

San Juan College
Office of International Programs
4601 College Boulevard
Farmington, New Mexico 87402
(505) 566-3693



Student Application Packet for Academic Trips

Please turn in the Application Packet, along with the \$25 non-refundable fee and other requested items, to your faculty coordinator or the Director of International Programs. Checks should be made payable to San Juan College International Programs.

Checklist

This is meant to be helpful to you as you put your application packet together and begin to look at studying abroad. There may be other requirements needed not mentioned on this list. Please consult your faculty coordinator for any additional requirements.

_____ Application Packet, including:

_____ Application Form

_____ Essay

_____ Student Agreement and Release

_____ Health Information Form

_____ Confidential Reference Form (one reference required)

_____ Cancellation and Refund Form

_____ \$ 25 Application Fee

_____ Copy of Passport for Office of Learning Outreach if you are traveling abroad
(This can be submitted after the application, but prior to your departure)

_____ Three Passport Pictures
(This can be submitted after the application, but prior to your departure)

APPLICATION FOR ACADMIC TRIPS

| | | | | |
|--|--|---|-------------|-------------|
| NAME | First: _____ | Middle: _____ | Last: _____ | |
| PREFERRED FIRST NAME | <i>(If applicable)</i> | | | |
| FOR WHICH TRIP(S) ARE YOU APPLYING (check all that apply) | <input type="checkbox"/> Costa Rica <input type="checkbox"/> Italy <input type="checkbox"/> England <input type="checkbox"/> Washington DC <input type="checkbox"/> Alaska <input type="checkbox"/> Mexico If your first choice is not available, would you be interested in one of the others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? _____ | | | |
| IDENTIFICATION INFORMATION | Student ID Number | _____ | | |
| | Social Security Number | _____ - _____ - _____ | | |
| | State of Residence | <input type="checkbox"/> New Mexico <input type="checkbox"/> Other: _____ | | |
| | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| | Date of Birth | Month: _____ | Date: _____ | Year: _____ |
| | Email Address that you check regularly | _____ @ _____ | | |
| PERMANENT HOME ADDRESS | Street Address: City, State, Zip: Home Phone Number: Cell Phone Number: | | | |

| | |
|--|--|
| CURRENT HOME ADDRESS (if different) | Street Address: City, State, Zip: Home Phone Number: Cell Phone Number: |
|--|--|

| | |
|--------------------------|--|
| EMERGENCY CONTACT | Name: Street Address: City, State, Zip: Home Phone Number: Cell Phone Number: Relationship of this person to you (check one): <input type="checkbox"/> Parent or Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Employer <input type="checkbox"/> Other: _____ |
|--------------------------|--|

| | | |
|---|--|--|
| ACADEMIC INFORMATION (if applicable) | Number of college credits completed as of today | |
| | Cumulative GPA | |
| | Academic Advisor | |
| | What degree or certificate program are you currently working towards (if any)? | |

| FOREIGN LANGUAGES STUDIED (if applicable) | | | |
|--|--|---|---|
| FOREIGN LANGUAGES STUDIED (if applicable) | Language Studied and Number of Years | | PROFICIENCY <input type="checkbox"/> Some understanding <input type="checkbox"/> Solid understanding <input type="checkbox"/> Fluent |
| | Language Studied and Number of Years | | PROFICIENCY <input type="checkbox"/> Some understanding <input type="checkbox"/> Solid understanding <input type="checkbox"/> Fluent |
| | Language Studied and Number of Years | | PROFICIENCY <input type="checkbox"/> Some understanding <input type="checkbox"/> Solid understanding <input type="checkbox"/> Fluent |
| MISC INFORMATION | | | |
| MISC INFORMATION | Have you traveled to any foreign countries? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, when and where? | | |
| | How did you learn about this program? | | |
| | For this trip, limited financial assistance may be available for students enrolled in 9 or more credits during the spring semester. Do you wish to apply for this assistance? | | |
| FOR NON-SAN JUAN COLLEGE STUDENTS | | | |
| FOR NON-SAN JUAN COLLEGE STUDENTS | Do you currently attend high school or a college other than San Juan College? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If YES, which school? | | |
| | Have you applied to be a student at San Juan College for the purposes of this experience? <i>(If not, you will need to coordinate that process in addition to applying for this experience)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | I authorize San Juan College to send my official academic transcript to my home institution at the completion of my studies. _____ (Date _____) | | |

**SIGNATURES
FOR ALL
APPLICANTS**

I certify that the above information is correct. I certify that it is my intention to participate in San Juan College study abroad programs. I have read and understand and do accept the Cancellation and Refund Policy regarding the application process.

