Tweeting Da Vinci

Amalfi Coast, Pozzuoli, Sorrento & Naples
an interdisciplinary exploration of southern Italy

May 19-26, 2016

Cost
$2100.00 6 credits
$2400.00 3 credits
$2700.00 0 credits

Classes
ART 220 Ancient and Classical Art
Italian - any section
ENG335 - 20th Century American Novel
History 101
BIO 151 - Marine Biology - Gen Ed -
BIO 210 - History of Biology
EDU - any 3 credit class
**SAP 290-06 Global Learning in the 21 Century - Italy This one credit course is strongly suggested to all students that will be traveling.

Along the southern side of Italy’s Naples Bay is Sorrento - the gateway to the Amalfi coast. Naples Bay and the Mediterranean Sea dazzle us with its, craggy cliffs, mysterious grottoes and shimmering bays. In addition, there is the wonder of the science, art and history of this southern Italian retreat. On this global learning program we will climb Mt. Vesuvius, and explore the destroyed cities of Pompeii and Herculaneum. Why are these areas still part of contemporary discussions in the area of volcanology and geology? This area is still a volcanic hotbed - there is no volcanic cone, but the evidence of its reality can be seen when you view the sunken city of Baiae. How does this affect the marine life located in this part of the world? If you are a teacher, how would you bring all of this to life for your students?

Cost includes: round trip airfare, hotel accommodations, breakfast daily, all sightseeing, museum admissions.

Office of International Education
310 Public Square
(616)323-3950 or 3951 or 3952
e-mail: krebamolloy.edu
Amalfi Coast, Italy

Dates of trip: May 19 – May 26, 2016

Please note that for this unique experience we will be staying at the picturesque Monastery La Culla in Sorrento on the Amalfi coast with a beautiful view of Mount Vesuvius.

The Monastery rules are as follows:

- 11:45 pm curfew – no exceptions doors will lock at 12 am
- No alcohol at all on the premises of the Monastery
- Moderate drinking off-site is acceptable but excessive drinking will result in you being sent home immediately at your own expense.

I have read and understand the above conditions.

Student Signature: __________________________
Amalfi Coast, Italy

Dates of trip: May 19 – May 26, 2016

Registration for this trip will take place on Tuesday October 20, 2015 at 9 am

In the Public Square Club Room on the 3rd floor

FINAL PAYMENT DUE:

January 21, 2016

Failure to submit final payment at least 90 days prior to the program’s departure date will result in immediate removal from the program.

BOTH THE PHYSICAL FORM AND THE 2 FACULTY RECOMMENDATION LETTERS ARE DUE:

January 21, 2016

Failure to submit a completed physical on or before the due date will result in a $50 penalty fee.

Failure to submit 2 completed recommendation letters on or before the due date will result in a $50 penalty fee.

*MANDATORY PRE-DEPARTURE MEETING DATE:

Tuesday May 3, 2016

3:30 pm – 5:00pm

Public Square Club Room on the 3rd floor

* Failure to attend the Pre-Departure Meeting in its entirety will result in an additional $100 penalty fee.

I have read and understand the terms of this agreement:

Student Signature: ____________________________ Date: ______________
2015 -2016 INTERNATIONAL EDUCATION PROGRAMS

We strongly recommend that students traveling abroad on Molloy International Education short- term programs enroll in the one credit course associated with the trip.

Below is a list of the one credit course for each trip. If you are going to take this course, you must be sure to register for the Spring 2016 semester. Please note that there are certain dates and requirements specific to each program.

**Scotland - March 17th - 25th 2016**

**SAP 290 -08**

Students are required to attend a 3 hour class on Friday 1/22/2016, Friday 2/12/2016, Friday 2/26/2016 and Friday 3/4/2016. The class will run from 1pm to 4pm. In addition, they will be required to do either a take home project or a short paper.

**Germany – March 16th - 24th 2016**

**SAP 290-02**

Students are required to attend a 3 hour class on Friday 1/29/2016, Friday 2/12/2016 and Friday 2/19/2016. The class will run from 1pm to 4pm. In addition, the student is required to attend a college event that will take that place of the take home project but it will include a short paper. Event date and time TBD.

**Three Cities - Business Trip May 28th – June 6th 2016**

**SAP 290-07**

Students are required to attend a 3 hour class on Friday 3/11/2016, Friday 4/15/2016 and Friday 4/29/2016. The class will run from 1pm to 4pm. In addition, there will be a class visit to the United Nations date TBD.

