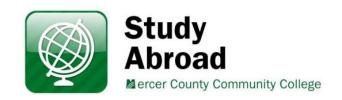


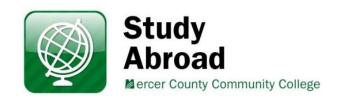
COUNTRY:			SEMESTER:		
	I. P	PERSONAL	INFORMATIO	ON	
(Last Name)			(First Name)	(Middle Initial)	
(Date of Birth)	(Age)	(Gend	ler M/F)	(Student ID)	
(Country of Birth)	(Country of Citizenship)		(Passport Number)		
		II. MAILIN	G ADDRESS		
(Street)			(Apt# or PO Box)		Circle T-shirt s
(City)	(Sta	nte/Country)	(Zip Coo	le)	M L
(Cell Phone Num	nber)	(Home	Phone Number)		XL 2XL
(E-mail Addre	ss)				3XL
	III. EMERO	GENCY CO	NTACT INFO	RMATION	
(#1 Last Name)	(First Name)	(Relat	ionship)	(Cell & Home phone Number	ers)
(Mailing Address)		(City/State)	(Zip Code)	(E-mail Ad	dress)
(#2 Last Name)	(First Name)	(Relat	ionship)	(Cell & Home phone Number	ers)
(Mailing Address)		(City/State)	(Zip Code)	(E-mail Address)	

# Mercer County Community College Faculty-led Study Abroad <u>APPLICATION</u>



## IV. Academic Information

(Number of Credits Completed at MCCC) (What		is your GPA?)
(Major)	(Expected year of graduation)	(Name of Academic Advisor)
a <b>copy of your passport</b> (valid fo	g with this application, you wor a minimum of <b>6 months A</b> a (if required) by your country	<b>FTER</b> the study-tour date of
PHOT	O CONSENT AND RELEA	ASE
I hereby authorize Mercer County Comployees, to photograph me and purposes, including my name and ho	iblish information about me t	that I supply to them for such
Photos/videos may be published and educational, instructional or promoti college purposes as deemed appropri	onal purposes, for print or co	
Said work and the components there copyrighted in its own name or a nar		perty of MCCC and may be
I also release MCCC from any and a based on my appearance and/or perfo MCCC harmless from any and all cla allegation of copyright infringement	ormance or use of the recordi aims by the third parties, incl	ing of such and agree to hold uding any claim based on
	e to the terms stated above ot agree to the terms stated al	bove
(Sign)		(Date)



#### **Code of Conduct**

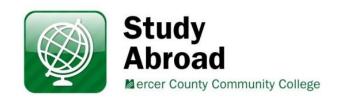
I have received and carefully read the **Code of Conduct,** and I agree to obey it during the time of my participation in the Study Abroad Program. I understand that violation of these rules may lead to **probation** or **suspension** and that I will receive **no refund** of money paid for tuition, housing or other services.

I understand that if for any reason I leave the program, I am responsible for **all financial arrangements** for my care and for transportation home. Furthermore, if I leave the program early, I understand I may **not** be entitled to a refund of tuition, fees and program costs pursuant to applicable refund deadlines and recoverable costs and that **the College is entitled to collect any outstanding balance owed for my participation**.

I understand that if my financial aid is rescinded, I am obligated to pay the **full cost of the program.** 

I have <b>read and understand</b> this Consent, i to all terms and conditions stated herein.	ncluding the waiver and release of claims. I agree
(Sign)	(Date)

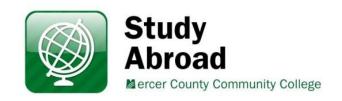
Statement of Payment	and Refund Policies
I have read and agree to the terms and conditions  Policies form concerning payments and refunds Faculty-led Study Abroad program. I have kept	for the Mercer County Community College
(Sign)	(Date)



### **Voluntary Assumption of Risk and Release of Liability**

I indicate that by my signature below that I have received and read the terms and conditions of participation and agree to abide by them. I have carefully read the Voluntary Assumption of Risk and Release of Liability form, and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Voluntary Assumption of Risk and Release of Liability form shall be governed by the laws of the State of New Jersey which shall be the forum for any lawsuits filed under or incident to this Voluntary Assumption of Risk and Release of Liability form or to the Program. If any portion of this Voluntary Assumption of Risk and Release of Liability form is held invalid, the rest of the document shall continue in full force and effect.

	(Sign)	(Date)
	For Participants under	18 years of age:
foregoing <b>Assumpti</b> subject me to persona obligations and acts	ion of Risk and Release of L al financial responsibility), (c s of the participant as describe	ove named participant; (b) have read the <b>siability</b> form (including such parts as may ) am and will be legally responsible for the ed in the <b>Voluntary Assumption of Risk</b> myself and for the student to be bound by s.
Parent/Guardian:	(Print Name)	



Minimum Academic Requirement				
In addition to your credit course requirements, and as part of the Study Abroad Program for the semester, you will be enrolled in 2 courses; <b>STA001</b> and <b>STA002.</b> Both courses are 0 credits and are pass/fail. The course fee for these courses total the cost of your selected Study Abroad Program. Successful completion of the course requirements are as follows:				
• STA001 – Attend a pre-departure orientation session.				
• STA002 – Present major learning outcomes at a post-return debrief session and complete a Study Abroad survey.				
(Sign) (Date)				

To be considered for the Faculty-led Study Abroad program, please submit this signed **Study Abroad Application** and a **\$500 non-refundable deposit** to:

#### Make Checks Payable to:

Mercer County Community College Study Abroad BS109 1200 Old Trenton Rd. West Windsor, NJ 08550

(609) 570-3660, studyabroad@mccc.edu, www.mccc.edu/studyabroad