Signature _____

Date _____

San Juan College does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, disability, age, sexual orientation or veterans status.

ESSAY

Answer any ONE of the following questions in the space below:

- Why do you want to go on this trip? What do you hope to learn or experience?
- What expectations do you have of yourself and of your fellow travelers?
- How will this experience benefit your studies at San Juan College (if applicable)?

SAN JUAN COLLEGE STUDY ABROAD PROGRAM
STUDENT AGREEMENT AND RELEASE

NOTE: This form must be read, initialed, and signed in the presence of a registered Notary Public.

I am a registered student at San Juan College (“the College”) and have agreed to participate in the College's international studies program from _____ until _____ in the country of _____ in a program entitled _____ (“the Program”). In consideration for being permitted to participate in the Program, I hereby understand, agree, and represent that: (Please read and initial each paragraph)

1. I understand and acknowledge that there are inherent health risks associated with traveling, living, and studying abroad. I agree that I am personally responsible and required to obtain all health information, teaching, medical procedures, immunizations, and prophylactic medications appropriate to the Program. _____
2. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the State of New Mexico, San Juan College, and the employees and agents of either, from any responsibility or liability for expenses incurred by me for injuries or illness (including death) that I may incur because of those injuries or illnesses. _____
3. I understand that, although San Juan College will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that the State of New Mexico, the College, and the employees and agents of either, shall not be responsible or liable for any expenses or losses that I may sustain because of those changes. _____
4. I understand that I am a guest in a host country and must respect the norms of conduct and patterns of behavior that may be different than standards in the United States. I agree to abide by all law, policies, and regulations established by the host country, location, and institution. _____
5. I understand that the College has authority to establish rules and guidelines necessary for the operation of the Program. The rules of conduct for participants are outlined in the “Study Abroad Handbook” and may be repeated or elaborated on orally or in writing before or during the Program. I understand and agree to comply with all of San Juan College’s rules, standards, and instructions relating to student behavior. I understand and agree that San Juan College, its employees and agents shall have the right to enforce appropriate standards of conduct, and that the College may, at any time, terminate my participation in the Program in the event of any failure to abide by any such standard of conduct. If my participation in the Program is so terminated, I agree to return to the United States immediately thereafter. _____
6. I understand and agree that my withdrawal, departure, or dismissal from the Program prior to its formal completion will result in forfeiting the deposit and will require me to pay all costs incurred as a result of the withdrawal, departure, or dismissal from the Program. _____

7. I understand and acknowledge that I am responsible for complying with the College's Study Abroad Program course credit requirements. I understand and agree that if I withdraw, depart, or am dismissed from the Program after the Program begins, I will not be eligible for any academic credits I would have earned by completing the Program. _____
8. I understand and agree that I will turn in all materials, forms, and payments by the due date specified in the Program materials and acknowledge that failure to turn in these items by the appropriate date may result in additional costs to me or my dismissal from the program. _____
9. I agree to release the State of New Mexico, the College, and agents and employees of both from and against all claims or causes of action which I may have, now or in the future, relating to an injury, loss, death, damages, accident, delay or expenses resulting from participation in the Program, including, but not limited to, the use of any vehicle, the occurrence of strikes, war, acts of terrorism, governmental restrictions or regulations, or the acts or omissions of any water carrier, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or any other firm, agency, company or individual. This waiver and release specifically includes acts of negligence by the State of New Mexico, the College, and the agents or employees of both. _____
10. I agree to exonerate, indemnify, and hold the State of New Mexico, the College, and the agents and employees of both harmless from and against any and all obligations or liabilities for which I may become liable as a result of damage or injury to the person or property of others while participating in the Program. _____
11. I agree that, should any provision or aspect of this Agreement and Release be found to be unenforceable, that all remaining provisions of the Agreement and Release will remain in full force and effect. _____
12. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Agreement and Release; I have the right to consult with the adviser, counselor, or attorney of my choice. _____
13. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of New Mexico. _____
14. This agreement represents my complete understanding with the College concerning the College's responsibility and liability for my participation in the Program, and supercedes all previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence. _____
15. I represent that I am at least eighteen years of age. _____

