



Short-term Faculty-Led Study Abroad Program Information

Program Information

Name of Program:	NSG 3470 Health Policy & Finance <i>Travel Program to Ambialet & Paris, France</i>
Program Sponsor:	Dr. Linda Tenofsky
Application Deadline	Monday, December 13, 2021
Program Requirements	Course Prerequisites: all 2000 level NSG courses Study Abroad Requirements: At least sophomore standing by the time the course begins and cumulative GPA of 2.50. Students are required to be in good academic, financial, and disciplinary standing to be eligible to participate.
Date of Program	May 23, 2022 – June 11, 2022
Course Travel Fee (Total)	\$3,000.00
Course Travel Fee Payment Amounts and Deadlines	Deposit: \$300.00 due no later than Monday, December 13, 2021 Payment 1: \$1350.00 due no later than Monday, February 7, 2022 Final Payment: \$1350.00 due no later than Monday, April 4, 2022
Course Tuition Fee	Summer 2022 CE Tuition: \$1,175 (\$375 per credit – 3 credit course) Please note that any applicable tuition charges are not included in the course travel fee detailed above. Tuition payments must be paid in full no later than Monday, May 9, 2022.
Course Travel Fee Includes	Roundtrip airfare from Boston to France (flying into Toulouse; returning from Paris); Group airport pick-up in Toulouse; Metro access to airport for return in Paris; Train and/or bus from Toulouse to Paris; cultural, health and safety orientation in Ambialet; Guest Lectures and Site Visits; Accommodations in shared rooms for program duration including linens and towels, internet access, daily breakfast, lunch and dinner in Ambialet; daily breakfast and dinner in Paris; Academic visits and cultural activities as listed in itinerary; Ground transportation on all arranged activities (as necessary); local transportation tickets; Gratuities on all arranged programs (as necessary); GeoBlue Health and Evacuation Insurance, Cancellation For Any Reason (CFAR) Insurance; COVID-Testing Kit for re-entry to United States if necessary
Course Travel Fee Does Not Include	Ground transportation to/from Curry College/Logan Airport; additional meals or activities not specified above; personal Expenses including passport fees, luggage fees, souvenirs, etc.; textbooks or other course materials, any other items not included above.



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Applications should be submitted to the Center for Global & Career Services, Learning Commons, S-103 no later than Monday, December 13, 2021. Deposits should be submitted to Student Accounts no later than Monday, December 13, 2021.

Personal Information

Full Name: _____ Preferred Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Academic Information

Major/Minor: _____ Student Year: _____

GPA: _____ Student ID: _____

Academic Advisor: _____

Passport information

Name on Passport: _____

Date of Birth: _____

Passport Number: _____

Country of Issue: _____

Date of Issue: _____

Expiration Date: _____

Please provide a copy of your passport photo page with your application.

Agreement and Release for Curry College Travel Program

The undersigned Curry College student, _____ (hereinafter, "Student"), agrees, and the undersigned parent(s)/guardian(s) of Student if Student has not turned 18 years old at the time when Student signs below also agree, to the terms, representations and conditions set forth in this Agreement and Release (the "Agreement"), for Curry College Travel Program ("Travel Program") in consideration of Student being permitted to be a participant in the Travel Program referenced herein.

Part I: Authorization and Representations

I understand that my participation in the Curry College Travel Program is entirely voluntary. I further understand that, my participation in the Travel Program is contingent upon my being in good standing at Curry College (including, but not limited to, academic, financial and disciplinary good standing).

I understand that there are risks involved with traveling, studying, and living abroad or in other parts of the United States, and that there are risks, including unforeseeable risks, involved with my participation in the Travel Program. I also understand that there may be risks of which Curry College, the government, or I are not aware, and I represent that I assume all risks and dangers (known and unknown) fully and voluntarily and in consideration for being permitted to participate in the Travel Program.

I acknowledge and agree that Curry College shall not be responsible whatsoever for any injury, illness, loss, damages and liabilities suffered by me during or as a result of my participation in, or in connection with, the Travel Program, including but not limited to periods of independent travel (such as travel and activities between points of travel to and from the Travel Program Site, travel beyond the end-date of the Travel Program, and travel which I undertake separate from scheduled activities and travel).

I further acknowledge and represent that I am solely responsible for any and all costs to Curry College arising out of my participation in the Travel Program, and my voluntary or involuntary withdrawal from the Travel Program at any time, including but not limited to withdrawal caused by illness or unforeseen circumstances, legal problems or issues with any foreign nationals or with the government of another state or country.

I hereby agree to comply with all rules, standards and instructions relating to student behavior which are required by Curry College and outlined in the Student Handbook. I agree that Curry College shall have the right to enforce appropriate standards of conduct, and that Curry College may, at any time, suspend or terminate my participation in the Travel Program. If my participation in the Travel Program is terminated for any reason, I agree that Curry College shall be under no obligation to refund any portion of the fees and other charges which have already been paid or to afford me any credit against fees and charges which have accrued but have not yet been paid. I understand any dismissal from the program that requires my departure from the travel program will be paid at my own expense.

