



## Southwestern Community College District 4-Week Paris Program Summer 2014

### **Application Procedure**

1. Complete the AIFS application form and Student Information Release form, securing the signature of your college's study abroad program coordinator and thus certifying your eligibility to apply.
2. Complete the top part of the Student Conduct Release Form, and submit it either to your education abroad coordinator or to your Dean of Student Affairs. This form must be completed by the Dean of Student Affairs and then forwarded directly to Southwestern College (address is on the back of the brochure).
3. A deposit of \$450 is due with the application.
4. Attach a photocopy of the information page of your passport (the page with your picture). If you do not yet have a passport, please apply for one immediately, and mail a copy once you have received it.
5. Attach 2 2"x2" head shot photos with your name and program ("SWCCD Paris") on the back of each.
6. Mail or give the completed application form, photos, and deposit to the coordinator on your campus. See the program brochure for a complete list of participating colleges and their coordinators.
7. The balance of fees should be sent before the dates indicated directly to: American Institute For Foreign Study, Partnership Programs, College Division, 1 High Ridge Park, Stamford, CT 06905. Telephone: (800) 727-AIFS.

### **The AIFS program fee of \$4,390.00 (based on an enrollment of 20-24 participants) includes the following:**

- ⇒ round-trip airfare between the U.S. and Paris, and transfers overseas between the airport and your accommodations on the specified program dates. Additional mandatory U.S. government and airline-imposed departure taxes, fees and fuel surcharges will be billed separately;
- ⇒ housing in twin rooms in a homestay with a local family, including daily continental breakfast and limited kitchen access;
- ⇒ orientation program in Paris consisting of a detailed orientation seminar with AIFS staff covering safety and security, cultural differences/adjustment and behavior; information packet; welcome dinner and half-day guided sightseeing tour of Paris by private coach;
- ⇒ guided excursion to Versailles including transportation and entrance to the chateau;
- ⇒ boat ride along the Seine;
- ⇒ two guided walking tours;
- ⇒ farewell dinner;
- ⇒ access to the AIFS Student Services office and the services of the AIFS Program Coordinator for information, personal advising and 24-hour emergency contact service;
- ⇒ medical and program fee refund insurance policies;
- ⇒ \$50 non-refundable application fee.

### **Program fees do not include the following:**

- ⇒ mandatory additional U.S. government and airline-imposed departure taxes, fees and fuel surcharges of approximately \$600 (subject to change);
- ⇒ \$125 refundable damage deposit;
- ⇒ community college enrollment fees;
- ⇒ textbooks;
- ⇒ passport and visa fees if applicable;
- ⇒ field trips or excursions required by your instructors;
- ⇒ local or independent travel while in Paris;
- ⇒ personal expenses such as laundry;
- ⇒ optional personal effects coverage and medical insurance upgrade.

**Please retain this page for your records.**

## PAYMENT SCHEDULE FOR AIFS FEES

<b>Summer Term</b>	<b>Fee</b>	<b>Due Date</b>	<b>Optional</b>	<b>Fee</b>	<b>Due Date</b>
Enrollment deposit	\$450	Time of application*	Medical Insurance Upgrade	\$65	May 2, 2014
First payment	\$1,500	March 10, 2014	Personal Effects Coverage	\$90	May 2, 2014
Second payment	\$1,500	April 11, 2014			
Balance of fees	<u>\$940</u>	May 2, 2014			
Sub-total	\$4,390				
Taxes/Fees/Fuel on airfare**	\$600	May 2, 2014			
Damage Deposit (Mandatory/ Refundable)	<u>\$125</u>	May 2, 2014			
Total**	\$5,115				

Checks should be made payable to "AIFS." You may also use American Express, MasterCard or Visa. See application form. All students must submit the \$450 deposit with the completed application.

Please note: A \$35 returned check fee will be charged on all checks returned by the bank for insufficient funds.

\*And no later than Monday, March 31, 2014, to be included in the group flight.

\*\*This amount may change once the airline taxes, fees and fuel surcharge amount is confirmed.

