

INSTRUCTIONS

This application consists of 4 parts; all 4 parts must be properly filled out and signed before the Office of Global Initiatives can evaluate your candidacy for this study abroad program. Read all pages carefully before you start your application to familiarize yourself with the requirements.

Part of this application process includes meeting with the Dean of Students.

After completed, your NJIT application must be returned to studyabroad@njit.edu with subject line "NJIT in LYON APPLICATION".

MEETING THE DEAN OF STUDENTS OFFICE

Meet with the Dean or Associate Dean to discuss any disciplinary issues that may or may not impact your study abroad experience. Contact their office directly to schedule an appointment.

CLASS REGISTRATION

The *NJIT in Lyon* program requires students to register for the course **MRKT 485** or **MRKT 725** for the entire spring semester. The week in Lyon is preceded and followed by classes on our campus. Students who register for this class are required to travel to France during the Spring Break week in March 2020. The costs for the trip, additional to tuition, are available on our website www.njit.edu/studyabroad.

ELIGIBILITY

In order to qualify for this program, students are required to submit this application to the Office of Global Initiatives no later than November 5, 2019. Students must be matriculated in a Business major or minor program at NJIT and must have a minimum cumulative GPA of 2.8. Students may have to meet with faculty leader for an interview as part of the application process. Successful candidates will be notified no later than November 11, 2019.

TIMELINE FOR PAYMENT

Students who are accepted into the program will be required to make a down payment in November to secure their spot in the program. The following payments must be made at the Office of the Bursar:

November 22 - \$1,000 (down payment)

December 6 - \$1,200 (final payment)

A payment slip will be provided for students to submit their payments.

CHECKLIST

In order to apply for this program, all the following documentation must be returned to the Office of Global Initiatives:

- 1) Copy of passport (biographical pages); may be submitted later if you need to get one
- 2) Completed and signed Study Abroad Application (only pages 3-7)

Once a completed application has been handed in and reviewed, you will be contacted for your next steps, which may include an interview with the faculty leader.

IMPORTANT INFORMATION

The deadline to submit this application is November 5, 2019.

We require 10 students to enroll in this program for it to run. If the program is canceled before the program's official start date due to low enrollment, students receive a full refund of all fees paid. NJIT will not be responsible for any personal expenses or losses incurred as a result of program cancellation.

Students who withdraw between November 23, 2019, and December 5, 2019, will receive their money back. Students who withdraw on or after December 6, 2019, will not receive any refunds, regardless of the reason for the withdrawal.

Part I – Study Abroad Agreement

Name: _____ NJIT ID#: _____

Email: _____@njit.edu Major/Minor: _____ GPA: _____

Status: _____ Sophomore _____ Junior _____ Senior _____ Graduate

Name of visiting university or program and country: **NJIT in LYON**

Program start date: **3/13/20** Program end date: **3/21/20** Today's date: _____

The following agreement is designed to protect all participants in the study abroad program (hereinafter collectively referred to as "Program"), including but not limited to New Jersey Institute of Technology, The Foundation at NJIT, the Office of Global Initiatives, agencies and educational organizations with which they contract for the provision of services for the Program, and their members, agents, servants, and employees, fellow participants in the Program, and host family members or institutions (hereinafter collectively referred to as "NJIT").

The undersigned, in consideration of the professional and educational enrichment and academic credit that he/she will derive from this educational experience, even though the said activity is not a requirement of the course of study, does hereby for themselves, heirs, executors, administrators and assigns (hereinafter collectively referred to as "I") agrees as follows:

1. General Waiver, Release and Covenant not to Sue: I agree to waive, release, covenant not to sue and forever discharge NJIT from any and all manner of actions, causes or causes of action, including, but not limited to negligence, suits, debts, accounts, damages, claims and demands of whatsoever in law, admiralty, or in equity or otherwise, which I have or may acquire by reason of injury, damage or harm to person or property while participating in, arising out of, or connected with the Program.

