

# Faculty-led Short-term Study Abroad Programs

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**INTERNATIONAL SUMMER INSTITUTES** are 4-5 week thematic study and travel programs led by Montclair State faculty and held at host universities in France, Spain, Italy, China and other countries. Participants select two courses (six credits) from the offerings for that particular program, focused on language, literature, area studies, cultural history, hospitality management and business. All international travel arrangements, housing, faculty-led field trips and overnight excursions are built into the programs to provide a comprehensive cultural experience appropriate to novice as well as experienced travelers. Montclair State faculty accompany the group throughout the program, and provide on-site support services as well as pre-departure orientations. International field trips are 7-10 day overseas excursions related to a longer course and focusing on a particular area or topic. Led by Montclair State faculty, they may be taken for credit ranging from one to three credits depending on the program.

## Academic Requirements and Offerings

All participants are required to have **1)** a minimum GPA of 2.75; **2)** an interview with one or both of the faculty leading that program; **3)** a reference form completed by a faculty member other than the faculty leading that program; and **4)** the \$100 non-refundable application fee. Summer programs are open to non-Montclair State students and high achieving high school seniors who demonstrate special interest. Non-Montclair State students, new transfer students and high school seniors will need to submit two references forms plus an official transcript from their home institution(s).



## Program Costs

Each program is priced to include airfare, housing field trips and administrative fees. The following items are usually not included: visa charges if necessary, transportation to and from US airport, books, items of a personal nature and gratuities. Meals are included for some programs but not for others—check program specifics. Prices are based on a minimum of 15 paying participants and are subject to change. Programs costs do not include tuition, which is paid directly to the Montclair State Bursar.

## Cancellations

All cancellations must be in writing and are subject to a penalty. Since air and land space are reserved for each program participant, there is a non-refundable fee of \$100 on all applications. Cancellations received in writing less than 120 days prior to departure are subject to a penalty of 10% of the program cost. Cancellations received less than 90 days prior to departure are subject to a penalty of 25% of the program cost. Cancellations received less than 60 days prior to the departure are subject to a penalty of 50% of the program cost. Cancellations received less than 30 days prior to departure are non-refundable. Participants may purchase trip cancellation insurance. Insurance brochures may be obtained through the Global Education Center.

## Itinerary Change Requests

Individuals wishing to deviate their travel plans from those of the group may do so on the return flight date only. However, they are subject to:

1. Availability of space,
2. Any applicable airline penalty fees,
3. A \$50 service charge to Montclair State per participant.

All requests for deviations must in writing, and must be received at least 60 days before departure. We will not accept requests made less than 60 days prior to departure. Participants who travel separately from the group may lose group program services such as airport/hotel transfers, hotel accommodations, meals, tours, and internal domestic flights. Participants will not be compensated for lost services that may result from the requested change.

### Passports and Visas

Most programs do not require visas for U.S. citizens. Non-U.S. citizens may need visas and should check with the appropriate consulate. Documentation and any visa charges are the responsibility of the individual participant. The Global Education Center arranges visas for programs only for destinations requiring visas for all participants. Neither Montclair State University nor the designated travel agency can be held responsible if the individual fails to obtain the necessary visas. A photocopy of the passport identity page, showing the official name and citizenship of each participant, must be received by the Global Education Center no less than 60 days prior to departure, or a plane ticket will not be issued. Any penalties incurred are the responsibility of the participant. Participants without valid passports should start paperwork immediately.

### Medical Insurance

Participants are required to have medical insurance valid abroad and are recommended to purchase emergency evacuation insurance for study abroad. All participants will be asked to complete a medical information form identifying U.S. medical insurance coverage and any pre-existing medical conditions. A release from a personal physician may be required for some pre-existing conditions. The medical and personal information forms are due at the Global Education Center no less than 60 days prior to departure, or a plane ticket will not be issued.

### Tuition

Tuition expenses will vary depending on undergraduate or graduate level, and in-state or out-of-state residence. Tuition and fees for Summer Sessions 2008 were:

Undergraduate New Jersey residents:	<b>Approx. \$264 per credit or \$ 792 per course</b>
Undergraduate non-residents:	<b>Approx. \$442 per credit or \$1,326 per course</b>
Graduate New Jersey residents:	<b>Approx. \$513 per credit or \$1,599 per course</b>
Graduate non-residents:	<b>Approx. \$745 per credit or \$2,235 per course</b>

The Summer Sessions 2009 website includes the complete registration schedule and instructions as well as Visiting Student information. See [montclair.edu/pages/summersessions/index.shtml](http://montclair.edu/pages/summersessions/index.shtml) for further information. Registration for courses will begin beginning of April and must be completed by May 1. Tuition costs will be paid directly to the Student Accounts office, as per the Summer Sessions calendar and are subject to change.

