\_\_\_\_

**Habits** (how much/how often)

Alcohol \_\_\_\_\_  
 Tobacco \_\_\_\_\_  
 Other \_\_\_\_\_

**Allergy** (please specify)

Hay fever     Eczema     Bees/wasps     Pet/animal dander \_\_\_\_\_  
 Foods \_\_\_\_\_  
 Other \_\_\_\_\_

**Review of Past Illnesses and Symptoms**

Please complete the following, adding additional paper if necessary. **DO NOT LEAVE ANY QUESTION BLANK. If not applicable, indicate with N/A.**

A. Have you consulted or been treated by clinics, physicians, or other practitioners within the past five years for specific illness? (If yes, give details)

\_\_\_\_\_

B. Have you ever been hospitalized or had a serious acute illness? If yes, give diagnosis and date.

\_\_\_\_\_

C. Do you have any chronic/recurrent illness? Any permanent/chronic injury or physical disability? (If yes, give details.)

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D. Have you had any allergic reaction to past immunizations, prescription, or over-the-counter medicines? (If yes, give details.)

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E. Do you have a history of asthma or any other respiratory ailment? (If yes, give details.)

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F. Are you currently taking any medications (including oral contraceptives)? (List and give details.)

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G. Are you currently receiving antigen/immunotherapy injections or prescription medication for an allergy? (List and give details.)

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H. Do you have any health requirements or dietary restrictions? (Explain.)

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I. Do you have a history of an eating disorder, such as bulimia or anorexia, within the last five years? (If yes, give details.)

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J. In the last five years, have you consulted or been treated by a psychiatrist, clinical psychologist, drug/alcohol counselor, or other mental health professional? (If yes, give details.)

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**Please check if you have had:**

- Unexplained fever    Recent weight gain or loss    Eye trouble    Hearing loss    Sinus problems  
 Chronic rash    Anemia    Bleeding/clotting problems    Cancer or leukemia    Immune system problems  
 Heart murmur, palpitations    Chest pain, pressure    Chronic cough    Shortness of breath, wheezing  
 Abdominal pain    Chronic indigestion, diarrhea    Stomach ulcer    Gall bladder trouble    Hernia (rupture)  
 Kidney stone    Albumin or blood in urine    Painful/swollen joint    Back problems    Impaired use of any limbs  
 Epilepsy (seizures)    Recurrent dizziness or faintness    Depression    Severe headaches

**Women only:**

- Irregular periods    Severe cramps    Excessive flow

Comment below on any condition(s) above that you have checked:

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**With this signature, I certify that I have consulted with my physician and that I will follow through with all essential medications and care I may need to stay physically/mentally healthy and safe while abroad. Moreover, I certify that the information above is accurate and complete.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date** (MM/DD/YYYY)

