

# BERKELEY COLLEGE THIRD-PARTY STUDY ABROAD PROGRAMS

Berkeley College students who are interested in studying abroad may participate in a program through a third-party provider. A third-party provider is usually a nonprofit organization, consortium, college, or university that organizes and runs study abroad programs. Berkeley College has entered into a contractual relationship with the University Studies Abroad Consortium USAC. Students must be cleared by Academic Advisement, Financial Aid, and the Registrar prior to participating.

## Deadlines

- Fall Semester
- Winter Semester
- Spring Semester

## USAC Eligibility Requirements

Eligible students must be:

- At least 18 years of age
- Enrolled in a Berkeley College degree or certificate program
- Earned credits equal to at least one full semester
- Cumulative G.P.A. of 2.5 or higher (Note: Some USAC programs may require a higher GPA. Visit the USAC program website for more information: [www.usac.unr.edu](http://www.usac.unr.edu))
- Good academic standing
- Good disciplinary standing

## Application

- Completed Personal and Emergency Contact Information
- Completed Medical Clearance Form
- Signed Agreement & Release
- Completed Title IV Authorization Form (If applicable. Submit to the Financial Aid office.)

## Financial Aid

Students who intend to use federal financial aid towards this Study Abroad Program (the “Program”) must be cleared by the Financial Aid office. Students must meet with a Financial Aid associate and complete the authorization form. Students may receive federal financial aid while attending an approved third-party program. If you receive financial aid, however, you will not be able to use state or institutional aid (Berkeley College scholarships or grants) towards these third-party programs. Please note that these study abroad programs can be expensive. It is important that you review all program costs prior to applying.

## Students with Disabilities

Students are strongly encouraged to contact USAC as early as possible with any questions about accommodations and disability access. See: <http://usac.unr.edu/students/resources/student-services>. Students may also contact a Berkeley College ADA Coordinator at their campus with additional questions:

[NY students] Adam Rosen, Psy.D., 212-986-4343 ext. 4216 or [AMR@BerkeleyCollege.edu](mailto:AMR@BerkeleyCollege.edu)

[NJ students] Sandra Coppola, Ph.D., 973-278-5400 ext. 1320 or [SEC@BerkeleyCollege.edu](mailto:SEC@BerkeleyCollege.edu) [Online students] Katherine Wu, Ed.M., LMHC, LPC, 973-405-2111 ext. 1394 or [KNW@BerkeleyCollege.edu](mailto:KNW@BerkeleyCollege.edu)

## PERSONAL INFORMATION

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

ID#: \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Financial Aid Recipient (Y or N) \_\_\_\_\_

Campus: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Name at least one)

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

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

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

Email Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

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

## THIRD-PARTY PROGRAM INFORMATION

Provider (e.g. USAC): \_\_\_\_\_

Program Location (City, Country): \_\_\_\_\_

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

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

Host College: \_\_\_\_\_

Host College Address: \_\_\_\_\_

\_\_\_\_\_

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

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

# MEDICAL CLEARANCE FORM

Students must complete the first section below and provide this form to their healthcare provider. Students must provide a description of the third-party program to their healthcare provider (including, but not limited to the location of the third-party program, start and end dates, etc.) The healthcare provider must confirm whether the student has received a physical examination within the past twelve (12) months, and determine if the student is cleared to participate in the program. Students must provide this completed form to Berkeley College in connection with their overall application.

**To be completed by student:**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

To be completed by a licensed healthcare provider: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Please initial below:

\_\_\_\_\_ I conducted a physical examination of this student within the past twelve (12) months, and such examination included a review of the student's health history. Such history may include any current or chronic conditions, allergies, immunization history, and/or required medications.

Based on my physical examination and review of the student's health history, it is my professional determination that this student is:

- Cleared without restriction
- Cleared, but recommend the following: \_\_\_\_\_  
\_\_\_\_\_
- Not cleared for participation

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

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

## Agreement & Release

By signing below, I agree to the following terms in connection with my participation in a third party study abroad program (the "Program").

**I. General Release.** In consideration of being approved to participate in the Program, I hereby waive, release, forever discharge, and indemnify Berkeley Educational Services of New Jersey, Inc. and Berkeley Educational Services of New York, Inc. ("Berkeley College"), its affiliates, their respective trustees, directors, officers, employees, agents and representatives, and their respective heirs, executors, successors and assigns (collectively, the "College"), and hold them harmless from and against any and all claims, liabilities, demands, actions or right of action, losses, damages, or expenses of any kind, including reasonable attorneys' fees, (collectively, "Liabilities"), arising out of or resulting from my participation in the Program, whether or not such Liabilities are caused by the College's negligence during or after participation in the Program.

**II. Assumption of Risk.** I understand that my participation in the Program is voluntary and AT MY OWN RISK. I acknowledge and expressly assume the potential hazards and risks involved in connection with this activity and assume full responsibility for any injuries I may incur as a result. Further, I represent, to the best of my knowledge, that I have no physical injury, illness or other medical condition that would prevent me from safely participating in the Program. I understand that the College is not responsible for any lost, stolen or damaged personal property.

**III. Program Fees & Additional Costs.** I acknowledge that I am solely responsible all costs associated with this Program, including but not limited to, international travel, domestic travel, program fees, insurance, personal expenses, cell phone plans, visa and passport costs, and any other miscellaneous costs incurred. Further, I understand that I am solely responsible for the costs of and for obtaining all required travel documentation (such as a passport or visa).

**IV. Withdrawal.** Withdrawals and refunds for Program amounts and fees are subject to the third party program provider's policies. Withdrawals and refunds, as related to federal financial aid, will be handled in accordance with Berkeley College's Refund Policy.

**V. Insurance.** Students must read the USAC Program Agreement and determine whether or not they are covered by USAC's health insurance. If USAC does not provide health insurance for a particular program, students are individually responsible for obtaining and maintaining health insurance coverage (along with any additional insurance coverage, such as accident or repatriation insurance) for the duration of their participation in the Program.

**VI. Compliance with Laws; Car Rentals.** I understand and agree to abide by all laws, regulations, and rules of the country where I am traveling or residing in connection with the Program. Further, I acknowledge that in the event I rent a car or any other motorized vehicle while abroad, I do so at my own risk and assume any and all responsibility for any injuries, expenses, claims, damages, liabilities, or costs incurred as a result.

**VII. Governing Law; Venue.** This Agreement & Release is governed by the laws of the State of New Jersey and the United States of America without giving effect to any conflict of laws provisions. The exclusive venue for dispute resolution shall be a court of competent jurisdiction located within the State of New Jersey, as to which jurisdiction and venue I waive any objections.

I acknowledge that I will not be permitted to participate in the Program unless I agree to the terms of this Agreement & Release. I have carefully read this Agreement & Release, know the contents hereof, and sign this of my own free will.

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

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

Print Name: \_\_\_\_\_