

INDEPENDENT INTERNATIONAL TRAVEL PACKET

You must complete and return this form if you are studying abroad on one of these types of programs:

1. A **program sponsored by a CUNY College other than Baruch**
2. A **program sponsored by another independent provider** (such as SUNY Albany, Arcadia College of Global Studies, API, CEA, etc.)

You will not receive your Study Abroad Permit until the Study Abroad Office has received all required documents. If these documents are not on file by the final day of the semester prior to your study abroad, your approval to study abroad will be cancelled, and you will receive no credit for any work done abroad. You may also forfeit any program fees you have paid.

The “CUNY International Travel Guidelines,” adopted by the CUNY Board of Trustees, requires CUNY students studying abroad to complete certain documents and provide certain information in order to be eligible to study abroad for CUNY credit.

All students studying abroad must complete and submit the following documents, even if they submit similar documents to their Study Abroad Program provider:

1. *Study Abroad Program Information Sheet*
2. *Certification of Insurance Coverage*
3. *Emergency Contact Information and Waiver and Release Form*

Please complete (or have completed) all documents in this packet and bring them **in person to the Baruch College Study Abroad Office:**

Baruch College Study Abroad Office
Weissman Center for International Business
137 East 25th Street, 8th Floor
New York, NY 10010
Tel. (646) 312-2090; Fax: (646) 312-2071
Email: study.abroad@baruch.cuny.edu

1. STUDY ABROAD PROGRAM INFORMATION SHEET

Please complete the following information about your Study Abroad Program. "Study Abroad Program" (capitalized) refers to any approved credit-bearing study abroad opportunity, including Baruch College exchanges, CUNY-wide exchanges, Baruch or other CUNY-College sponsored short-term or semester study abroad programs (such as Brooklyn College-sponsored China program), study abroad through independent non-CUNY providers (such as SUNY, Arcadia University, Academic Programs International, etc.) or direct enrollment at a foreign university or other institution of higher education.

TO BE COMPLETED BY STUDENT:

Last name _____ First name _____ ID XXX-XX-_____

Study Abroad Program: _____

Type of Study Abroad Program: Baruch-sponsored Study Abroad Program
(please check one) Baruch/CUNY exchange
 Study Abroad Program sponsored by a CUNY College
 Study Abroad Program sponsored by a non-CUNY provider
 Direct enrollment

Sponsor of Study Abroad Program _____

Country/Countries of Study Abroad Program _____

City/Cities of Study Abroad Program _____

Dates of Study Abroad Program (including travel to and from destination) _____

Contact telephone number of Study Abroad Program for duration of program: _____

Is there a State Department Travel Warning/Travel Alert in effect for your destination(s)? Yes¹ No

Is there a Centers for Disease Control and Prevention travel notice in effect for your destination(s)? Yes² No

signature

date

Please fill out, sign and date the top portion of this document only and submit it to the Study Abroad Office

TO BE COMPLETED BY THE DIRECTOR OF STUDY ABROAD

Participation of the student named above in the program named above approved by:

Dr. Richard Mitten
Director of Study Abroad, Baruch College

Date

International Travel by the student named above for the program named above approved by:

Provost, Baruch College

Date

¹If there are any advisories, please notify your Student Affairs office (graduate students) or Study Abroad office (undergraduate students) as soon as you are aware of the advisories so that your travel can be reviewed by the University Office of Academic Affairs and the University Office of Environmental, Health, Safety and Risk Management. Please see http://travel.state.gov/travel/travel_1744.html.

²Please see the CDC website at <http://wwwnc.cdc.gov/travel/default.aspx>.

2. CERTIFICATION OF INSURANCE COVERAGE

To be completed by all Baruch College students approved to Study Abroad

Health and accident insurance coverage is required of all Baruch College students who study abroad. The coverage of the policy you purchase, or is purchased on your behalf as part of the program fee of your Study Abroad Program, must include basic medical, accidental death, dismemberment, emergency evacuation and repatriation of remains.

If you are studying abroad on a program sponsored by a CUNY College or another provider, your program fee might include a health and accident insurance policy. Check with your provider to find out whether or not you must purchase insurance for yourself.

If you are studying abroad on a Baruch or CUNY exchange, or directly enrolling in a foreign institution, *you must purchase a health and accident insurance policy before you may receive your Study Abroad Permit*. Baruch College does not currently recommend a specific insurance carrier but many carriers offer policies that are designed especially for students studying abroad. You should examine the various policies available and choose the insurance policy that best suits your needs.

Please note: If you plan to travel before your Study Abroad Program begins, or after it concludes, you should be covered the entire period you will be abroad. If the insurance purchased for you by your Study Abroad Program provider does not cover the entire period, you must purchase additional short-term coverage yourself for this additional period. You must also comply with any additional insurance requirements of the host country of your Study Abroad Program.

Please complete, sign and return this form to the Baruch College Study Abroad Office. Please note: you will not be issued a Study Abroad Permit by the Baruch College Registrar's Office until this form has been received by the Study Abroad Office.

Name (please print or type): _____
(last name) (first name)

Program name: _____ Host institution: _____

Country of Program: _____ City of Program: _____ Dates of Program: _____

Program sponsor (check one): CUNY College (name): _____
 Other provider (name): _____
 Direct enrollment

Please check appropriate box:

- A policy providing adequate health and accident insurance is included in the program fee of my study abroad program
- The program fee of my study abroad program does not include insurance; I will be purchasing insurance privately
- I am studying on an exchange program or through direct enrollment and will be purchasing insurance privately

Insurance Policy Information

Please complete the following information. You are required to attach to this form a photocopy of the receipt of the policy you purchased or evidence that the sponsor of your study abroad program is providing insurance for you.

Insurance company: _____

Address: _____

Policy Number: _____

Dates of Enrollment: _____

I hereby certify that I have obtained health and accident insurance coverage for the entire period I will be abroad, both while studying on the program and during any additional period of travel I may undertake before or after the program.

Student's Signature (please sign in BLUE ink)

Date

Parent's/Guardian's Signature (ONLY if student is under 18 years of age)

Date

3. EMERGENCY CONTACT INFORMATION AND WAIVER AND RELEASE

I, _____ hereby authorize Baruch College to notify the following
(please print name)
individuals in case of emergency and to release information regarding my health or legal status in order to secure assistance necessary to my well-being:

1st Contact

Name: _____ Relationship: _____
(First name) (Last name)

Address: _____
(Street) (City) (State) (Zip)

Phone 1: _____ Phone 2: _____ email address: _____

2nd Contact

Name: _____ Relationship: _____
(First name) (Last name)

Address: _____
(Street) (City) (State) (Zip)

Phone 1: _____ Phone 2: _____ email address: _____

3rd Contact

Name: _____ Relationship: _____
(First name) (Last name)

Address: _____
(Street) (City) (State) (Zip)

Phone 1: _____ Phone 2: _____ email address: _____

Signed: _____ Date: _____
(please sign in blue ink)

Please submit this form **with original signature** directly to the following address:

Baruch College Study Abroad Office
Weissman Center for International Business
137 East 25th Street, 8th Floor
New York, NY 10010