**Amalfi Coast, Italy May 19th - May 26th 2016**

**SAP 290-06**

Students are required to attend a 3 hour class on Friday 2/5/2016 and Friday 4/8/2016 and Friday 4/29/2016. The class will run from 1pm to 4pm. Students are also required to attend a Webinar on Tuesday 4/19/2016 at 3:30pm in the Madison Theatre.

**Ireland, Media Archaeology - May 22nd – June 2nd 2016**

**HUM 290**

All students participating in this program must be registered for HUM 290 (Media Archaeology). Please note that for this mandatory 3 credit course, it is recommended that you meet with Professor Cohen or Professor Reba regarding the information on this class and program.

**Madrid, Spain - March 16th – 22nd 2016**

**SAP 290 – 01 Spain Now**

Students are required to attend a 3 hour class on Friday 2/19/2016, Friday 2/26/2016, Friday 3/4/2016 and Friday 3/11/2014. The class will run from 1pm to 4pm.

**London, England**

**SAP 290 -09**

Information regarding this one credit course will be forthcoming.
Office of International Education
Short-Term Study Abroad Student Checklist

[To be signed and submitted to the Office of International Education]

PROGRAM NAME: Short-Term Trips    PROGRAM DATES: See Registration Agreement

THE FOLLOWING INFORMATION IS REQUIRED AT THE TIME OF APPLICATION:

1. □ Completed Office of International Education Short-Term Study Abroad Application
2. □ Completed Confidential Health History Questionnaire
3. □ Signed Short-Term Study Abroad Contract
4. □ Financial Aid Agreement (if applicable)
5. □ Signed and Notarized Responsible Person Acknowledgement Form (signed by emergency contact; not required if student is 25 years old or older)
6. □ Signed Student Conduct Code
7. □ Signed and Notarized General Release and Waiver (if applicable)
8. □ Non-refundable $300.00 Deposit (cash, check made payable to Molloy College, or MasterCard or Visa)
9. □ Copy of Medical Insurance Card
10. □ Color Copy of Passport (if in process of applying/renewing passport bring in proof of application)
11. □ Closed Class Approval Form (signed by student and advisor)
12. □ Signed Registration Agreement
13. □ Signed Short-Term Study Abroad Student Checklist

THE FOLLOWING INFORMATION IS DUE: See Registration Agreement

1. □ Final Payment (cash, check made payable to Molloy College, or MasterCard or Visa)
2. □ Letter of Recommendation
3. □ Letter of Recommendation
4. □ Completed Physical Form (By Doctor)
5. □ Copy of Visa (if applicable)

Failure to submit the final payment 90 days prior to the program’s departure date will result in immediate removal from the program.
Failure to submit two (2) completed letters of recommendation on or before the due date will result in a $50.00 penalty fee.
Failure to submit a completed physical on or before the due date will result in a $50.00 penalty fee.

THE MANDATORY PRE-DEPARTURE MEETING IS: See Registration Agreement

Failure to attend the mandatory Pre-Departure Meeting in its entirety will result in a $100 penalty fee.

I have read and understand the above provisions and agree to be bound thereby.

Student Signature: ___________________________ Date: ___________________________

Updated 09/09/2015
Program Name: Short-Term Trips  Program Dates: See Registration Agreement

The following information is required at the time of application:

1. ☐ Completed Office of International Education Short-Term Study Abroad Application
2. ☐ Completed Confidential Health History Questionnaire
3. ☐ Signed Short-Term Study Abroad Contract
4. ☐ Financial Aid Agreement (if applicable)
5. ☐ Signed and Notarized Responsible Person Acknowledgement Form (signed by emergency contact; not required if student is 25 years old or older)
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8. ☐ Non-refundable $300.00 Deposit (cash, check made payable to Molloy College, or MasterCard or Visa)
9. ☐ Copy of Medical Insurance Card
10. ☐ Color Copy of Passport (if in process of applying/renewing passport bring in proof of application)
11. ☐ Closed Class Approval Form (signed by student and advisor)
12. ☐ Signed Registration Agreement
13. ☐ Signed Short-Term Study Abroad Student Checklist

The following information is due: See Registration Agreement

1. ☐ Final Payment (cash, check made payable to Molloy College, or MasterCard or Visa)
2. ☐ Letter of Recommendation
3. ☐ Letter of Recommendation
4. ☐ Completed Physical Form (By Doctor)
5. ☐ Copy of Visa (if applicable)

Failure to submit the final payment 90 days prior to the program’s departure date will result in immediate removal from the program.
Failure to submit two (2) completed letters of recommendation on or before the due date will result in a $50.00 penalty fee.
Failure to submit a completed physical on or before the due date will result in a $50.00 penalty fee.