## AIFS TRANSPORTATION PACKAGE

Tickets purchased from AIFS are exclusively on scheduled airlines (not charters). They are not endorsable to another carrier. Flights are not necessarily direct or non-stop, and frequent flyer miles are not applicable. The AIFS Transportation Package includes round-trip ground transportation overseas between the airport in Paris and your accommodations on the regularly scheduled program dates. AIFS will book flights on the dates indicated on this application only.

**In order to be eligible for the group airfare, you must submit your application and deposit no later than Monday, March 31, 2014.**

Participants wishing to cancel from the flight must notify AIFS in writing by Friday, May 2, 2014. Cancellation penalties will apply. Tickets are non-refundable after this date.

**AIFS Airfare Regulations:** Return must be to original U.S. departure point. Tickets are subject to airline availability. No refunds are available for any unused portion of ticket. Tickets cannot be rerouted, and stopovers are not permitted. Once in Paris participants may be able to change their return date, but only if that date is available and in the same class of service in which the ticket was booked. Only the ticketing agent can provide this information. Participants are subject to agency and airline-imposed change fees and space availability. Group round-trip ground transportation to and from the airport in Paris is on the regularly scheduled program dates only.

AIFS cannot guarantee that all passengers will be booked on the same flight.

A minimum of 10 students must take the flight for it to be offered.

## 2014 PROGRAM DATES

Friday, June 27	AIFS flight departs U.S. for Paris.
Saturday, June 28	Arrive in Paris. Program begins.
Friday, July 25	Program ends. AIFS flight departs Paris for the U.S.



# Agreement and Release Form

I, the undersigned, an Applicant for an overseas study program of the American Institute For Foreign Study, Inc. (the "Institute), acknowledge that I have read and accept the terms and conditions set forth in the AIFS application/brochure, which are incorporated in this agreement. I acknowledge that I am responsible for reading all information provided in the AIFS pre-departure materials, whether sent by mail or posted online, and abiding by all policies contained therein. This agreement is a legally binding contract. I acknowledge and accept the terms of the refund policy as outlined below:

If a participant withdraws in writing

On or before April 3, 2014

After April 3, but on or before May 2, 2014

After May 2, 2014

She/he receives

All fees paid less \$150 plus any non-refundable deposits paid either by the student or by AIFS on the student's behalf.

All fees paid less \$450 plus any non-refundable deposits paid either by the student or by AIFS on the student's behalf.

No refund, and student is responsible for entire program fee.

All requests for refund must be made in writing, signed, and addressed or faxed to: **Registrar, AIFS, Partnership Programs, College Division, 1 High Ridge Park, Stamford, CT 06905; fax number (203) 399-5597. Unsigned withdrawal statements will not be processed.**

I unconditionally release the Institute from any claims for damage, injury, loss, or expense of any nature resulting from events beyond its control, including without limitation: Acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by any host family, bus or car rental agency, steamship, airline, railroad, taxi or tour service/organizer, hotel service, hotel, restaurant, school, university/college, or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Institute.

I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that the Institute cannot provide supervision or support during periods of independent travel.

I agree that if I become ill or incapacitated, the Institute or its emergency assistance company may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the United States. I release the Institute from any liability relating to this medical care. I also authorize the Institute to take whatever action it deems to be necessary and in my best interest (including transporting me out of the host country or back to the United States, at my own expense) in the event of political unrest or any other unforeseen event or condition. If the Institute incurs on my behalf any costs not covered by its general liability insurance, I agree to make immediate repayment upon my return.\*

I will comply with the Institute's rules, standards and instructions, and understand that failure to do so may result in being sent home at my expense, with no refund. I understand that my participation may be terminated if I am expelled from school or otherwise disciplined by school or civil authorities, or if the Institute, in its sole discretion, determines that my conduct is incompatible with the interests, harmony, comfort or welfare of the other students. I agree to indemnify the Institute if I do anything that causes the Institute to sustain financial loss or liability.

