CUNY-Sponsored International Travel Waiver and Release Packet

You must complete and return this form if you are studying abroad on one of these types of programs:

1. A **Baruch-sponsored study abroad program** (such as the Salamanca program)
2. A **Baruch Exchange** (such as the Baruch-Berlin Exchange, Baruch-Yonsei Exchange, etc.)
3. **Directly Enrolling** in an institution abroad

You will not receive your Study Abroad Permit until the Study Abroad Office has received all required documents. If these documents are not on file by the final day of the semester prior to your study abroad, your approval to study abroad will be cancelled, and you will receive no credit for any work done abroad. You may also forfeit any program fees you have paid.

The “CUNY International Travel Guidelines,” adopted by the CUNY Board of Trustees, requires CUNY students studying abroad to complete certain documents and provide certain information in order to be eligible to study abroad for CUNY credit.

This packet contains the following documents, which must be submitted to the Study Abroad Office before you may study abroad:

1. **Study Abroad Program Information Sheet**
2. **Certification of Insurance Coverage**
3. **Emergency Contact Information and Waiver and Release Form**
4. **Study Abroad Waiver and Release Agreement (requires notarized signature(s))**
5. **Medical Report Form (requires original signature and stamp of health care professional)**

Please complete (or have completed) all documents in this packet and bring them in person to the Baruch College Study Abroad Office:

Baruch College Study Abroad Office
Weissman Center for International Business
137 East 25th Street, 8th Floor
New York, NY 10010
Tel. (646) 312-2090; Fax: (646) 312-2071
Email: study.abroad@baruch.cuny.edu

Please note:

If a student requires any reasonable accommodation in order to participate in the program, he/she must register with the Office of Student Disabilities if he/she has not already done so. Please consult the website at http://www.baruch.cuny.edu/studentaffairs/disabilityServices.htm.

If a reasonable accommodation is requested, we will review the reasonableness of requested accommodation in light of the requirements of the program, the supporting documentation, and the availability of resources domestically and abroad.
1. STUDY ABROAD PROGRAM INFORMATION SHEET

Please complete the following information about your Study Abroad Program. “Study Abroad Program” (capitalized) refers to any approved credit-bearing study abroad opportunity, including Baruch College exchanges, CUNY-wide exchanges, Baruch or other CUNY-College sponsored short-term or semester study abroad programs (such as Brooklyn College-sponsored China program), study abroad through independent non-CUNY providers (such as SUNY, Arcadia University, Academic Programs International, etc.) or direct enrollment at a foreign university or other institution of higher education.

TO BE COMPLETED BY STUDENT:

Last name ___________________________ First name __________________ ID XXX-XX-__________

Study Abroad Program: ____________________________

Type of Study Abroad Program: □ Baruch-sponsored Study Abroad Program
□ Baruch/CUNY exchange
□ Study Abroad Program sponsored by a CUNY College
□ Study Abroad Program sponsored by a non-CUNY provider
□ Direct enrollment

Sponsor of Study Abroad Program __________________________________________________________

Country/Countries of Study Abroad Program ________________________________________________

City/Cities of Study Abroad Program ______________________________________________________

Dates of Study Abroad Program (including travel to and from destination) ________________________

Contact telephone number of Study Abroad Program for duration of program: ________________________

Is there a State Department Travel Warning/Travel Alert in effect for your destination(s)? □ Yes □ No

Is there a Centers for Disease Control and Prevention travel notice in effect for your destination(s)? □ Yes □ No

_____________________________ signature ______________________________ date

Please fill out, sign and date the top portion of this document only and submit it to the Study Abroad Office

TO BE COMPLETED BY THE DIRECTOR OF STUDY ABROAD AND PROVOST

Participation of the student named above in the program named above approved by:

_____________________________ ______________________________
Dr. Richard Mitten Date
Director of Study Abroad, Baruch College

International Travel by the student named above for the program named above approved by:

_____________________________ ______________________________
Provost, Baruch College Date

1 If there are any advisories, please notify your Student Affairs office (graduate students) or Study Abroad office (undergraduate students) as soon as you are aware of the advisories so that your travel can be reviewed by the University Office of Academic Affairs and the University Office of Environmental, Health, Safety and Risk Management. Please see http://travel.state.gov/travel/travel_1744.html.