### Scholarships and Financial Aid

The Global Education Center awards a limited number of scholarships to Montclair State University students. The deadline for applications is **March 15, 2009**. Visiting Students are not eligible. For information and application forms, contact the Global Education Center at **973-655-4185**. Students currently receiving financial aid should contact the Financial Aid office regarding tuition and program cost assistance.

#### FOR FURTHER INFORMATION

Please contact **Wendy Gilbert-Simon**,  
Global Programs Coordinator, at **973-655-4185**  
or **email [simonW@mail.montclair.edu](mailto:simonW@mail.montclair.edu)**  
or visit us on the web at **[montclair.edu/globaled](http://montclair.edu/globaled)**



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## Emergency Treatment Permission and Contact

MONTCLAIR STATE UNIVERSITY  
GLOBAL EDUCATION CENTER  
Montclair, NJ 07043

**THIS INFORMATION IS FOR :** \_\_\_\_\_  
STUDENTS NAME

**1. Emergency Contacts:**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

**2. I am insured under:**

POLICY NUMBER \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

**3.** The following are medical conditions in which a physician in another country should be aware of including medicines you are allergic to:

**4.** In the event of an emergency and we cannot be reached, we give our consent to authorize a representative of the host institution to authorize treatment or hospital care which in the best judgement of a licensed physician is deemed advisable.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

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## Statement of Authorization and Consent

DUE DATE: 60 DAYS PRIOR TO DEPARTURE

MONTCLAIR STATE UNIVERSITY  
GLOBAL EDUCATION CENTER  
22 Normal Avenue  
Montclair, NJ 07043

The following agreement is designed to protect all participants in the Montclair State University Study Abroad Program: the students, faculty members, Montclair State and the institutions cooperating with Montclair State. Please indicate your permission/agreement with the following conditions by affixing your signatures below.

I understand that it is my responsibility to have adequate medical insurance coverage. I have either verified that my current coverage is valid overseas or I will purchase short-term study abroad insurance that provides adequate coverage. I understand that comprehensive repatriation insurance may be required for certain destinations.

I understand that any program of travel involves some risk and that participation in the program is entirely voluntary. I release the travel agency and Montclair State University, its trustees, officers and employees from any responsibility from any claims, lawsuits, damages, expenses, liabilities or injuries that may occur or be given rise to during participation in the program.

I understand that while traveling or residing in any foreign country that participants are subject to the laws, rules and law enforcement procedures of that country. I understand that violation of such laws is beyond the control of Montclair State University.

I understand that violent or inappropriate behavior may result in dismissal from the program, and that illegal drugs in any form will not be tolerated.

I understand that if I leave the program at any point, refunds will be in accordance with the cancellation policy noted in the program brochure, and that there will be no refund once the program has begun. All cancellations must be in writing.

I will abide by the rules, regulations and policies of the host institution while abroad. I will abide by the policies and standards of the dormitory or host family in the host country.

I will become familiar with and abide by the laws of the host country or other countries I visit.

I will respect the culture and ethnic differences of the host country and of the individuals I meet.

I understand that it is my responsibility to prepare all paperwork to obtain passports and visas (if necessary).

I understand that participation in this Montclair State University Study Abroad program carries with it the responsibility to comply with the academic standards, requirements and policies of the host 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 the University.

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian if under 18** \_\_\_\_\_ **Date** \_\_\_\_\_

The University has established this set of policies, standards of behavior, regulations, procedures, sanctions and appeals processes. It is intended to prevent, limit and correct actions that may impede, obstruct or damage the educational environment, and threaten the maintenance of order.

These regulations continue to apply to students participating in Montclair State University-sponsored programs abroad, particularly as related to:

**Destruction of Property**

1. No student may intentionally damage, deface or destroy local university or residential property or that of any other person while on that campus or while using Montclair State-related premises;
2. No student may litter or place graffiti on walls, doors, furniture or other property while on the campus or while using Montclair State-related premises.

Students will be held liable for the total cost to repair any damage to the host university or residential property. An inspection of dormitory rooms by the Faculty Director will be conducted upon arrival and prior to departure from the host country to determine if there is any damage.

**Disruptive Conduct**

Acting to impair, interfere with or obstruct the orderly conduct, processes and functions of the University. This behavior includes but is not limited to excessive noise, abusive or obscene language in a public place, classroom behavior that seriously interferes with either **(a)** the instructor's ability to instruct the class or **(b)** the ability of other students to profit from the instructional program.

I understand and will abide by Montclair State University's regulations while participating in the study abroad program. I agree to reimburse Montclair State University for all costs associated with the repair or replacement of any property damaged by me.