The mandatory pre-departure meeting is: See Registration Agreement

Failure to attend the mandatory Pre-Departure Meeting in its entirety will result in a $100 penalty fee.

I have read and understand the above provisions and agree to be bound thereby.

Student Signature: ______________________ Date: ______________________

Updated 09/09/2015
### Program Information

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Semester / Year</th>
</tr>
</thead>
</table>

### Personal Information

<table>
<thead>
<tr>
<th>Name (EXACTLY as it appears on your passport)</th>
<th>Date of Birth</th>
<th>Student ID #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Telephone (Home)</th>
<th>Telephone (Cell)</th>
<th>Molloy E-mail Address</th>
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<table>
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<tr>
<th>Country of Citizenship</th>
<th>Sex (M/F)</th>
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<table>
<thead>
<tr>
<th>U.S. Passport Number</th>
<th>Date of Issue</th>
<th>Date of Expiration</th>
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</table>

### Emergency Contact

<table>
<thead>
<tr>
<th>Name of Emergency Contact (must be the same as indicated on the Responsible Person Acknowledgement Form, if applicable)</th>
<th>Relationship</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</thead>
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<table>
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<tr>
<th>Telephone (Home)</th>
<th>Telephone (Work/Cell)</th>
<th>E-mail Address</th>
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### Academic Information

Anticipated academic standing when program begins: □ Freshman □ Sophomore □ Junior □ Senior □ Graduate □ Doctoral □ Alumni

<table>
<thead>
<tr>
<th>College/University Currently Attending</th>
<th>City</th>
<th>State</th>
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<table>
<thead>
<tr>
<th>Major/Program</th>
<th>2nd Major</th>
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<table>
<thead>
<tr>
<th>Academic Advisor</th>
<th>Telephone</th>
<th>Extension</th>
</tr>
</thead>
</table>

Updated 09/09/2015
COURSE SELECTIONS

I will be participating in this program: ☐ For Credit ☐ Not for Credit  Total Number of Credits: ☐ 3 ☐ 6 ☐ 9

For Credit Participants: Indicate the specific course that you plan to take as part of this program. For information about available courses, consult the International Education web page for your program.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

HOUSING PREFERENCES

The price for most Molloy International Education programs is based upon housing in double occupancy rooms. A few single rooms may be available for an additional fee. Please state your preferences below, understanding that the Office of International Education will do their best to accommodate you but cannot make any guarantees.

☐ I prefer a double room
☐ I prefer a single room

Requested Roommate: ____________________________

FACULTY REFERENCES [Students Only]

Students seeking to participate in a short-term program must provide the names of the two faculty members who are recommending you to travel. If you have traveled as part of an International Education short-term program, 1 of your 2 recommendations must come from a former chaperone.

1.  
   Name of Faculty Member: ____________________________  
   Name of Course/Program: ____________________________  
   Semester/Year: ____________________________

   Department: ____________________________  
   Telephone Number [or Molloy Ext]: ____________________________

2.  
   Name of Faculty Member: ____________________________  
   Name of Course/Program: ____________________________  
   Semester/Year: ____________________________

   Department: ____________________________  
   Telephone Number [or Molloy Ext]: ____________________________

FINANCIAL INFORMATION [Molloy Students Only]

Will you be using Financial Aid to help pay for your trip? ☐ Yes ☐ No

* If you responded yes, please fill out the Financial Aid Agreement.

Do you receive Employee tuition remission?*  
☐ Yes ☐ No

* Please note if you do receive tuition remission, you are not eligible for the discount offered and you will have to pay the $0 credit price.

Do you want to take out flight insurance for this program? ☐ Yes ☐ No

STUDENT DECLARATION

I certify that all the statements made in my application to study abroad are correct and true.

Student Name (Print): ____________________________  
Student Signature: ____________________________  
Date: ____________________________

Updated 09/09/2015
The purpose of this form is to determine your health history and any special medical needs you may have when you study abroad. Information provided will be treated confidentially. This form and your physical form will be given to the on-site chaperone for the purposes of assisting you as promptly and correctly as possible, should you require medical attention or counseling during your stay abroad.