16. If I intend to finance any portion of the educational costs of this program of study with financial aid awarded or administered by the San Juan College Financial Aid Office, I understand that I must make application for such assistance well in advance. I fully understand that in order to receive Federal financial aid I must be enrolled for at least the equivalent of six (6) U.S. academic credits per semester, and it is my responsibility to determine that my course load abroad fulfills this requirement. If I drop below six (6) credits I may jeopardize future services and deferments (Questions regarding this statement should be directed to the Office of Financial Aid). _____

Signature: _____ Date: _____

Name: _____
(Print)

NOTARY PUBLIC

Signature Date

Expiration of my Commission

HEALTH INFORMATION
FORM FOR STUDY ABROAD

School of Extended Learning
San Juan College
4601 College Boulevard
Farmington, New Mexico 87402
505.566.3693

Please complete this form to the best of your ability. It is important that San Juan College understand your needs to help aid you in preparing for your safety while abroad. Seemingly insignificant problems may become more serious in a foreign environment, and if some complication should occur without San Juan College and local program administrators having background knowledge of your condition, timely and effective assistance may not be available. The information you give on this form does not affect your admission to the program and will remain confidential, to be shared with program staff, faculty, or appropriate professionals only if deemed essential to your continued safety and well-being.

Name: _____

Program: _____ Semester(s): _____ Year: _____

1. Are you generally in good physical condition? If no, please explain.

2. Have you ever been or are you currently being treated for any physical, psychological, or mental conditions? If yes, please identify condition and treatment.

3. Are you currently taking any medications for the above condition(s) or for any other reason? If yes, please identify. Please be specific as to duration of your treatment and dosage of your medication.

4. Do you have any allergies? If yes, please identify and describe treatment, if any.

CONFIDENTIAL REFERENCE
FOR STUDY ABROAD

School of Extended Learning
San Juan College
4601 College Boulevard
Farmington, New Mexico 87402
505.566.3693

TO THE STUDENT: Fill out the top of this form and give to a faculty member who can comment on your academic qualifications.

Study Abroad-program applying for: _____

Name of Applicant: _____

Applicant Waiver

_____ I waive my right to view this evaluation

_____ I do not waive my right to view this evaluation

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY REFERENCE

Name of Reference: _____ Position: _____

Address/Department: _____

How long and in what capacity have you known the applicant? _____

Please rate the student on the following qualities:

| | EXCELLENT (upper 5%) | GOOD (upper 10%) | AVERAGE (upper 25%) | FAIR (upper 50%) | POOR (lower 50%) | UNABLE TO RATE |
|------------------------------|-------------------------|---------------------|------------------------|---------------------|---------------------|----------------|
| Academic Ability | _____ | _____ | _____ | _____ | _____ | _____ |
| Motivation | _____ | _____ | _____ | _____ | _____ | _____ |
| Intellectual Curiosity | _____ | _____ | _____ | _____ | _____ | _____ |
| Reaction to Criticism | _____ | _____ | _____ | _____ | _____ | _____ |
| Ability to Adapt | _____ | _____ | _____ | _____ | _____ | _____ |
| Self-Confidence and Maturity | _____ | _____ | _____ | _____ | _____ | _____ |
| Interpersonal Skills | _____ | _____ | _____ | _____ | _____ | _____ |
| Communication Skills | _____ | _____ | _____ | _____ | _____ | _____ |
| Problem Solving Skills | _____ | _____ | _____ | _____ | _____ | _____ |

Using the space below or another sheet of paper, please elaborate on the above characteristics in a letter of recommendation also addressing any unusual aptitude or ability the student has demonstrated.

Do you know of any reason that would cause you to hesitate to recommend this student for a study abroad experience? Please explain.

