

SCSU Office of International Education  
Faculty-Led Program Abroad Application

# PERU

October 30- November 9, 2024

**Deadline: September 1**

Return completed application to the Office of International Education at SCSU, Engleman Hall Room A-220, 501 Crescent Street, New Haven, CT 06515, with your \$1400.00 deposit\*\* (submit online through the SCSU Touch Net payment portal: [https://secure.touchnet.net/C21400\\_ustores/web/store\\_main.jsp?STOREID=9&SINGLESTORE=true](https://secure.touchnet.net/C21400_ustores/web/store_main.jsp?STOREID=9&SINGLESTORE=true))

\*\*A deposit is NOT a guarantee of acceptance. The Program Director will review application and render a decision regarding admission in writing within 14 days. **If student is accepted, the deposit is used to purchase program airfare and becomes non-refundable. The deposit will only be refunded if applicant is notified that they have not been admitted. By submitting this application with my deposit, I acknowledge that I understand this deposit placement and refund policy.**

## Essential Eligibility Criteria:

Participants must:

- Be a senior student in the Nursing program or other program within the University;
- Be able to manage all personal care and mobility independently (there is a lot of walking, steep hills, and cobblestone streets); be responsible for their own health and overall well-being;
- Be comfortable in a culture where personal space is not an expectation;
- Have working knowledge of Spanish or be enrolled in medical Spanish;
- Be able to comprehend and follow instructions; be willing to work together with group members and assist others if necessary;
- Be comfortable interacting with people in a developing country who are poor and have not received medical care;
- Be physically able to handle altitudes of 11,000+ feet above sea level;
- Be able to manage dietary restrictions effectively.

## PERSONAL INFORMATION

Full legal name (**as it appears on your passport**):

\_\_\_\_\_

(First)

\_\_\_\_\_

(Middle)

\_\_\_\_\_

(Last)

DOB (mm/dd/yyyy): \_\_\_\_\_

Current University: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Major(s)/Minor(s): \_\_\_\_\_

Are you a tuition waiver recipient?  Yes  No

\*\*Deposit may be made by check (payable to "SCSU") or online in the Touch Net store at the following website:

[https://secure.touchnet.net/C21400\\_ustores/web/store\\_main.jsp?STOREID=9&SINGLESTORE=true](https://secure.touchnet.net/C21400_ustores/web/store_main.jsp?STOREID=9&SINGLESTORE=true). OIE staff would be happy to assist you with the online deposit (visit us in EN A-220).

Anticipated Date of Graduation (mm/yyyy): \_\_\_\_\_ Current GPA: \_\_\_\_\_

Enrollment Status:  Full-time  Part-time  Freshman  Sophomore  Junior  Senior

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Languages spoken: \_\_\_\_\_ Proficiency: \_\_\_\_\_

Languages read: \_\_\_\_\_ Proficiency: \_\_\_\_\_

Courses previously taken in Nursing:

Course: \_\_\_\_\_ Grade: \_\_\_\_\_ Course: \_\_\_\_\_ Grade: \_\_\_\_\_

Course: \_\_\_\_\_ Grade: \_\_\_\_\_ Course: \_\_\_\_\_ Grade: \_\_\_\_\_

Passport:

I have a valid U.S. Passport that will not expire before the trip ends.  I have applied for a U.S. Passport.

I have a valid Passport from another country (specify \_\_\_\_\_).

## REFERENCE

Please list one (1) reference that the program leader may contact. This person must be either a professor or previous or current employer.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

## PROGRAM FEE: \$3600

**Deposit:** \$1400

**Due:** with this application\*

**Second Payment:** \$ 1100

**Due:** September 15

**Second Payment:** \$ 1100

**Due:** October 1

### Program Fee Includes:

- Airfare and transportation in Peru
- Round-trip domestic transportation from SCSU to the airport
- Lodging & breakfast daily
- \*Tour of Machu Picchu, Sacred Valley and Cusco city

**Please Note:** The program fee includes the cost of CISI insurance—a stand-alone comprehensive insurance policy that provides coverage for evacuation and repatriation, required for all students studying abroad.