**PLEASE PRINT CLEARLY**

Name: ____________________________________________

Address: _______________________________________

Student ID: ___________________________ Home Phone: _______ Cell Phone: _______

Email: _______________________________________

Height: _______ Weight: _______

Have you had any serious accidents, broken bones, or surgical operations? ☐ Yes ☐ No

If yes, please specify and provide dates: _______________________________________

CHECK IF YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING:

☐ Frequent Headaches ☐ Pneumonia/Pleurisy ☐ Diabetes/Insulin dependent
☐ Epilepsy/Seizure Disorder ☐ Tuberculosis ☐ Hypoglycemia
☐ Thyroid dysfunction ☐ Infectious mononucleosis ☐ Kidney/urinary infection
☐ Cancer ☐ Allergy food ☐ Hernia
☐ Asthma/Use of Inhaler ☐ Allergy other ☐ Heart Condition
☐ Anemia ☐ Epi-pen ☐ Scarlet Fever
☐ High Blood Pressure ☐ Drug Sensitivity ☐ Skin disorders
☐ Low Blood Pressure ☐ Stomach ☐ Bone/joint disease
☐ Colitis ☐ Hepatitis ☐ Rheumatic Fever
☐ Eye/ear/nose throat infections ☐ Bleeding disorders ☐ Menstrual Disorders
☐ Bleeding disorders ☐ Bipolar disorder ☐ Anxiety/Depression
☐ ADD/ADHD ☐ Bulimia/Anorexia ☐ Hearing Impaired

Other: ___________________________ Describe: ___________________________

Updated 09/09/2015
Do you have or have you had any physical (temporary or permanent) or emotional problems of which the College should be aware of while you are traveling?  □ Yes  □ No  
If yes, please describe: ____________________________________________________________

Do you anticipate needing any health care or counseling while abroad?  □ Yes  □ No

Are there any prescribed or over the counter medications that you require?  □ Yes  □ No  
If yes, indicate the medication, what you use it for, the dose taken (amount) and the frequency you take it (how often). ____________________________________________________________

Are you allergic to any medications?  □ Yes  □ No
Are you allergic to any food?  □ Yes  □ No
Are you on a restricted diet?  □ Yes  □ No

If yes, list all allergies/sensitivities to medications and or food: ____________________________________________________________

Have you been hospitalized within the past 12 months for any reason?  □ Yes  □ No  
If yes, please describe the reason for the hospitalization and the outcome: ____________________________________________________________

I certify that all responses made on this Health History Questionnaire are true and accurate, and I will notify the program director hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that this form is for information purposes only and in no way implies that the program director, Molloy College, its agents or employees take responsibility for my health.

Student Signature: ___________________________ Date: ___________________________

Molloy College Office of International Education
1000 Hempstead Ave., Rockville Centre, New York 11571
310 Public Square
T: (516) 323-3952 ♦ F: (516) 323-4986
This Study Abroad Contract will guide and inform Molloy College Students of certain required policies and procedures regarding study abroad.

I. Conditions for Enrollment

The undersigned is a student duly enrolled in a Molloy College approved study abroad program for which credit may be granted upon successful completion of the program. The undersigned understands that he or she must deliver to the Office of International Education an executed copy of this study abroad contract at the time of application.

In order to travel, a student must have completed their freshman year at Molloy College (2 Semesters). If they are a transfer student, they must have completed one full Molloy College semester and be of second semester sophomore standing.

A. Behavioral Responsibilities

The undersigned is aware of the expected behavioral responsibilities while participating in this program. As a guest in a foreign country, there are certain behaviors that are considered unacceptable and could lead to possible disruption of the program. The undersigned hereby assures the College that he/she shall conduct himself/herself in an appropriate manner which does not infringe upon the customs and morals of the country in which the program is being conducted, nor upon the rights and safety of other participants in the program. Behavioral responsibilities shall be applicable during the course of the program both when in the company of other program participants and when the undersigned is physically separated from other program participants.

The undersigned is also expected to comply with all of the College’s policies and procedures, as outlined in the Student Handbook, and obey all local, state, federal, international and foreign country laws while away from campus. The undersigned understands that while away from the College’s campus on either a domestic or international study abroad program, disciplinary action may be taken by the College against an individual(s) accused of violating college policies or civil/criminal laws.

Illegal Drugs: The undersigned understands that the use or possession of illegal drugs during the program is cause for immediate dismissal from the program without refund. In addition all costs to return to the United States must be paid by the undersigned.

Violent/Disruptive Behavior: The undersigned acknowledges that violent and excessively disruptive behavior is cause for immediate dismissal from the program without refund. In addition all costs to return to the United States must be paid by the undersigned.

Alcohol Consumption: The undersigned is aware that in the majority of program countries, the legal age for alcohol consumption is 18. As such, it will be the student’s responsibility to ensure that he/she behaves in an appropriate and respectable manner. As a representative of Molloy, the student is expected to avoid excessive consumption of alcohol, and to exercise due caution when drinking. Students who abuse alcohol or create a disturbance because of alcohol consumption will be subject to termination from the program. In addition all costs to return to the United States must be paid by the undersigned.