SELECTION OF STUDENTS FOR THE STUDY ABROAD PROGRAMS WILL BEGIN WHEN COMPLETED APPLICATION FILES ARE REVIEWED. Please send this reference in an envelope and give to student to turn in to the Office of Extended Learning. If you have any questions, please call 505.566.3693. Thank you for your assistance in ensuring the continued success of San Juan College's Study Abroad Programs.

Signature: _____ Date: _____

CANCELLATION AND REFUND POLICY

San Juan College requires a \$25 application fee before any application to any Study Abroad Program will be considered. This fee is not refundable.

San Juan College also requires a non-refundable \$100 confirmation deposit, which will be applied to the cost of the program, at the time the student is accepted to a program. With the acceptance letter, the student will receive a confirmation form to return either with the deposit or indicating the student's withdrawal from the program. If neither deposit nor notice of withdrawal has been received one month prior to the program's scheduled start date, the student will be notified that their participation will be terminated if the deposit is not received.

Cancellation Policy

Participants who wish to cancel after confirmation must do so in writing. Include the reasons for cancellation and sign and date the letter. Written notification should be sent to:

Office of Extended Learning
San Juan College
4601 College Boulevard
Farmington, New Mexico 87402

Cancellation is effective from the date postmarked on the written notice.

Participants are responsible for all program fees until written notification has been received by San Juan College. Institutions paying on behalf of the participant are responsible for all program fees until official notice of cancellation by the student has been received by San Juan College. Additionally, it is the students' responsibility to notify the institution paying their program fees of their cancellation from the program.

Under extenuating circumstances, San Juan College may, after evaluating the situation, refund students' deposit/administrative fees.

Refund Policy

The application fee and confirmation deposit for all programs are non-refundable, as are the administrative fees for co-sponsored programs, external programs, and exchanges. Students participating in San Juan College exchanges, co-sponsored programs, or non-San Juan College (external) programs should also refer to the cancellation refund policy of the host institution.

San Juan College guarantees space on the program for the participant upon receipt of the confirmation deposit. At that point in time, San Juan College may incur certain non-recoverable costs. Therefore, any participant who cancels at any time after the confirmation deposit has been received will be assessed a portion of the program fee, based on non-recoverable costs. Participants and/or institutions will be invoiced and a hold placed on all San Juan College records until payment has been made in full. Past due accounts will be subject to handling charges and collection procedures.

Students dismissed from a program are responsible for the full program fee, and no refunds will be available under any circumstances.

Refunds are paid by check only and are mailed to the participant. If an institution has paid on behalf of the participant, the refund will be made to the institution. A minimum of four weeks is required for processing a refund.

A "hold" will be placed on the participant's record if a check is returned for insufficient funds or if a stop payment is issued on a check. The "hold" will remain in effect until all assessed program fees and any handling charges are paid in full.

NOTE:

Students intending to finance any portion of the educational costs of this program of study with financial aid awarded or administered by the San Juan College Financial Aid Office must make application for such assistance **well in advance**. In order to receive Federal financial aid the student must be enrolled for **at least** the equivalent of six (6) U.S. academic credits per semester, and it is the student's responsibility to determine that their course load abroad fulfills this requirement. Students who drop below six (6) credits may forfeit any future Federal financial aid money available to them upon your return.

Enrollment in a study abroad program through San Juan College does not guarantee that the courses taken abroad will be transferable to San Juan College. Questions concerning that procedure should be addressed to the Office of Learning Outreach. The exact credit, course titles, and grades will be entered on the San Juan College transcript of record after the completed work is evaluated by San Juan College. All transcripts are subject to a third-party evaluation, and the student will be responsible for that additional fee. Questions about the use of these courses to meet specific San Juan College requirements should be addressed to the department or college concerned.

The information contained in this cancellation and refund policy supersedes any verbal or other written information that anyone may receive regarding this policy. This policy is subject to applicable refund policies of non-San Juan College host institutions.

_____ I have read and understand the above Cancellation and Refund Policy.

_____ I have kept a copy of the Cancellation and Refund Policy for my future reference.

Signature _____ Date _____

Please return this form, signed and dated, to the Office of Extended Learning with your application.