



Dear Student,

Thank you for your interest in the “Summer Study for Teachers and Grads” program offered by the City College Study Abroad office in conjunction with InterDom Internships in the Dominican Republic. In this packet you will find:

- City College Application Form
- InterDom Application form
- Student Questionnaire
- A medical history form to be filled out by your physician (can be turned in after acceptance)
- Professor recommendation form
- Emergency Contact form
- City College Waiver and Release form (this must be notarized!)

Please fill out these forms and return them to Ninive Gomez at the City College Study Abroad office along with the following:

- A one-page statement on how the Program will help you meet your academic goals.
- Copy of valid Passport and supporting documents (visa, permanent residence card, etc.)
- Your class schedule, indicating times when you are free for an interview.
- Copies of transcripts from all colleges attended.
- A certified check or Money Order for \$300 made out to “City College”. (This will be refunded if you are not accepted into the Program or if the Program is canceled.)

Please remember that the application deadline is **June 22, 2012**, so don't delay!



Dominican Summer Study for Teachers and Grads Program Information

When: July 21 – August 18, 2012

Where: Santo Domingo, Dominican Republic

Credits: 6

Cost: to be announced

Application Deadline: Friday, June 22nd, 2012

The Study Abroad office at City College has partnered with InterRDom Internships in the Dominican Republic to offer City College students and professionals a special 4-week program in Santo Domingo, Dominican Republic. The program will take place from July 21st-August 18th and students will participate in an agenda of classes, activities and seminars highlighting a number of topics including, but not limited to: Caribbean culture and identity formation, religiosity, teaching the Caribbean in U.S. classrooms, bilateral Dominican-Haitian relations, among others.

Students will be housed in apartments located within walking distance of InterRDom's Santo Domingo headquarters in the central part of the city. Accommodations will be double-occupancy with a shared group kitchen and living space. Wireless internet and 24-hour security will be provided.

This program will be open to all CUNY graduate students, students of education and teachers and other professionals in the field of education.

Students interested in participating can complete an application and turn it in at the Study Abroad office, where information can also be collected regarding funding opportunities. Apply today!



The internship program, InterRDom, an initiative of Global Foundation for Democracy and Development ([GFDD](#)) and Fundación Global Democracia y Desarrollo ([FUNGLODE](#)), is the premier internship, research and academic study program in the Dominican Republic. It offers international students the opportunity to research important topics at the forefront of the United Nations agenda, obtain professional experience by interning with Dominican organizations and businesses related to their fields of study and/or earn academic credits by taking courses and seminars at a local university.



Application Form

Summer Study for Teachers and Grads		July 21 - Aug 18 2012			
Name:					
Last name:					
Sex:		Female Male			
E-mail:					
Telephone number(s):					
Cellular number:					
Address:					
City:					
Country:					
Nationality:					
Date of birth:					
Civil status:		Single Married			
University or Employer:					
Major and University year:					
Languages Spoken:					
Allergies (food, medication, etc.)					
Level of Spanish:		Basic Intermediate Advanced Don't know			
Signature:					
Date:					

STUDENT APPLICANT QUESTIONNAIRE:

How did you find out about this program?

Why are you considering the Dominican Republic? Have you ever traveled to another Spanish speaking country? Describe your experience.

What are your expectations about the country, the culture, the climate, the infrastructure, etc.?
How much do you know about life in the Dominican Republic?

What goals, including career goals, have you set for this experience abroad?

LANGUAGE:

How would you describe your level of fluency in the Spanish language (basic, intermediate, advanced, fluent)

Have you taken Spanish classes at your university?

Do you feel more comfortable reading, speaking or writing in Spanish?

ACADEMIC CONTENT:

What is your major/minor/concentration?

What interests you about the content of this program?

How will your participation in the program help you to accomplish your academic and career goals?



The City College of New York
Office of Study Abroad & International Programs



STUDY ABROAD & EXCHANGE PROGRAM APPLICATION FORM

Name _____ CUNY College _____

Program _____ Term/Year _____

College ID (SSN#) _____ Date of Birth _____

Permanent Address _____

Tel (____) _____ Tel (____) _____

E-Mail _____ Gender *Female* ____ *Male* ____

Country of Citizenship _____ Passport # _____

Current GPA _____ / 4.00

Enrollment Status *Freshman* ____ *Sophomore* ____ *Junior* ____ *Senior* ____ *Graduate* ____

Special Programs *Macaulay Honors College* ____ *SEEK* ____ *Skadden Arps* ____ *CWE* ____

Major(s) _____ Minor(s) _____

Funding *Federal Aid* ____ *Scholarship(s)* ____ *Opportunities Fund* ____

Applying for CUNY STOCS Award? *Yes* ____ *No* ____

- **Please read all application materials and program policies carefully.**
- **Students are advised to speak with their major advisors before applying to a study abroad or exchange program, no matter the length of the program.**
- **All application forms and supporting documents are to be filled out completely and returned to the Office of Study Abroad & International Programs in NAC 5/216.**
- **All program candidates must have met with an advisor before submitting the application.**
- **All students requiring a visa to enter the host country must get further instruction from the Office of Study Abroad and International Programs.**

Student's Signature _____ Date _____

RECOMMENDATION FOR STUDENTS APPLYING TO
CCNY STUDY ABROAD PROGRAMS

Name of Student _____

Name of Recommender _____ Department _____

1. How long have you known the student?
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 CCNY-sponsored international program. Please jot down some observations, in the space below, about the student's strengths and weaknesses in relation to his/her ability to participate successfully in this program. You may use an additional page or write a letter of recommendation instead, if you prefer to do so.

