**If you are 18 years of age or over, please complete this application in its entirety and submit it before February 7, 2020 along with a non-refundable deposit of $1200 (money order or cashier’s check ONLY) payable to WCSU to either:**

**Dr. Suzanne Potter Ironbiter** [**ironbiters@wcsu.edu**](mailto:ironbiters@wcsu.edu) **or**

**Donna Warner, MSC 207 – warnerd@wcsu.edu**

***Thanks!***

I. Personal Information

Full Legal Name (as it appears on your passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

WCSU ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:  Male  Female

Nationality \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Citizenship\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Green card number\*, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address Local Address (On-Campus) through \_\_\_/\_\_\_\_/2016

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Passport Issue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Passport Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you do not have a passport or if it has expired, you MUST immediately apply for new passport!***

**\*\*Please attach the identity page of your passport to the application form.**

II. Academic Information – \*\*\****Please submit a paragraph outlining your interest in participating in this program.***

Academic Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Minor/Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Standing: Freshman  Sophomore  Junior  Senior  Grad Student

Number of Credit Hours Completed to date: \_\_\_\_\_\_\_\_\_\_\_\_ Current G.P.A.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you met with the faculty member(s) leading this program to discuss the academic components?  
 Yes  No

Have you met with your academic advisor to discuss how this course fits in your degree program?

 Yes  No

Are you currently in Good Academic Standing?  Yes  No  Uncertain

**\*** This information is requested solely for the purpose of determining whether you need to obtain a visa for travel to the country/countries in which this program will take place.

III. Students with Special Needs

Any student wishing to assert a disability that requires accommodation must submit supporting documentation from the appropriate professional(s) to the AccessAbility Services Office. The documentation must demonstrate how the disability affects the learning situation for which the student seeks accommodation and that information must be shared with the faculty member(s) whose courses are involved in the requested accommodation. The AccessAbility Services Office will notify the faculty affected of the accommodation request in a form that identifies the student, the disability, and the type of accommodation sought, as well as any additional information that will assist in the determination of a reasonable accommodation.

IV. Statement of Understanding

I understand the following statements, as they pertain to my participation in the stated Course Abroad program, and understand that I will be financially responsible for the cost:

Overall Program Cost:

* The program travel cost is $3,020.00 This includes round-trip airfare from the NY/NJ metro area, transportation to/from the US airport, accommodation in Norbulingka (double/triple room), emergency health insurance, all group transport within India, some meals, hotels, trips to the Golden Temple, arts workshops, and various activities.
* A non-refundable $1200 deposit is due with this application. It MUST be submitted with this application - money order or cashier’s check only - payable to WCSU. (**Bring to Donna Warner, MSC 207)**
* A $910 payment is due by March 6, 2020. (**Bring to Cashier’s office**)
* A $910 payment is due by April 6, 2020. (**Bring to Cashier’s office**)

The program cost does NOT include:

* WCSU tuition and fees (3 UG credits)
* Visa required/Passport required
* Recommended trip cancellation insurance (available through an insurance company)
* 1 meal/day and personal expenses /incidental items

**Note:** In the event that WCSU is charged additional direct costs by 3rd party providers, WCSU will charge participants for these direct costs. For example, on occasion, the airline will charge a gas surcharge. This direct cost would be added to your program travel cost. It is rare that this happens, but there is a possibility.

Cancellation Policy and Fees:

The deposit of $1200 is non-refundable. In order to cancel travel arrangements without losing the travel cost, written notice of the withdrawal must be received by **Dr. Suzanne Ironbiter**, prior to close of business (5 pm) on **February 6, 2020**. If cancelling after this date, you will be charged for any direct costs incurred by WCSU on your behalf, as well as a $200 cancellation penalty. Because cancellation fees can be *as high as the full cost of the travel program*, purchasing independent trip cancellation insurance/interruption insurance from an insurance company is highly recommended. If WCSU cancels the program for any reason, all monies will be refunded. Withdrawal/cancellation of the course(s) should be addressed with Dr. Suzanne Ironbiter, ironbiter@wcsu.edu. (Registration drop fees may also be charged, depending when you cancel/drop.)

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Dr Ironbiter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**I certify that the information submitted on this application form is correct. I understand that additional forms will be required after I am accepted into the program and have paid my deposit. I agree to complete forms as required and pay by the required deadlines or risk losing a place in this program. I also understand that program information is subject to change.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

Western Connecticut State University is committed to a policy of non-discrimination, equal opportunity and affirmative action for all persons regardless of race, color, religion, sex, sexual orientation, age, national origin, marital or veteran status, or disability. This policy is applicable to all employment practices, admission of students, programs, and services to students, faculty, staff, and the community. WCSU’s affirmative action policy seeks to include persons of color, women, veterans and persons with disabilities in its educational programs and in all job groups of its workforce. The university’s Office of Multicultural Affairs is located in University Hall, Room 214, 203-837-8277.

India/appform2020