Curfew: Because our trips are educational and every student is required to attend a morning meeting, the College has set a 1:00am curfew for all students. At the discretion of the chaperones, this curfew is subject to change.

Sexual Activity: The undersigned is aware that all students participating in this program bear full responsibility for their own sexual behavior. Since even protected sexual activity can result in unwanted pregnancy and the transmission of sexual disease, students are advised to refrain from all sexual activity while they are in the program.

Student Initials

B. Academic Responsibilities:

The undersigned agrees to the following policies and procedures relative to academic matters:

Pre-Departure Meetings: There will be 2-3 mandatory pre-departure meetings that will be established prior to the date of application.

Student Initials

Updated 09/09/2015
Class Attendance: The undersigned acknowledges and understands that the student is required to attend all regularly scheduled classes, take all examinations and complete all assigned work. The student is responsible for ensuring that the requirements for classes to which he/she is enrolled are fulfilled according to the specification of the course instructor. Failure to complete required assignments for a particular course may result in a failing grade for the class.

Grades: Grades for programs developed by the Office of International Education (i.e., Summer Program in European Culture and Society) are awarded by course instructors based on their evaluation of the student’s scholastic achievement, and according to the grading system specified in the Molloy College Catalogue. Grades for participants on Molloy Affiliated or Molloy Approved Programs (i.e., semester/year abroad programs) will be awarded according to the policies and practices of the sponsoring institutions and organizations. Those grades will then be evaluated by International Education Coordinator of the College, and an equivalent Molloy grade will be recorded on the student’s transcript. Please note that if you do not complete all course assignments that are part of the program (i.e. onsite assignments such as journals, essay’s, etc.) your grade will be changed accordingly after the completion of the program.

C. Financial Responsibility:
The undersigned agrees to the following policies and procedures regarding financial responsibility:

Program Fees: Students enrolled in a Molloy study abroad program are responsible for the applicable program fee, which may include tuition, room and board, and other expenses as outlined in the program information. Students enrolled in programs from other sponsoring institutions or organizations are similarly responsible for all mandatory fees as established by such institutions or organizations.

- In order to participate in a Molloy College International Education Program you cannot have a pre-existing balance on your Molloy College account.
- A non-refundable $300.00 deposit is due upon receipt of the completed International Education application packet.
- 100% of the total cost of the trip is due 90 days prior to the departure date. If you do not submit 100% of the total cost 90 days prior to the departure date, you will be removed from the trip.
- If you are participating in the credit bearing International Education Program your tuition bill must be paid 65 days prior to the program departure date. It is the responsibility of the undersigned to receive this Bursar clearance.
- If you are using a loan to pay for the trip, written proof of the loan and loan amount must be provided at the time of application. It is the responsibility of the undersigned to apply for all loans in the Financial Aid Office.
- Please be advised that due to the fluctuation of fuel prices and Euro/Dollar exchange rate, there may be a surcharge at the time of final payment.

Cancellation Policy:

Please be advised that the following policy will apply in regard to cancellation penalties:

- The $300.00 program deposit is non-refundable.
- In addition to the non-refundable deposit there is a penalty of $300.00 for air, hotel and tour cancellation if written cancellation is received 120 days to 91 days before trip departure.
- A penalty of 100% of the total cost of the trip* will be incurred if written cancellation is received 90 days or less before the trip departure.
  *The total cost of the trip includes the International Education fee and all air, hotel, and tour costs.

Involuntary or Voluntary Withdrawal: The undersigned acknowledges that return passage and all other expenses occasioned by a participant’s involuntary or voluntary withdrawal from the program will be the sole and exclusive financial responsibility of the student concerned. The undersigned is aware that the chaperones have the authority, with the consultation of the Director of International Education, to withdraw a student whose conduct or academic standing warrants such a step.

To facilitate this, all students are required to carry a credit card (MasterCard or Visa) with access to at least $2,000 with them.

Student Initials

Updated 09/09/2015
D. Safety Issues:

The undersigned understands the following rules and regulations regarding the student's safety while abroad:

**Travel:** Fall, Winter, Spring and Summer Abroad programs typically include organized site seeing and field trips. Please be aware that on daily excursions, there is the potential to walk 5-6 miles a day. Sneakers are recommended. Students are not permitted to travel alone on any short-term program.