2. CERTIFICATION OF INSURANCE COVERAGE

To be completed by all Baruch College students approved to Study Abroad

Health and accident insurance coverage is required of all Baruch College students who study abroad. The coverage of the policy you purchase, or is purchased on your behalf as part of the program fee of your Study Abroad Program, must include basic medical, accidental death, dismemberment, emergency evacuation and repatriation of remains.

If you are studying abroad on a program sponsored by a CUNY College or another provider, your program fee might include a health and accident insurance policy. Check with your provider to find out whether or not you must purchase insurance for yourself.

If you are studying abroad on a Baruch or CUNY exchange, or directly enrolling in a foreign institution, you must purchase a health and accident insurance policy before you may receive your Study Abroad Permit. Baruch College does not currently recommend a specific insurance carrier but many carriers offer policies that are designed especially for students studying abroad. You should examine the various policies available and choose the insurance policy that best suits your needs.

Please note: If you plan to travel before your Study Abroad Program begins, or after it concludes, you should be covered the entire period you will be abroad. If the insurance purchased for you by your Study Abroad Program provider does not cover the entire period, you must purchase additional short-term coverage yourself for this additional period. You must also comply with any additional insurance requirements of the host country of your Study Abroad Program.

Please complete, sign and return this form to the Baruch College Study Abroad Office. Please note: you will not be issued a Study Abroad Permit by the Baruch College Registrar’s Office until this form has been received by the Study Abroad Office.

Name (please print or type): ______________________         __________________________
                        (last name)   (first name)

Program name:___________________________________ Host institution:  ______________________________

Country of Program: ________________  City of Program: _______________  Dates of Program: ______________

Program sponsor (check one):
☐ CUNY College (name): ________________________________
☐ Other provider (name): ________________________________
☐ Direct enrollment

Please check appropriate box:
☐ A policy providing adequate health and accident insurance is included in the program fee of my study abroad program
☐ The program fee of my study abroad program does not include insurance; I will be purchasing insurance privately
☐ I am studying on an exchange program or through direct enrollment and will be purchasing insurance privately

Insurance Policy Information

Please complete the following information. You are required to attach to this form a photocopy of the receipt of the policy you purchased or evidence that the sponsor of your study abroad program is providing insurance for you.

    Insurance company: __________________________________________
    Address: __________________________________________________
    Policy Number: __________________________
    Dates of Enrollment: __________________________

I hereby certify that I have obtained health and accident insurance coverage for the entire period I will be abroad, both while studying on the program and during any additional period of travel I may undertake before or after the program.

__________________________________________________                   ___________________
                      Student’s Signature (please sign in BLUE ink)             Date

__________________________________________________                   ___________________
                      Parent’s/Guardian’s Signature (ONLY if student is under 18 years of age)       Date
3. EMERGENCY CONTACT INFORMATION AND WAIVER AND RELEASE

I, _______________________________ hereby authorize Baruch College to notify the following individuals in case of emergency and to release information regarding my health or legal status in order to secure assistance necessary to my well-being:

1st Contact
Name: ____________________________________________ Relationship: ____________________________________________
(First name)   (Last name)
Address: ____________________________________________ ____________________________________________ ____________________________________________
(Street)     (City)   (State)   (Zip)
Phone 1: ___________________     Phone 2: _________________ email address: ________________________________

2nd Contact
Name: ____________________________________________ Relationship: ____________________________________________
(First name)   (Last name)
Address: ____________________________________________ ____________________________________________ ____________________________________________
(Street)     (City)   (State)   (Zip)
Phone 1: ___________________     Phone 2: _________________ email address: ________________________________

3rd Contact
Name: ____________________________________________ Relationship: ____________________________________________
(First name)   (Last name)
Address: ____________________________________________ ____________________________________________ ____________________________________________
(Street)     (City)   (State)   (Zip)
Phone 1: ___________________     Phone 2: _________________ email address: ________________________________

Signed: ____________________________________________ Date: ___________________
(please sign in blue ink)

Please submit this form with original signature directly to the following address:

Baruch College Study Abroad Office
Weissman Center for International Business
137 East 25th Street, 8th Floor
New York, NY 10010
4. STUDY ABROAD WAIVER AND RELEASE AGREEMENT

To be completed and signed by the participating student and notarized; if under 18, the form must also signed by her/his parent or legal guardian and notarized.

This is a release. Read before signing!!