Recommender's Signature _____ E-Mail _____

Please seal and sign the back of the envelope if you are handing your recommendation to the student or return to:

*Mr. Kenneth Yanes, Associate Director or Ms. Ninive Gomez, Program Manager
The Office of Study Abroad & International Programs
160 Convent Avenue, City College of New York, NAC 5/216, New York, NY 10031
E: kyanes@ccny.cuny.edu, ngomez@ccny.cuny.edu
T: +1.212.650.8592 F: +1.212.650.5841*



The City College of New York
Office of Study Abroad & International Programs
EMERGENCY CONTACT FORM



Student's Name: _____

Address: _____

Day/Evening Phones: _____

E-mail: _____

Emergency Contact 1

Name: _____

Relation: _____

Address: _____

Day/Evening Phones: _____

E-mail: _____

Emergency Contact 2

Name: _____

Relation: _____

Address: _____

Day/Evening Phones: _____

E-mail: _____

**THE CITY COLLEGE OF NEW YORK, CUNY
STUDY ABROAD PROGRAM
PHYSICIAN'S STATEMENT**

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:

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.**

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.)

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

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

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

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

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

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

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.)

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:

I certify that the information above is accurate and complete.

Signature

Date

Applicant's Name

Program name and location

TO THE PHYSICIAN:

Please indicate if the student named above has a history of chronic or disabling physical conditions; any allergies which may require either continuing or emergency treatment; any special dietary restrictions; or any physical or emotional condition which might affect his/her well-being or that of fellow students while living or traveling outside the United States.

Please indicate the student's blood type, as well as the generic names for any prescription medicine the student requires which may not be readily available abroad.

PLEASE NOTE: There should be a written statement from the Physician confirming that the student is physically and mentally sound enough to participate.

PHYSICIAN'S NAME: (Please print) _____

Address: _____

Phone Number: _____

Signature: _____ **Date:** _____

A DOCTOR'S STAMP OR LICENSE# IS REQUIRED

STUDENTS--THIS IS A RELEASE. READ BEFORE SIGNING!!

WAIVER AND RELEASE AGREEMENT

I, _____ (“Applicant”), am a student at _____ College (“College”) of The City University of New York (“University”) and have agreed to participate in the College’s international studies program (“Program”) in _____ from _____, 20__ until _____, 20__. In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. Risks of Study Abroad

A. I understand that participation in the Program involves risks not found in study at the College. 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 Consular Information Sheet (and Travel Warning, if any) that I have received, reviewed, and initialed, and which are incorporated by reference in this Waiver and Release Agreement (“Release”).

B. Knowing these risks, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Program, there are unavoidable risks in travel overseas, 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 or agents of any and all of them, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the officers, employees or agents of any of them.

2. Institutional Arrangements

A. I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of such matters.

B. I understand that, although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements and accommodations, at any time and for any reason, with or without notice, and that neither the College, the University, the State of New York, or the City of New York nor the officers, employees or agents of any or all of them, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

C. I understand that the University is not in any way responsible for my well being with respect to any travel to destinations beyond those specifically required under the Program that I may choose to undertake before, during, or after the Program.

3. Health and Safety

A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in the Program.

B. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the City of New York, the State of New York, the College, the University, and the officers, employees or agents of any and all of them, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) occurring during and/or arising from the Program, that I may incur because of those injuries or illnesses.

C. The University may, but is not obligated to, take any actions regarding my health and safety that it considers to be warranted under the circumstances. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.

4. Standards of Conduct

A. 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 Program.

B. I also will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards and instructions.

C. I agree that the University has the right to enforce the standards and conduct described herein, in its sole judgment, and that it may impose restrictions, up to and including removal and termination from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony and welfare of the College, the University, the Program 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 terminated from the Program, I consent to going home at my own expense with no refund of fees.

D. 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. Miscellaneous Legal Provisions

A. I agree that, should any provision or aspect of this Release be found to be unenforceable, that all remaining provisions of the Release will remain in full force and effect.

B. I represent 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.

C. This Release represents my complete understanding with the College and the University concerning their responsibility and liability for my participation in the Program. 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.

D. I represent that I am at least eighteen years of age or, if not, that I have secured on the following page, the signature of my parent or guardian as well as my own.

I HAVE READ THIS RELEASE FORM CAREFULLY BEFORE SIGNING IT.

Signature

STATE OF _____)
_____))
COUNTY OF _____)

ss.:

On this _____ day of _____, 200__, 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

*Note: If Applicant is under the age of 18, then the following page must
be completed, signed, and notarized.*

IF APPLICANT IS UNDER THE AGE OF 18:

I, _____:
 print full name

- (a) am the parent or legal guardian of the Applicant;
- (b) have read the foregoing Waiver and Release Agreement (including such parts as may subject me to personal financial responsibility);
- (c) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release; and
- (d) agree, for myself and for the Applicant, to be bound by its terms.

Signature of Parent or Guardian

STATE OF _____)
) ss.:
COUNTY OF _____)

On this _____ day of _____, 200__, 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