**Vehicle Usage:** The College prohibits students owning, renting, or operating vehicles, including but not limited to vespas, motorcycles, scooters, and segways, while participating in any study abroad programs. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles in foreign countries extremely hazardous. Insurance requirements, or other financial responsibility laws, vary from country to country. **Please be advised if you go against this policy, the undersigned recognizes that Molloy College assumes no financial responsibility for legal aid, or for the care of the participant should he/she be involved in an accident while operating a motor vehicle.**

**Medical Care:** If I currently have, or if I develop a condition requiring medical care, I understand that I am solely responsible for obtaining the medical treatment I need. If I currently have a medical or psychiatric condition, I affirm that I have spoken with my doctors, informed them of the travel and other activities which will be part of this educational and travel experience, and they have informed me that there is no medical or psychiatric reason which would preclude my participation. While the College’s representative will assist in every reasonable way in obtaining these services, I understand that the College has neither the ability, nor the responsibility, to provide medical assistance.

________________________________________
Student Initials

As indicated on my original application I have alerted the following person who is over 21 years of age, (Name) (Relationship) of my travel plans. He/she has agreed that in case of an emergency such as hospitalization, he/she will be available to come at his/her own expense and help me to get home. In recognition of this agreement, this person will sign and have notarized the Responsible Person Acknowledgement Form.

Student Signature: _______________________

II. Memorandum of Understanding

This __________________________ day of __________________________, 20 ______

(Day) (Month) (Year)

I have read and understand the above provisions and agree to be bound thereby. I also grant my permission for the Office of International Education of Molloy College to disclose personally identifiable information in case of emergency:

Student Signature

Signature of Parent or Guardian for students under 18 years of age.

Molloy College Office of International Education
1000 Hempstead Ave., Rockville Centre, New York 11571
310 Public Square
T: (516) 323-3952 ♦ F: (516) 323-4986

Updated 09/09/2015
The purpose of this form is to aid in the student’s understanding of the appropriate procedure for securing financial aid to be used towards an International Education program in a timely matter. Please note this is not an application to apply for any form of financial aid.

If you will be receiving financial aid to help pay for a program, please fill out this form in its entirety, including obtaining Financial Aid’s signature, and return it to the Office of International Education (PS 310).

Student’s Name: ______________________________________ Molloy College ID#: ____________________

Telephone Number: (______) __________________________ E-mail Address: ______________________________________

Current Permanent Address: ________________________________________________________________

_____________________________________________________________________________________

International Education Program: ______________________________ Dates of Program: ________________

Please Note:  SAP 100 – eligible for federal aid only
SAP 110 – eligible for federal, state and institutional aid

I have spoken with a Molloy College Financial Aid Representative regarding applying for financial aid, and I understand that it is my responsibility to follow up with Financial Aid regarding the status of my application. I also understand that the total cost of my program is due to the Office of International Education 90 days prior to my program’s departure date. If I do not submit the final payment 90 days prior to my program’s departure date, I understand that I will be removed from the program.

Yes, I applied for Financial Aid and will be receiving the following amount:

- Grants $________________
- Scholarships $________________
- Loans $________________

Date Financial Aid will be disbursed (MM/DD/YYYY): ______________________________

Student’s Signature: ______________________________ Date: ______________________________

Financial Aid Officer’s Name (Print): ________________________________________________

Financial Aid Officer’s Signature: ______________________________ Date: ______________________________
Office of International Education
Responsible Person Acknowledgment Form

I understand that (student’s name) ___________________________ is preparing to travel on an International Education Program through the Office of International Education at Molloy College. It is my understanding in the event of a medical or psychiatric emergency the College and its representative(s) will assist in every reasonable way to obtain medical help. While the College’s representative will assist in every reasonable way in obtaining these services, I understand that the College has neither the ability, nor the responsibility to provide medical assistance.

If (student’s name) ___________________________ currently has, or if he or she develops a condition requiring medical care, I understand that I am solely responsible for obtaining the medical treatment needed, and the College representative will help me to the best of their ability.

(Student’s name) ___________________________ has indicated on their original application that I will travel at my own expense and assist them in case of an emergency such as hospitalization or sickness.

________________________
Responsible Person’s Signature

________________________
Name of Responsible Person (please print)

________________________
Relationship to Student (please print)

STATE OF _______________ , COUNTY OF _______________ , ss.:

On the _____ day of ________, 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared _______________ , personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

________________________
Notary Public Signature

________________________
Notary Public Stamp

Molloy College Office of International Education
1000 Hempstead Ave., Rockville Centre, New York 11571
310 Public Square
T: (516) 323-3952  F: (516) 323-4986

Updated 09/09/2015
Students on this trip are expected to:

1. **Be respectful of the people and cultures you encounter.** Have your best manners on display at all times. This means listening attentively to all presentations and being positively engaged during excursions.