## STUDENT BUDGET

To ensure that you have thoroughly considered the financial obligations you will incur by registering for this program abroad, please complete the worksheet below:

Program Fee: \$ \_\_\_\_\_

\*Tuition & Fees: \$ \_\_\_\_\_

Personal Costs: \$ \_\_\_\_\_ (laundry, souvenirs, free time, etc.)

**Total Costs:** \$ \_\_\_\_\_

\*if applicable

Please indicate how you plan to fund your course abroad experience given the costs listed above:

Personal Savings: \$ \_\_\_\_\_

Student Loan: \$ \_\_\_\_\_

Credit Card: \$ \_\_\_\_\_

Family Contribution: \$ \_\_\_\_\_

Other \_\_\_\_\_: \$ \_\_\_\_\_

**Total Costs:** \$ \_\_\_\_\_

(must be equal to or greater than the total in the worksheet above)

For information regarding financial aid, please contact the Office of Financial Aid at (203) 392-5222 or [financialaid@southernct.edu](mailto:financialaid@southernct.edu).

## ENROLLMENT VERIFICATION ACKNOWLEDGEMENT

**If accepted for enrollment in a faculty-led program abroad, the student is responsible for registering in the related course and paying associated SCSU tuition and fees for the number of credits required by the program.** Payment for tuition and fees must be made through the Office of the Bursar or Banner Web. By signing, the student assumes responsibility for managing his or her finances to account for payment of tuition and fees in addition to the Program Cost (detailed in both the brochure and the application).

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MANDATORY PROGRAM HEALTH AND SAFETY SESSION

In accordance with SCSU-OIE policy, all Study Abroad Participants are required to participate in a Mandatory Program Health and Safety Session prior to departure. Sessions will cover all insurance, health, risk, and liability issues associated with Education Abroad. The H&S Session will take between 30-60 minutes, and encompass all aspects of the Health and Safety Agreement process, including Medical Self-Assessment. Students who do not complete the Health and Safety Agreement process will not be permitted to travel.

**Students will need to register for one Student Health and Safety Agreement session specific to their program (Peru). All sessions will take place at least 30 days prior to departure.**

## OFFICE OF INTERNATIONAL EDUCATION CANCELLATION POLICY

Currently, all courses abroad for the academic year are expected to operate. Southern Connecticut State University's Office of International Education (SCSU-OIE) will monitor world events and make any change to this decision on an individual course basis any time between now and the departure dates.

If Southern Connecticut State University cancels a faculty-led program abroad for unforeseen reasons, students will be refunded deposits and any additional program payments the university is able to recover from program providers. Although the SCSU-OIE office will negotiate with providers for refunds, the university cannot guarantee that all monies will be returned.

In the event of such a program abroad cancellation, the staff of SCSU-OIE will work with individual program abroad faculty members in adapting their course, when possible, for the Southern Connecticut State University campus. This is understood to be an emergency procedure in place as a result of unusual or unforeseen world events. If an off-campus course cannot be adapted to the on-campus setting, the faculty member will work to develop an alternative on-campus course for the students enrolled. If this is possible, efforts will be made to enroll students in existing on-campus courses.

If a student withdraws from an off-campus course at any time between now and the departure date, the student will forfeit their deposit but will be refunded all other recoverable amounts. In the event the price of the trip rises more than 20%, the student may withdraw and receive both recoverable funds and deposit.

Students who must cancel their participation in a course abroad program must do so in writing to Dr. Erin Heidkamp, Director of the Office of International Education.

The Office of International Education will work to delay payment to providers on costs for course abroad programs as long as possible and request clearly-stated refund policies from all providers for all programs prior to payments. Students who wish to purchase cancellation insurance should contact their insurance provider.

I understand the material provided above regarding SCSU's International Programs Cancellation Policy, program costs, and dates. I also understand the faculty-led program deposit refund policy described on page 1 of this application.

Student Name (*print clearly*): \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT: "I certify that the information submitted on this application is correct. I agree to be subject to the academic and financial policies of SCSU. I am in good academic and disciplinary standing at my home college/university and agree to notify SCSU if my status changes. I have read the SCSU Program Abroad brochure, understand the policies therein, and realize that they are binding."**

**"I consent to allowing my photograph to be used in promotional material for the SCSU Abroad Program in the future."**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_