2. Medical Release and Emergency Treatment Consent: I understand that any air travel, highway travel, and travel within the United States and foreign countries involves some risk and that participation in the Program is entirely voluntary. I am aware that NJIT cannot assure participants in the Program that they will not be injured or exposed to dangers and risks that may result in serious injury, loss, harm, disease or illness. I understand that I have the right to advise NJIT of any health or mental issues that I may have. In the event of injury or illness, I accept full financial responsibility for the same and agree to release NJIT, from any and all responsibility from any such medical claim, lawsuits, damages, expenses or liabilities. It is my responsibility to advise my host institution or program provider of my medical emergency contact for any medical treatment.

3. Indemnification: I agree to defend, indemnify and hold harmless NJIT from any and all claims, demands, and/or causes of action, including reasonable attorney fees and court costs, arising out of my actions while participating in the Program or in connection with any accident or injury that may occur may occur during the activities associated with the Program.

4. Insurance: I understand that I will be automatically enrolled at NJIT's OnCall International Travel Assistance Plan. If needed, they will assist coordinate any coverage of benefits with my current, US-based, insurance plan. I understand I am required to have health insurance coverage while studying abroad.

(Continued next page)

5. Operation of Motor Vehicles: I agree that if I drive any motorized vehicle while abroad, I take full responsibility for all claims, damages, liability, lawsuits or injuries which may occur as a result of driving any motorized vehicle and agree to defend, indemnify and hold NJIT harmless against the same.

6. Expulsion Policy: I agree that upon the decision of New Jersey Institute of Technology, my participation in the Program may be terminated if I engage in action endangering me or others or jeopardizing the success of the Program, or do not abide by the rules set forth by the exchange institution. I acknowledge that the organizations involved in this Program have forbidden the use of drugs by the participants except for those prescribed by an examining physician or on the Emergency Treatment Permission Form. I agree that if expelled from the Program, I will be responsible for all expenses incurred in returning to my point of origin. In the event of such termination, I agree that no refund of Program fees will be given.

7. Host Institution Regulations: I understand that while travelling or residing in any foreign country that I will be subject to the laws, rules, and law enforcement procedures of that country. Any violation of such laws is beyond the control of the Program or NJIT. I agree to abide by all rules and regulations regarding campus life, including absences from campus, as set out by the host institution, and by the laws pertaining to my student status.

8. Refund Policy: I understand that if I leave the Program once the Program has begun or tuition has been paid there is a possibility of no refund depending on the Program. If I am receiving financial aid, I must contact the Financial Aid office at NJIT to discuss any reimbursement to NJIT.

9. Permission to Share Information: I understand that while I am studying abroad NJIT will follow the same protocol as if I were on campus regarding FERPA and HIPPA. I understand that my parents or emergency contact will be contacted in case of an emergency.

10. Payment Deadlines: I understand that I am responsible for paying all bills related to the Program by their deadlines.

This agreement shall be governed by and construed under the laws of the State of New Jersey, without regard to its choice of law principals. I agree not to commence or prosecute any action in connection with my study abroad other than in the state and/or federal courts of the State of New Jersey.

Student Name

Signature

Date

Parent or Guardian Name (optional)

Signature

Date

Part II – Behavior Contract

New Jersey Institute of Technology's (hereinafter "NJIT") Study Abroad programs (hereinafter "Program") are designed to promote excellence through blending experimental and classroom learning and allow students to experience the host country's culture. They are also designed to provide a safe learning environment. When students chose to deviate from the Program's rules, there are consequences for such actions.

