



COUNTRY: _____

SEMESTER: _____

I. PERSONAL INFORMATION

_____	_____	_____
(Last Name)	(First Name)	(Middle Initial)
_____	_____	_____
(Date of Birth)	(Age)	(Gender M/F)
_____	_____	_____
(Country of Birth)	(Country of Citizenship)	(Passport Number)

II. MAILING ADDRESS

_____	_____
(Street)	(Apt# or PO Box)
_____	_____
(City)	(State/Country)
_____	_____
(Cell Phone Number)	(Home Phone Number)
_____	_____
(E-mail Address)	

Circle
T-shirt size:

S

M

L

XL

2XL

3XL

III. EMERGENCY CONTACT INFORMATION

_____	_____	_____	_____
(#1 Last Name)	(First Name)	(Relationship)	(Cell & Home phone Numbers)
_____	_____	_____	_____
(Mailing Address)	(City/State)	(Zip Code)	(E-mail Address)
_____	_____	_____	_____
(#2 Last Name)	(First Name)	(Relationship)	(Cell & Home phone Numbers)
_____	_____	_____	_____
(Mailing Address)	(City/State)	(Zip Code)	(E-mail Address)



IV. Academic Information

_____		_____
(Number of Credits Completed at MCCC)		(What is your GPA?)
_____	_____	_____
(Major)	(Expected year of graduation)	(Name of Academic Advisor)

*Please note that along with this application, you will need to submit a **copy of your passport** (valid for a minimum of **6 months AFTER** the study-tour date of departure) and/or visa (if required) by your country of citizenship.

PHOTO CONSENT AND RELEASE

I hereby authorize Mercer County Community College (MCCC), its Board of Trustees and/or its employees, to photograph me and publish information about me that I supply to them for such purposes, including my name and home town (not street address).

Photos/videos may be published and distributed without remuneration to me in whole or in part for educational, instructional or promotional purposes, for print or computer, or other medium for college purposes as deemed appropriate by MCCC in perpetuity.

Said work and the components thereof shall become the sole property of MCCC and may be copyrighted in its own name or a name of its choosing.

I also release MCCC from any and all claims for libel, slander, invasion of privacy or other claims based on my appearance and/or performance or use of the recording of such and agree to hold MCCC harmless from any and all claims by the third parties, including any claim based on allegation of copyright infringement from my appearance and/or performance.

- ☐ I agree to the terms stated above
☐ I **do not** agree to the terms stated above

(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 **read and understand** this Consent, including the waiver and release of claims. I agree to all terms and conditions stated herein.

(Sign)

(Date)

Statement of Payment and Refund Policies

I have read and agree to the terms and conditions of the **Statement of Payment and Refund Policies** form concerning payments and refunds for the Mercer County Community College Faculty-led Study Abroad program. I have kept a copy of this form for my records.

(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:

I (a) am the parent or legal guardian of the above named participant; (b) have read the foregoing **Assumption of Risk and Release of Liability** form (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 participant as described in the **Voluntary Assumption of Risk and Release of Liability** form, and (d) agree for myself and for the student to be bound by its terms.

Parent/Guardian: _____
(Print Name)

(Signature)

(Date)



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; **STA001** and **STA002**. 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