

**Suffolk University**  
**SIB 550 TC2 Italy**  
**Spring 2012 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 Place, 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 I should NOT rely on this course for graduation.

\_\_\_ **I understand that this is a Spring 2012 course and will appear on my Spring 2012 schedule**

\_\_\_ **I understand** that travel for this course will be during Spring Break, March 9-18, 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 will range from \$2,900- \$3,400 and will include hotel accommodations, ground transportation in Italy, most meals, cultural activities and business visits.

\_\_\_ I understand that the seminar fee DOES NOT include flight and that I am responsible for purchasing my own airfare.

\_\_\_ **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 by Student Accounts in December, together with other tuition and fees for Spring 2011 semester. At least 50% tuition, including the remaining seminar fee balance, will be due December 15; with the remaining balance due March 15; following standard University billing procedures.**

\_\_\_ **I understand that tuition for this 3 credit course is in addition to the global travel seminar fee.**

\_\_\_ **I understand** that should I withdraw from this course the university has the right to withhold any or all of the seminar fee to cover costs incurred.

\_\_\_ **I understand** that Suffolk University reserves the right to make cancellations, changes or substitutions to the agenda, course, faculty, flight arrangements (if applicable), 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](http://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 Milan & Como, Italy, between March 9, 2012 and March 18, 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: \_\_\_\_\_