I wish to participate in the Study Abroad Program listed above on the Study Abroad Program Information Sheet (hereinafter referred to as “the Activity”), and in consideration for being permitted to participate in the Activity, I hereby represent and agree as follows:

1. I understand that participation in the Activity involves risks not found in study at the College, including risks involved in traveling to and within, and returning from, the Activity site(s). These include risks involved in traveling to and within, and returning from, one or more 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 attached U.S. Department of State Country Specific Information (and Travel Warnings and/or Travel Alerts, if any) that I have received and reviewed carefully. I understand that there may be other risks not known or reasonably foreseeable. I accept all of these risks and voluntarily elect to participate in the Activity.

2. I understand that while I have made every reasonable effort to assure my safety while participating in the Activity, there are unavoidable risks, and I hereby release and promise not to sue the City of New York, the State of New York, the College, the University, and the officers, employees, agents, or representatives of any and all of them (“Released Parties”) for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Activity, except for such claims, damages or losses may be caused by the gross negligence or willful misconduct of any of the Released Parties. It is my express intent that this Release bind my heirs, assigns, and personal representatives.

3. I represent that my statements herein are accurate and complete and that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release, I have the right to consult with the adviser, counselor, or attorney of my choice.

4. I understand that each foreign 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 likely requires a standard of behavior that may differ from that applicable on campus. 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 and the Henderson Rules of Public Order (collectively, “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. 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 do 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.

5. I hereby release each of the Released Parties from any and all claims, damages, injuries (including death), or loss that arises at a time when I am not under the direct supervision of the 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 or to comply with the standards. I understand and agree that the University is not in any way responsible for my well-being with respect to any travel that I may choose to undertake before, during, or after the Activity.

6. 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 the host institution or service providers, including those who provide transportation, tour, dining or sleeping accommodations.

7. I have no known physical or health-related reasons or problems that preclude or restrict my participation in the Activity. 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, and I hereby release each of the Released Parties from any and all claims, damages, injuries (including death), or loss arising out of my failure to disclose such conditions or problems.

8. I have or will obtain and maintain health, accident, disability, hospitalization, property and travel insurance as required by the College and have or will obtain and maintain the same health, accident, disability, hospitalization, property and 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. I will be responsible for the costs of such insurance and for any expenses not covered by insurance.

9. 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.

10. 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.

11. I will not hold myself out as having the power or authority to bind or create liability for the College or the University.

12. I agree that should any provision or aspect of this International Travel Notification, Waiver, and Emergency Contact Form be found to be unenforceable, that all remaining provisions will remain in full force and effect.

13. The waiver and release herein represents my complete understanding with the College and the University concerning its 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.

14. I am printing my contact information below:

   Name of Participant: ___________________  CUNY ID: ___________________

   Local Address: ____________________________

   City: ___________________ State: ______  Zipcode: ____________

   Cell Phone: _______________ Email address: __________________________
The names and contact information of my emergency contacts are given above on the Emergency Contact Information And Waiver And Release form: These should be notified in case of emergency.

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 and completed this Study Abroad Waiver and Release form carefully, and I am signing it voluntarily in the presence of a notary.

Date: ______________________  Signature: ____________________________________________

STATE OF ______________________  )
    ) ss.:  COUNTY OF ______________________

On this _____ day of ____________, 201__, 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

If participating student completing and signing this 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 my child _______________________________ 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 and policies and that failure to do so may subject the student to removal from the Activity.

4. I have read and understand this International Travel Participation, Waiver, and Emergency Contact 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 ____________________________ )
COUNTY OF ____________________________ ) ss.: ____________________________

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
MEDICAL REPORT FORM

NOTE: The information on this form will be kept confidential and will only be used for purposes of assessing your ability to safely participate on a study abroad program, with or without a reasonable accommodation. Please note: If a student requires any reasonable accommodation in order to participate in the program, he/she must register with the Office of Student Disabilities if he/she has not already done so. Please consult the website at http://www.baruch.cuny.edu/studentaffairs/disabilityServices.htm. If a reasonable accommodation is requested, we will review the reasonableness of requested accommodation in light of the requirements of the program, the supporting documentation, and the availability of resources domestically and abroad.

To be completed by the student applying to study abroad:

Applicant’s Name _________________________ __________________________
(Last name)       (First name)
Date of Birth ____________   Country or countries in which student will be studying ____________________________________

To be completed by the examining physician:

To the Examining Physician: The above named student has been accepted to participate in an overseas academic program. The student will live and study for a summer, month, semester or year in the country or countries noted above. All participants in study abroad programs are required to have immunizations recommended by the US Public Health Service for the countries to be visited. This report should be based upon an examination made within six months prior to the student’s departure abroad.