I understand that the Institute provides insurance coverage for my benefit while in the program, including limited health, accident, accidental death, personal effects and program fee refund insurance. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that the Institute is not responsible for any uninsured losses.

I understand that the Institute reserves the right to make changes, cancellations or substitutions in cases of changed conditions or emergency, or based upon the interest of the group. I understand if I am terminated from the program, there will be no refund of AIFS fees.

I understand that obtaining a passport and any other required travel documents is my sole responsibility. I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that if I am not a U.S. citizen, a visa may be required for entry to the countries I plan to visit (or travel through) while a participant on this program. I further understand that it is my sole responsibility to determine my visa requirements and obtain the appropriate visa(s), and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents and visas for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that from time to time the Institute's publicity material may include statements by its participants and/or their photographs and/or video images, and I consent to such use of my comments and photographic likeness.

This agreement will be effective when my application is accepted by the Institute and shall be governed by the laws of the State of Connecticut. This agreement cannot be modified except in writing by the Institute.

References in this agreement to "the Institute" shall include the American Institute For Foreign Study, Inc., and all of its agents, employees, affiliated companies, campus directors, chaperones, group leaders, teachers, host school and school officials.

If I am using financial aid to pay for all or part of my AIFS program fees, and if that aid is canceled or reduced by my institution or lending agency after I have embarked on the AIFS program, I am immediately responsible for full payment of all fees. Failure to make payment will result in my administrative withdrawal from the program.

Signature of Applicant	Date
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Printed Name

I authorize AIFS to release any relevant medical information to my parents/guardian to ensure my health and safety while on my study abroad program. I understand this information will be kept strictly confidential and will be shared only on an as-needed basis to assist in my medical care and recovery. I further understand that I may withdraw this authorization in writing and deliver the withdrawal to AIFS in order for it to be effective.

Signature of Applicant	Date
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\*A special substitute paragraph is available to members of the Christian Science faith.

## PART E – HEALTH AND HOUSING INFORMATION

Please complete the following questionnaire carefully. Your housing assignment will be made based on the information that you provide. All requests are taken into consideration.

Name \_\_\_\_\_ School \_\_\_\_\_ Term \_\_\_\_\_

### SHARED HOMESTAY

*Please complete the following questions to assist the Paris staff in finding a suitable host family for you.*

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Ages of brothers and sisters \_\_\_\_\_

Major \_\_\_\_\_ Year \_\_\_\_\_

Jobs done in the past \_\_\_\_\_

Do you smoke?  Yes  No Do you object to a roommate who smokes?  Yes  No

Would members of the host family who smoke elsewhere in the house/apartment bother you?  Yes  No

Roommate preference (if known) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Would you object to living in a household with children?  Yes  No

Would you object to being placed with a single-person host?  Yes  No

Do you have any allergies to household pets?  Yes  No

If there are any more details about yourself that you think would help your host to get to know you better, please state below:

\_\_\_\_\_  
\_\_\_\_\_

## PART F – ADDITIONAL INFORMATION

Studying in another country requires considerable adaptability. This is part of both the challenge and the reward. Your willingness to answer these questions will assist the AIFS staff in providing you with a housing situation that is most likely to meet your needs. Please note that specific requests cannot be guaranteed.

Do you have any special dietary needs?\* If yes, please describe \_\_\_\_\_

Do you consider yourself a conservative, moderate or liberal person?  Conservative  Moderate  Liberal

Do you have any allergies or chronic ailments?  Yes  No If yes, please describe \_\_\_\_\_

Are you presently under treatment for any mental or emotional matters?  Yes  No If yes, please describe \_\_\_\_\_

Are you presently taking any prescription medication on a regular basis?  Yes  No If yes, please list and state purpose \_\_\_\_\_

Studying abroad requires a great deal of physical mobility. Do you feel you are able to perform the essential functions of studying abroad with or without any special requirements?\* If you do have special requirements, describe the requirement you would need and how this would enable you to participate.

\_\_\_\_\_  
\_\_\_\_\_

*\*AIFS cannot guarantee to accommodate special requirements and requests.*