2. **Watch out for each other and treat each other with kindness and courtesy.** When we travel as a group we are committed to ensuring each other’s safety and comfort. Make an effort to make sure that everyone feels included and no one is left behind. We require students to travel in the company of at least one other student in the group at all times.

3. **Be aware of how your decisions affect yours and the group’s ability to participate fully in the program.** Students who drink to excess and stay out late do themselves a disservice.

4. **Be aware of how your decisions might compromise yours and others safety.** Use common sense in this and all things. Do not go off alone in the company of strangers. Do not invite strangers up to your rooms. We will begin with the assumption that our students are adults and will make good choices. If we find that this is not the case we will impose an earlier curfew and monitor your behavior more strictly.

5. **Be present and on time for all meetings outlined on the itinerary.** If you are not on time we will leave without you. If delayed by unforeseen circumstances, contact your group leader.

The following behaviors are grounds for students being sent home at their own expense:

- Excessive drinking/carousing/staying up late to the point that you cannot participate fully in the program and/or are a danger to yourself or others.
- Failure to participate in the activities of the program.
- Tardiness/absence to the point that the chaperones have to waste time keeping track of you.

I agree to abide by this conduct code, and I understand that I can be sent home at my own expense at the discretion of the chaperones.

I will invest my time, energy, and good will to contribute to a positive learning experience for everyone.

Name (Print): ________________________________

Signature: __________________________________

Date: ________________________________
Office of International Education
Faculty Recommendation Form

[Students Only] Two (2) recommendations are required for each trip. If you have previously traveled as part of an International Education Short-Term Program, 1 of your 2 recommendations must come from a former chaperone.

Student Name: ____________________________________________

# semesters at Molloy: ____________________________________________

Major: ____________________________________________

Current year: ____________________________________________

Short-Term Program: ____________________________________________

Date of Short-Term Program: ____________________________________________

Former Short-Term Program (if applicable): ____________________________________________

Date of Former Short-Term Program (if applicable): ____________________________________________

[Faculty Only] Based on your experience and interaction with the above student, would you recommend this student to travel abroad with the Office of International Education? PLEASE BE SPECIFIC. Please enclose this form in a sealed envelope, sign the seal, and return to Professor Kathy Reba in PS 310.

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Faculty Name (Print): ____________________________________________

Signature of Faculty: ____________________________________________

Date: ____________________________________________

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Updated 09/09/2015
[Students Only] Two (2) recommendations are required for each trip. If you have traveled as part of an International Education Short-Term Program, 1 of your 2 recommendations must come from a former chaperone.

Student Name: ____________________________________________
# semesters at Molloy: ____________________________
Major: ____________________________
Current year: ____________________________
Short-Term Program: ____________________________
Date of Short-Term Program: ____________________________
Former Short-Term Program (if applicable): ____________________________
Date of Former Short-Term Program (if applicable): ____________________________

[Faculty Only] Based on your experience and interaction with the above student, would you recommend this student to travel abroad with the Office of International Education? PLEASE BE SPECIFIC. Please enclose this form in a sealed envelope, sign the seal, and return to Professor Kathy Reba in PS 310.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Faculty Name (Print): ____________________________
Signature of Faculty: ____________________________
Date: ____________________________
Office of International Education
Physical Form

Major ____________________

Last Name ___________________ First Name ___________________ Molloy ID# ____________
Maiden Name ________________ Date of Birth ________________
Address ________________________ Male ______ Female ______

Phone ________________________

Tuberculin Test (PPD intradermal only) [MUST BE READ 48 – 72 HOURS LATER]
Date Implanted: ______________ Read: ______________ Result: ______________
If Positive, a Chest x-ray report must be submitted. Date: ______________ Result: ______________

IMMUNIZATION INFORMATION

Diptheria/Tetanus/Pertussis
(Must have been administered within the past ten [10] years) Date: ______________

Hepatitis B Vaccine: 1) Date ______________ 2) Date ______________ 3) Date ______________

DECLINATION STATEMENT
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been informed of the need to be vaccinated with Hepatitis B Vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Name (Print): ________________________________

Date: ___________________ Signature: ________________________________
I certify that ________________________ is in good health as determined by a recent physical examination of sufficient scope to ensure that he or she is free from health impairments, including habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter individual behavior. I verify that this student is medically capable of handling the stress/rigors of travel.

I have identified the following:

B.P.: ___________________ Health History __________________________

Vision: ___________________ Hearing: __________________________

Allergies: __________________________

Illnesses: __________________________

Injuries: __________________________

Please specify any activity restrictions that apply:

________________________

Current Medications:

________________________

Disabilities: Please describe

________________________

Name of Health Care Provider:

________________________

(Stamp Is Required)

Address: __________________ Phone: __________________________

Date: __________________________

HEALTH CARE PROVIDER
SIGNATURE:

________________________

RELEASE OF HEALTH RECORDS

I, the undersigned, authorize release of information from my Health Record.