I understand that I am required to have adequate health, accident, and hospitalization insurance, as well as other personal and property insurance, to cover any and all losses or damages I suffer or incur arising directly or indirectly, in whole or in part, out of any travel, act or omission occurring in connection with or related to my participation in the Travel Program, and/or the rendering of any health care or emergency treatment or services to or by me. All study abroad programs are subject to change. Curry College is not responsible for unforeseen changes in airline schedules, rooming, isolation/quarantining requirements, etc.

The Course Travel Fee is non-refundable. Curry College requires students to purchase a CFAR (Cancel for Any Reason) insurance policy, which provides CFAR coverage of 75% of the nonrefundable trip cost (the total course travel fee). We highly recommend students opt in to the CFAR insurance the College has arranged through Cultural

Insurance Services International (CISI), the fee is included in the course travel fee and the College will purchase the insurance on behalf of those students who opt in. Students may purchase CFAR insurance through another provider at their own expense but must provide proof of coverage to the College.

Part II: Release of Claims and Indemnification

1. I, on behalf of myself and my heirs, beneficiaries, parents/legal guardians and next of kin, hereby do forever release and discharge, and agree to release and discharge, Curry College and its trustees, officers, employees, faculty, representatives, agents, insurers and affiliates, successors and assigns, including those persons who are present on or participate in the Travel Program on behalf of Curry College (all of the foregoing persons and entities are referred to collectively as the "Released Parties"), to the fullest extent provided by law, of and from any and all actions, claims (including without limitation claims based in negligence, breach of contract, or breach of any statutory or other duty of care) lawsuits, acts of nature, demands, damages, judgments, executions, costs, liabilities, expenses, compensation, including without limitation, injury, illness, accident, death, loss of companionship, conscious suffering, and/or property damage sustained by me and/or the undersigned, arising directly or indirectly, in whole or in part, out of any travel, act, or omission occurring in connection with or related to my participation in the Travel Program, and/or the rendering of any health care or emergency treatment or services.

2. Without limiting the other provisions of this Agreement, this release includes, but is not limited to, loss or damage I or my heirs, beneficiaries, parents/legal guardians and next of kin suffer or incur as a result of (a) my use of any vehicle as a passenger or driver; (b) a strike, war, governmental restriction or regulations; (c) the acts or omissions of a water carrier, airline, railroad, bus company, taxi service, hotel, restaurant, school, university or any other firm agency, company or individual which assists or provides services in connection with the Travel Program; or (d) negligence, breach of contract, breach of any statutory or other duty of care, acts or omissions of Released Parties.

3. I agree to exonerate, defend, indemnify, and hold forever harmless the Released Parties, to the fullest extent permitted by law, against any actions, claims, lawsuits, demands, damages, judgments, executions, costs, expenses, compensations, liabilities, obligations and any and all other claims or damages whatsoever for which I may become liable, or which may hereafter at any time be instituted or recovered against one or more of the Released Parties, by any person (including but not limited to my heirs, beneficiaries, parents/legal guardians and next of kin), entity, or party, arising directly or indirectly, in whole or in part, out of any travel, act or omission occurring in connection with or related to my participation in the Travel Program, and/or the rendering of any health care or emergency services.

Consent of Student or Parents/ Legal Guardians of Student (under 18) Participating in Travel Program

Name of Student: _____

By signing below, each undersigned person certifies that she or he has read this Agreement in its entirety, understands and agrees to its terms in full, and understands that this Agreement constitutes the entire agreement between Curry College and the undersigned as it relates to Curry College's representations and promises about the Travel Program.

Signature of Student

Date

Signature of Parent/Guardian
if Student is under 18

Date

Emergency Contact & Health/Welfare Form

The undersigned Curry College student, _____ represents, and my physician has confirmed, that I am capable (physically and mentally) to participate in the Travel Program and have received any necessary vaccinations. I acknowledge that I have informed Curry College of any condition which may impact my participation in the Travel Program and that I have received approval of for any necessary accommodations sufficiently in advance of departure of the Travel Program.

I understand that I am required to have adequate health, accident, and hospitalization insurance, as well as other personal and property insurance, to cover any and all losses or damages I suffer or incur related to my participation in the Travel Program, and/or the rendering of any health care or emergency treatment or services to or by me.

I grant Curry College full authority to take, or not take, in its sole discretion, whatever actions it may consider warranted under the circumstances for my health and safety during my participation in the Travel Program, and I hereby release Curry College from any liability for any such decisions or actions as it may take in connection therewith.