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian if under 18** \_\_\_\_\_ **Date** \_\_\_\_\_

**Itinerary Change Policy**

Individuals wishing to deviate their travel plans from those of the group may do so on the *return flight only*. Groups are allowed a limited number of requests, and once the limit is reached, we will submit the requests. Requests received first will be most likely to be included in the allowed deviations.

Requests are subject to:

- Availability of space,
- The applicable airline penalty fees,
- A \$50 service charge to Montclair State per participant

All requests for deviations must in writing, and must be received at least 60 days before departure. We will not accept requests made less than 60 days prior to departure.

Participants who deviate their travel plans from the group may lose included services such as, but not limited to, airport/hotel transfers, hotel accommodations, meals, tours, and internal domestic flights. Participants will not be compensated for lost services that may result from the requested deviation.

**NAME** \_\_\_\_\_

**PROGRAM** \_\_\_\_\_

**PROGRAM DATES** \_\_\_\_\_

I would like to request a different return flight. I am enclosing a check for \$50 payable to Montclair State University for the service charge. I understand that there may be additional airline penalty fees, to be confirmed below.

**1ST CHOICE:** \_\_\_\_\_

**2ND CHOICE:** \_\_\_\_\_

**3RD CHOICE:** \_\_\_\_\_

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**To be completed by the Global Education Center:**

**CONFIRMED RESERVATION:** \_\_\_\_\_

**SERVICE CHARGE TO MONTCLAIR STATE RECEIVED** \_\_\_\_\_ **DUE** \_\_\_\_\_

**AIRLINE PENALTY FEE: \$** \_\_\_\_\_

**Montclair State University**  
**International Summer Institute**

PROGRAM NAME: \_\_\_\_\_ DATES: \_\_\_\_\_

**I. Personal Information**

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

TELEPHONE Days: \_\_\_\_\_ Evening: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

TELEPHONE Days: \_\_\_\_\_ Evening: \_\_\_\_\_

COLLEGE OR SCHOOL: \_\_\_\_\_

DEGREE & DATE EXPECTED: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

**Have you ever traveled abroad before?** Yes \_\_\_ No \_\_\_ If yes, when, where, and for what purpose? \_\_\_\_\_

**II. Passport Information: Attach photocopy of identification page of passport**

Name exactly as it appears on passport: \_\_\_\_\_

Citizen of \_\_\_\_\_ Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Non-U.S. citizens: Please confirm your visa status: \_\_\_\_\_

**III. Health Information**

Insurance Coverage: \_\_\_\_\_

Insurance Policy or Member Number: \_\_\_\_\_ Expiration Date if Applicable: \_\_\_\_\_

**Are there any medical restrictions, physical or psychological, which may limit your full participation in this program?**

\_\_\_Yes \_\_\_No If yes, please explain: \_\_\_\_\_

**IV. Emergency Contact Persons:**

1. \_\_\_\_\_ Tel. \_\_\_\_\_

2. \_\_\_\_\_ Tel. \_\_\_\_\_

**V. Emergency Care Consent**

In the event of an emergency, I authorize a representative of Montclair State University to arrange for any required medical treatment or hospital care, including the administration of an anesthetic and/or surgery.

**VI. Use of Photographs**

Photographs taken during study tour may be used for publicity for future programs.

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian if under 18** \_\_\_\_\_ **Date** \_\_\_\_\_

**SHORT-TERM STUDY ABROAD INSTITUTES**

Montclair State University • Global Education Center  
22 Normal Avenue • Montclair, New Jersey 07043

**Part I: TO BE COMPLETED BY THE APPLICANT**

**Deadline:** \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Reference Requested from \_\_\_\_\_

Program Name \_\_\_\_\_ Program Dates \_\_\_\_\_

I Agree \_\_\_\_\_ Do Not Agree \_\_\_\_\_ To Wave my right of access to this reference.

Applicant's Signature \_\_\_\_\_

**Part I: TO BE COMPLETED BY THE EVALUATOR**

The above mentioned applicant is applying for a Short-Term Study Abroad Program.  
We would appreciate your assessment of the applicant's attributes with which you are familiar.

Please return this form by the deadline to: Wendy Gilbert-Simon  
Montclair State University  
Global Education Center  
22 Normal Avenue  
Montclair, New Jersey 07043

**1. Basis and extent of your acquaintance with the applicant.**

**2. Please indicate the applicant's academic attributes. You may elaborate in the comments section if necessary.**

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comments section if necessary.**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>No opportunity to observe</b>
Ability to adapt to a new circumstance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Additional Comments:**

Evaluator's name \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_ Telephone \_\_\_\_\_