PLEASE SIGN BELOW:

SIGNATURE: __________________ DATE __________________

Updated 09/09/2015
Office of International Education
What to Pack for a Short-Term Trip

☐ One checked suitcase (medium size) with wheels (16” X 20” and under 50 pounds)
☐ One carry-on bag (check with airline for carry-on size restrictions)
☐ Passport
☐ Molloy Student ID
☐ Supply of any needed medication (prescription or over the counter – these medicines MUST be in their original containers & packed in your carry on)
☐ Toiletries (travel sized)
☐ Glasses/Contacts/Contact Solution
☐ Notebook/pens (for journaling)
☐ Suitcase Lock (Do not lock suitcase on airplane, only lock in hotel)
☐ ATM/Debit Card & Non-American Express credit card
☐ Clothing
  ☐ Comfortable walking shoes (a lot of walking – potentially up to 6 miles daily)
  ☐ Umbrella and rain coat
  ☐ Wash Cloths (some foreign countries do not supply wash cloths)

Optional Items:
☐ Converter and adapter
☐ Travel guide
☐ Sunscreen
☐ Extra empty bag (flat duffel, nylon)
☐ Battery powered travel alarm clock

Money

- The best way to manage your money while traveling overseas is by carrying your ATM/Debit card (Visa or MasterCard) that way you may withdraw money directly from ATM’s while overseas. The banks will convert your American dollars by averaging the conversion rates of the month.
- Leave bank information with someone at home. If anything were to happen to your card or if you need money for an emergency it will be easier for someone who is home to help at your bank branch in NY.
- It is a good idea to scale down your wallet. Only bring your ID, insurance card, school ID, and credit/debit cards.
- You must check with your bank individually to make sure that your ATM/Debit card will work in the specific countries you are visiting. Also make sure you ask your bank if they charge conversion fees or any other fees for international transactions.
- If you have a credit card that you plan on bringing, please request the 4-digit PIN number for emergency use of the card. Please Note: The pin must be requested prior to departure because they will not give you the number over the phone.
• It is a good idea to exchange 50 USD to foreign currency at your own bank prior to departure. The airport does have banking facilities but they do charge a conversion fee. There will not be time to exchange money upon arrival overseas. This will be useful upon arrival if you want to buy a soda, coffee, etc.

Packing

• It is a good idea to bring comfortable clothing for your trip. Most days will consist of a lot of walking, bus travel, and museum visits. Because of this comfortable shoes are very important. Please do not wear sandals or flip flops on daily excursions.
• You may wish to bring some nicer clothes and a pair of dress shoes or sandals for dinnertime. Do not bring more than a couple of nice outfits you will not need them.
• Remember when packing you are responsible for carrying all your belongings to/from buses, hotels and airports. DO NOT bring anything you cannot carry yourself.

Electronics

• We recommend that every student bring a cell phone on the trip. You can call your cell phone carrier and inquire about international cell phone access with your current phone. You can also purchase an international cell phone and SIM card before you depart through PicCell Wireless. You can contact PicCell at their toll free number: 1 (877) 235-5742.
• Today most electronic equipment only requires an adapter. Please check with your cellular phone carrier and the manufacturer of your camera or computer equipment.
• Most hotels have hairdryers and therefore, we advise not to bring one.
• You can find converters, adapters and extra fuses at Radio Shack, Bed Bath and Beyond, or similar stores.

Students are highly discouraged from wearing/bringing items of great value. Students wishing to wear jewelry or bring cameras or laptops do so at their own risk. International Education Coordinators and Molloy College are not responsible for any lost or stolen items.

• Additional Traveling Tips
  • Bring a small bag for personal items. Backpacks will have to be checked at all major museums, which will be time consuming. Women – use your carry-on bag as a purse, and pack a flat purse in your suitcase to use throughout the trip.
  • Try not to eat out of the refrigerator in your hotel room. You will be amazed how quickly the cost of these items adds up, and you must pay for those items at checkout. If you need water or snacks, pick them up at a local convenience store and bring them back to the hotel.
  • Sexual aggressiveness can be a reality for women while traveling. Please never venture out on your own, be sure to take a buddy as you explore the sites and restaurants. Please, never leave someone behind as your group goes on in search of new activities.
  • Pickpockets are a reality of traveling anywhere. Always be aware of your surroundings, do not engage in conversation with strangers. Use a large safety pin to secure your pocket against pick pocketing.