Emergency Contact Information

Emergency Contact #1 Name	
Emergency Contact #1 Relationship	
Emergency Contact #1 Phone	
Emergency Contact #1 Email Address	
Emergency Contact #1 Mailing Address	
Emergency Contact #2 Name	
Emergency Contact #2 Relationship	
Emergency Contact #2 Phone	
Emergency Contact #2 Email Address	
Emergency Contact #2 Mailing Address	

Healthcare Provider Information

Primary Care Physician Name	
Primary Care Physician Phone	
Mental Health Care Provider Name	
Mental Health Care Provider Phone	

Health Insurance Information

Name of Insurance Company	
Policy Number	
Group Number	
Policy Holder Name	

Healthcare and Treatment Information

List the allergies and health conditions which may impact or limit the student's ability to participate in the Travel Program:	
List the prescribed medications that you expect to use or need during the Travel Program:	

COVID-19 Vaccination Information

Curry College is strategically partnering with St. Francis University (Loretto, PA/Ambialet, FR) to produce and support this faculty-led study abroad program. Please affirm each of the following statements by checking the box associated with each statement and signing the form below:

- ☐ I agree that the terms and conditions of Curry College's Mandatory COVID-19 Vaccination Policy, any exemption from the policy I have obtained and attendant requirements to maintain the exemption and Curry College's COVID-19 [Community Agreement](#) extends to Study Abroad programming offered by the College and its partners, and I affirm that I am in full compliance with all such applicable terms, conditions, and requirements.
- ☐ I agree to comply with Curry College, St. Francis University, airline, transportation, immigration and host country COVID-19 safety protocols, policies, requirements and mandates in place at the time of travel and during duration of the study abroad program, including, but not limited to, vaccinations (or recognized exemptions therefrom), masking, testing, isolation, and quarantine. Failure to comply will result in immediate dismissal from the program, unaccompanied return to the United States at my own expense, and no refund or return of program fees.
- ☐ I agree to comply with Curry College, St. Francis University, airline, local, state, and national requirements in place upon re-entry to the United States including, but not limited to, vaccinations (or recognized exemptions therefrom), masking, testing, isolation, and quarantine. Failure to comply will result in dismissal from the program and no refund or return of program fees.

If you are vaccinated, please affirm each of the following statements by checking the box associated with each statement and signing the form below:

- ☐ I affirm that I have been vaccinated against COVID-19 and understand that I am required to comply with Curry College and St. Francis University vaccination requirements, as well as the host country's requirements, in order to participate in this study abroad program.
- ☐ I affirm that I understand that I will be required to submit a copy of my COVID-19 Vaccination Record Card to the Center for Global & Career Services and that they will share a copy of this record with St. Francis University.

- ☐ I affirm that I understand that I will be required to travel with and keep upon my person my COVID-19 Vaccination Record Card and my U.S. Passport during this travel program.

Please provide the below information regarding your COVID-19 vaccination status.

Vaccine Manufacturer	
Date of Dose 1	
Date of Dose 2	
Date of Dose 3 (Booster, if applicable)	

APPLICABLE ONLY TO APPLICANTS WHO CURRENTLY HAVE A CURRY VACCINATION WAIVER:

If you have an approved vaccination exemption from Curry College due to medical or religious reasons, please affirm each of the following statements by checking the box associated with each statement and signing the form below:

- ☐ I have an approved vaccination exemption from Curry College and understand that any exemption/waiver from Curry College's Vaccination Policy may not be applicable to or recognized within the St. Francis University program or the host country's immigration and safety protocols.
- ☐ I understand that I must request and apply for a separate exemption from St. Francis University (and/or the host country) which takes into consideration any host country regulations regarding approved COVID-19 vaccines and exemptions therefrom, and I will follow all requirements for application for exemption.
- ☐ I understand that the criteria for receiving such an exemption may be more stringent and be less likely to obtain than was the Curry waiver received.
- ☐ I understand and affirm that Curry College, St. Francis University, or the host country make no promises, guarantees, or warranties regarding likelihood or not of receiving such an exemption or waiver.
- ☐ I have an approved exemption from Curry College and I understand that should St. Francis University not approve an exemption, I will be bound to comply with St. Francis University's vaccination requirement.
- ☐ Should St. Francis University (or the host country) approve my request for exemption, I will be bound to participate in any additional safety measures that St. Francis University (or the host country) deems fit, including, and not limited to, masking, ongoing testing, regular monitoring of symptoms, isolation, and quarantine. Any additional expenses related to an approved exemption will be the responsibility of the individual receiving the approved exemption.
- ☐ Failure to abide by decisions relative to any applications for vaccination waivers outside of Curry College and failure to comply with St. Francis University program (or host country) vaccination requirements will result in immediate dismissal from the program, unaccompanied return to the United States at my own expense, and no refund or return of program fees.
- ☐ Should St. Francis University (or the host country) approve my request for exemption, I affirm that I understand that I will be required to travel with and keep upon my person official record of the approved exemption and my U.S. Passport during this travel program.

Voluntary Health Disclosure:

I authorize Curry College to disclose the information I provide with the applicable Study Abroad partners, to the person(s) identified herein as Emergency Contacts, as well as to health care providers and emergency personnel, to the extent Curry College deems such disclosures are appropriate.

Signature of Student

Date

Signature of Parent/Guardian
if Student is under 18

Date