

Nassau Community College
Study Abroad Application



Thank you for your interest in Study Abroad at NCC.

*Please download, print, and complete this application in its entirety.

**When you [email studyabroad@ncc.edu](mailto:studyabroad@ncc.edu) with your completed application, please also include links to the programs you are most interested in.

You will receive a reply from the Study Abroad Advisor, who will also schedule your first appointment.

General Information:

- Full Legal Name: _____
- NCC-ID (N#) _____
- Home Phone: _____
- Cell Phone: _____
- NCC E-mail: _____
- Personal Email: _____
- Mailing Address: _____
- City, State, Zip Code: _____
- Date of Birth: _____
- Are you a U.S. citizen? Yes No
- Does your cell phone work internationally? Yes No
- Do you have a valid U.S. passport? Yes No
 - If no, where do you hold citizenship? _____
 - Do you hold dual citizenship? Yes No
 - If yes, what country? _____

International Experience:

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- Have you ever visited the country where you plan to study? Yes No
- If so, for what purpose or what length of time? _____
- Have you traveled, lived or studied abroad? Yes No
- If yes, please describe _____

Study Abroad Interests:

Country(ies) in which you wish to study _____

Program/Course(s) you wish to enter _____

Date you expect to enter the program (check and fill in)

- Fall 20 _____
- Winter 20 _____
- Spring 20 _____
- Summer 20 _____

Medical Information: (This information is intended for use solely in connection with the College's voluntary action effort to overcome the effects of conditions that may have resulted in limited participation of qualified disabled persons. This information will be kept confidential. Refusal to provide this information will not subject the applicant to adverse treatment. The information will be used only in accordance with law and to provide appropriate services to those who may need them)

If you have a physical, hearing, visual or learning disability, please list below.

Is there any physical and/or mental condition which exists that may affect your performance?

- Yes No

If yes, please list and explain. _____

Have you had recent surgery that may affect your participation in the program?

- Yes No

If yes, please explain. _____

Are you currently using and prescription drugs that a medical professional needs to be aware of in case of an emergency? Yes No

If yes, please list: _____

Are you holding a medical insurance policy covering foreign travel? Yes No

(NOTE: It is most likely that the program you study abroad with will require that you purchase supplemental insurance through them.)

Legal Information: *The disciplinary records of all students applying for study abroad will be reviewed through the Nassau Community College Office of Judicial Affairs. A review will be made of all infractions.*

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The Office of Judicial Affairs, in conjunction with the Office of International Education, will render a decision based on the severity of the violation, to determine the student's eligibility to participate in the study abroad program.

Have you ever been convicted by federal, state, military or other law-enforcement authorities, for any violation of any federal, state, county or municipal law, regulation or ordinance?

Yes No

If yes, please explain. _____

As a participant of a study abroad program, I am subject to ALL "Code of Conduct" rules, as per the Nassau Community College catalog. Usage or any involvement with illegal drugs or narcotics is cause for immediate dismissal from the program and possible dismissal from Nassau Community College.

If I cause damage to the facilities being used by me during the time of my participation in this study program, I understand that I will be held personally liable for any repairs required of the facility. In the event that I do not reimburse the facility for said damages, I understand that Nassau Community College will IMPOUND my school records (will not release them) until such time as restitution is made by me.

If I leave the program voluntarily or am asked to leave at the request of the Program Director, I fully understand that no refund will be made, and I am responsible for arranging and paying for return travel.

WAIVER OF LIABILITY: In the event that I elect to stay in (country) _____ beyond (the end date of the program) _____, I understand that Nassau Community College assumes no responsibility for any of my actions or the results therefrom. Therefore, I understand that I will assume complete and total responsibility for all my actions beyond my participation in (course/program) _____.

Prior to final acceptance ALL applicants will be screened for requirements, i.e. GPA, completion of all required remedial courses and minimum course requirement as stated in the program/course requirements.

ALL registrations are processed through the Office of International Education.

ALL bills must be paid in full upon receipt, (prior to departure) or students will be dis-enrolled without any reimbursement of prior deposits.

The undersigned acknowledges that s/he has read the above, and that all statements made are correct to the best of her/his knowledge.

Applicant's Signature: _____ Date _____

Parent's or Guardian's Signature (only necessary if the applicant is under 21 years of age):

_____ Date _____