Please indicate your relationship to the student. Note that a report completed by a parent-physician is unacceptable.

_____ Family Physician _____ Other (please describe)_________________________________

Applicant’s weight _________   height _____

If the answer to any of the following questions is YES, please give details on the reverse side or on a separate sheet. Please detail any reasonable accommodation that may be needed to enable the student to participate in the program and the medical basis for the reasonable accommodation. If a student requires any reasonable accommodation in order to participate in the program, he/she must register with the Office of Student Disabilities if he/she has not already done so.

1. Does the student have any physical or emotional disabilities that might affect the student’s ability to participate in the program or that may be exacerbated through change of diet, change of climate or surroundings, carrying the applicant’s own luggage, or strenuous travel?         _____Yes       _____ No

3 A reasonable accommodation for the purposes of this form is a modification or adjustment to the environment that can be made to remove barriers to academic opportunities which does not cause undue hardship to Baruch College. Reasonable accommodations are based on a qualified disability or impairment. A qualified disability or impairment is a physical, medical, mental, or psychological impairment, or a history or record of such impairment, including being regarded as having impairment.
2. Does the student have any dietary restrictions, food allergies, or other allergies that might affect the student’s ability to participate in the program? _____Yes _____ No

3. Does the student have any speech, hearing or visual impairment that might affect the student’s participation in the program? _____Yes _____ No

4. Is there any existing health condition that may require treatment during the period of study abroad? _____Yes _____ No

If so, what is the condition and what treatment may be required? _________________________________________________
______________________________________________________________________________________________________

If there is any additional information which would be helpful in deciding this student’s ability to complete a study abroad or exchange experience with or without a reasonable accommodation, please include it on the reverse side of this sheet or on an additional sheet. A description of the program is attached for your review. If a reasonable accommodation is requested, The Office of Students with Disabilities will review the reasonableness of requested accommodation in light of the requirements of the program, the supporting documentation, and the availability of resources domestically and abroad.

Physician’s name (Please Print)________________________________________________

Signature__________________________________________________________________

Address: __________________________________________________________________
___________________________________________________________________

Please submit this form with original signature(s) directly to the following address:

Baruch College Study Abroad Office
Weissman Center for International Business
137 East 25th Street, 8th Floor   (if mailed: One Bernard Baruch Way J-0810)
New York, NY 10010
Baruch College

Office of Services for Students with Disabilities Information Packet

(EXCERPT)

Baruch is committed to making individuals with disabilities full participants in its programs, services and activities through compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008. It is the policy of the Baruch College that no otherwise qualified individual with a disability shall be denied access to or participation in any program, service or activity offered by the universities. Individuals with disabilities have a right to request accommodations.

Our Core Values

• Treat students as dignified individuals with rights and responsibilities

• Empower students to manage their own accommodations to the greatest extent possible

• Make information available so students can make informed choices

• Provides reasonable accommodations without lowering standards or changing the essential nature of a course or program

• Seeks to provide quality services in an efficient, effective, timely and professional manner
If you have a physical, psychological, or learning disability, Baruch College provides services through the Office of Services for Students with Disabilities (OSSD), a division of the Office of the Vice President for Student Affairs and Enrollment Management and Dean of Students. For more information contact Barbara Sirois, Director of Services for Students with Disabilities, 55 Lexington Avenue, Room B2-271, 646-312-4590. Email: Barbara.sirois@baruch.cuny.edu.

- Advocacy: an active process designed to make Baruch College’s systems more responsive to the needs of each individual served by the system
- Federal mandate 504 & Americans with Disabilities advocacy
- Pre-admission interviews & orientation
- Priority registration
- Tours as needed
- Modifications to academic requirements as necessary to ensure that such requirements do not discriminate against students with disabilities, or have the effect of excluding students solely on the basis of disability
- Room changes as needed for accessibility
- Reasonable modifications for exams
- Print materials available in alternate formats
- Provision of auxiliary aids: readers, writers, interpreters, note takers, science laboratory assistants, etc.
- Counseling for issues related to disability
- Outside referrals
- Assistive Technology Services
- Liaison with vocational rehabilitation