As an NJIT student studying abroad:

1. I will abide by the rules, regulations, and policies of the host institution.
2. I will become familiar with and abide by the laws of my host country or other countries I visit.
3. I will correspond with the staff of the Office of Global Initiatives regularly while overseas, and to remain in the city of residence whenever classes are in session.
4. I will respect the culture and ethnic differences of my host country and of the individuals I meet.
5. If I choose to go before or stay later than the Program established dates, I will be responsible for all travel arrangements and additional expenses. I agree that if I choose to arrive or stay in the foreign country before or after the first and last official day of the semester or if I choose to travel for recreational purposes (e.g., during vacation periods within the semester), I do so of my own volition and at my sole risk and responsibility. I assume full and complete responsibility for maintaining proper health, accident and for all further consequences, intended or otherwise, of my choice to extend my stay before or after the semester. If I travel outside of my host country, I acknowledge that I have sole responsibility for arranging for any necessary visas or travel documents.
6. I will complete all papers, take all required examinations, read all texts, and attend classes as prescribed by my host institution.
7. If housing is provided by the Program, I agree to abide by the policies and standards governing it.
8. I understand it is my responsibility to prepare all papers to obtain passports, visas, and identification cards.

I understand participation in any NJIT's study abroad program carries with it the responsibility to comply with the academic standards, requirements, and policies of the institution, to respect the opinions and interests of all people involved in this endeavor and in general, to conduct myself in a manner bringing credit to me and to NJIT.

I certify that I have not, to the best of my knowledge, misrepresented any information supplied in this application.

Student Name

Signature

Date

Part III – Emergency Treatment Permission

On rare occasion, an emergency requiring hospitalization and/or surgery may develop. This form is a safeguard to prevent dangerous delay in case of emergency.

Make at least three (3) copies of this form:

- One for yourself and put inside passport;
- One for host institution/program; they may request for this information upon arrival
- One for NJIT's Office of Global Initiatives' files

THIS INFORMATION IS FOR STUDENT: _____

Emergency Contact

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Address: _____

Health Insurance – all students are required to have health insurance in order to be approved to study abroad

Company name: _____

Policy number: _____ Effective date: _____

Medicines I am allergic to: _____

Other allergies: _____

In the event of an emergency and your emergency contact cannot be reached (please select one)

I _____ GIVE _____ DO NOT GIVE consent to a representative of the host institution to authorize treatment or hospital care which, in the best judgment of a licensed physician, is deemed advisable.

OPTIONAL: The following are medical conditions in which a physician in another country should be made aware of: _____

OPTIONAL: Current medications: _____

Student signature

Date

Part IV – Dean of Students Office

STUDENT INFORMATION (to be filled out by the student)

Name: _____ NJIT ID#: _____

Email: _____@njit.edu Major: _____ Today's date: _____

Program start date: **03/13/2020** Program end date: **03/21/2020**

Your signature provides consent for release of information regarding your judicial conduct as a student at NJIT, from the point of application until the starting date of the program abroad. It is your responsibility to update our office immediately if you have new violations or changes in your disciplinary status after initially submitting this form.

Student's signature

DISCIPLINARY INFORMATION (to be filled out by the Dean of Students Office)

The student named above has applied to participate in a study abroad program. A confidential statement evaluating this student's record at NJIT is required. While prior disciplinary history does not preclude a student's participation, this information is taken into consideration during review and must be submitted in order for the student to be evaluated for admission to the program. Because a student's status may change from the completion of this form until the time of departure, we must receive notification of any new violations or changes to this record. Please use the comment section for further clarifications if necessary.

Has the student ever been on academic or disciplinary probation?

Academic Probation ☐ YES ☐ NO Disciplinary Probation ☐ YES ☐ NO

If yes to either of the above, please attach an additional sheet to explain the reasons for the student's probation and his/her current standing.

Please check one box only.

_____ This student **has not received** a judicial sanction at this institution.

_____ This student **is not currently** under active judicial sanction, but has been previously sanctioned.

_____ This student **is currently** under judicial sanction.

If the student is currently or has been under judicial sanction, please attach an additional sheet to explain the violation, adjudication date, and the sanction with effective dates.

Dean of Students Office Name (Print)

Signature

Date