

Suffolk University
SIB 550 TC1 India
Fall 2011 Semester

Name _____ Student ID# _____

Suffolk Email _____ Phone: _____

Please submit this form along with your passport and \$500 seminar fee deposit and Registration form to Jackie Gerhold (617-573-8077), 8 Ashburton Pl., Sawyer 659

- Deposit must be a check or money order made out to SUFFOLK UNIVERSITY (NO CASH!)
- Please write your Suffolk ID number in the Memo section of the check.

Please read the following information, initial each statement and sign below if you accept these conditions

- ____ **I understand that students enrolled in this course CANNOT graduate in December and that I should NOT rely on this course for graduation.**
- ____ **I understand that this is a Fall 2011 course and will appear on my Fall schedule and will therefore receive an Incomplete until my grade is submitted during the Spring Semester.**
- ____ **I understand** that travel for this course will be over Winter Break in January 2012.
- ____ **I understand** that the \$500 seminar fee deposit is NON-Refundable, unless Suffolk University cancels the course.
- ____ **I understand** that the total seminar fee is not yet determined but will include airfare, visa, accommodations, and most meals
- ____ **I understand** that the Global Travel Programs has the right to assess and charge me for any portion of the seminar fee that they should pay on my behalf if I should for any reason to be unable to fully register due to extenuating circumstances outside of the travel programs office or should I choose to back out of the program at any point throughout the semester.
- ____ **I accept** that the following refund schedule will be applied should you decide to withdraw from the seminar after initial registration.
- **The remaining seminar fee balance will be billed in July, together with other tuition and fees for Fall semester 2011. At least 50% tuition, including the remaining seminar fee balance, will be due August 1; with the remaining balance due November 1; following standard University billing procedures.**
 - **The total seminar fee is non-refundable after October 1, 2011**
- ____ **I understand that tuition for this 3 credit course is in addition to the global travel seminar fee.**
- ____ **I understand** that Suffolk University reserves the right to make cancellations, changes or substitutions to the agenda, course, faculty, flight arrangements, and other services, in the case of emergencies or changed conditions as deemed desirable based on the interest of the group and academic quality of the course.
- ____ **I understand** that I am responsible for having proper USCIS paperwork including a valid passport to return to the US (International students only).
- ____ **I understand** that I am responsible for having proper health insurance coverage while abroad and ensuring that my health care coverage is extended to the country of travel
- ____ **I agree** to register for the itinerary and health section of the International SOS (internationalsos.com)

Signature _____ Date: _____

Student responsibilities:

1. Attend all scheduled class sessions.
2. Pay both tuition and the seminar fee for this 3 credit course.
3. Students are required to travel with the group departing from Boston and returning to Boston
4. Register with International SOS. Your professor will explain that you must complete both the travel section and the health care section.
5. Be on time at Logan with a valid passport for departure.
6. Maintain health insurance and carry your card. (Check to make sure health insurance covers you while you are in the countries visited on this travel seminar. You may want to consider purchasing supplemental insurance.)
7. Have your green card, if applicable.
8. Have your visa to study/work in the United States (International Students).
9. Have the immunizations for countries being visited. (Please check with your personal physician or with the Center for Disease Control, website www.cdc.gov.)
10. Have all documentation to enter all visited countries, as well as to re-enter the United States upon completion of the seminar.
12. While a participant of this course, students are fully subject to University rules, regulations, and policies. (You must adhere strictly to such rules, regulations and policies during your participation. There will be no refund for any students dismissed from the course.)
13. Students are responsible for obtaining and keeping safe passport, visa, money, traveler's checks, jewelry, and all other property.

Signature _____ **Date:** _____

As a student at Suffolk University, in order to participate in the travel seminar to _____, between _____, 2012 and _____, 2012, the undersigned student makes the following agreement;

The student recognizes there may be risks involved during the travel seminar. The nature of the risks may not always be readily ascertainable. Suffolk University is not prepared to analyze or make judgments of these risks for the student, nor is Suffolk University financially able to assume liability or legal responsibility for any damages suffered by a student arising out of any activities on the trip.

In addition, the University's general liability policy covers only the employee of the University and does not extend to students. Therefore, students are wholly responsible for their own actions and realize that the University will not provide coverage for any damage they may cause to others

The student hereby releases, disclaims and exonerates Suffolk University from any and all liability for any and all injuries, losses, damages, or other adverse consequences arising directly or indirectly from participation in the travel seminar, regardless of the source or nature of the cause thereof.

Print Name _____ Signature _____

Address: _____ Date: _____

Emergency Contact Information:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

**To be completed by the SBS Undergraduate Office:
CAS students MUST BE APPROVED by their CAS advisor!**

Major: _____ Year: Sophomore Junior Senior

GPA: _____ Comments: _____
(Minimum 2.5 GPA required)

UG Office Signature: _____ Date: _____

CAS Office Signature: _____ Date: _____