

Southwestern Community College District/SDICCCA Florence Program Spring Semester 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 (plus \$50 for the optional excursion, if applicable) 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 ("SDICCCA Florence") 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, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788. Telephone: (800) 727-AIFS.

The AIFS program fee of \$6,990.00 (based on an enrollment of 25-29 participants) includes the following:

- ⇒ round-trip airfare between the U.S. and Italy, 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 fully furnished, self-catering apartments within the historic center of Florence in twin-bedded rooms with typically four students sharing a two-bedroom apartment. Includes a set amount of utilities, change of linen and regular cleaning service;
- ⇒ orientation program consisting of an orientation meeting with AIFS staff covering safety and security, cultural differences/adjustment and behavior; information packet with handbook ; half-day guided sightseeing tour of Florence and a welcome reception;
- ⇒ weekly program of subsidized cultural activities which may include cooking classes, wine tasting lectures, concerts, opera, soccer matches and additional museum visits;
- ⇒ free wireless Internet access at the Study Center and apartments (where possible);
- ⇒ museum pass for the duration of the program giving unlimited visits to the Uffizi Gallery, Accademia, Bargello, Palazzo Pitti, San Marco Museum, Boboli Gardens, Cenacolo di Sant'Andrea del Sarto, Giardino della Villa Medicea di Castello, Villa Medicea di Poggio a Caiano, Villa Medicea della Patraia and the Medici Chapel;
- ⇒ full-day guided excursion to Siena and San Gimignano by private bus including entrances;
- ⇒ farewell dinner;
- ⇒ mandatory Italian Police registration fees;
- ⇒ support staff in Florence. Fully staffed AIFS Student Center with the services of an AIFS Program Coordinator and Student Services Advisors for general 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 (TBC and subject to change);
- ⇒ \$250 refundable damage deposit;
- ⇒ community college enrollment fees;
- ⇒ textbooks;
- ⇒ optional meal voucher plan consisting of 25 vouchers for \$495 for lunches or dinners in local trattoria;
- ⇒ optional three-day, two-night excursion to Rome for \$545, including round-trip transportation, hotel, breakfast, guided tours of the Vatican Museums and Ancient Rome, and the services of an AIFS representative throughout the excursion. A minimum of 15 participants is required for this tour to operate;
- ⇒ passport and visa fees if applicable;
- ⇒ field trips or excursions required by your instructors;
- ⇒ local or independent travel while in Florence;
- ⇒ personal expenses such as laundry;
- ⇒ optional personal property benefit and medical insurance upgrade.

PAYMENT SCHEDULE FOR AIFS FEES

Spring Semester	Fee	Due Date	Optional	Fee	Due Date
Enrollment deposit	\$450	Time of application*	Rome tour deposit	\$50	Time of application*
First payment	\$1,500	October 19, 2013	Rome tour balance	\$495	December 18, 2013
Second payment	\$1,500	November 16, 2013	25 Meal Vouchers	\$495	December 18, 2013
Balance of fees	<u>\$3,540</u>	December 18, 2013	Medical Insurance Upgrade	\$65	December 18, 2013
Sub-total	\$6,990		Personal Property Benefit	\$90	December 18, 2013
Taxes/Fees/Fuel on airfare**	\$600	December 18, 2013			
Damage Deposit (Mandatory/ Refundable)	<u>\$250</u>	December 18, 2013			
Total**	\$7,840				

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 (plus \$50 for the tour, if selected) with the completed application. Financial Aid students are responsible for paying, by December 23, 2013, the airfare (\$895); taxes/fees/fuel surcharges (estimated at \$600 and subject to change); \$250 refundable damage deposit; \$495 meal voucher package (if applicable); a \$600 program reservation deposit and any remaining balance that will not be covered by aid.

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

*And no later than Wednesday, November 20, 2013, 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 Italy 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 Wednesday, November 20, 2013.

Participants wishing to cancel from the flight must notify AIFS in writing by Wednesday, December 18, 2013. 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 Italy 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 Italy 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, February 21	AIFS flight departs U.S. for Italy.
Saturday, February 22	Arrive in Florence. Program begins.
Friday, April 25	Program ends. AIFS flight departs Italy for the U.S.

**American Institute For Foreign Study
Southwestern Community College District/SDICCCA
Florence Program – Spring Semester 2014**

PHOTOS

Please attach 2 2" X 2" head shot photographs with your name and program ("SDICCCA Florence") on the back of each. Please do not send photocopies. They must be actual photographs.

Instructions:

1. Please type or print in black ink.
2. Provide proper payment information in Section C and, if enclosing a check, make it payable to the "American Institute For Foreign Study."
3. Be sure you have read the payment schedule and refund policy set forth in this application.
4. Be sure to read and sign the Agreement and Release on the opposite side.
5. If your mailing address includes a P.O. Box or Route Box number, please be sure to give a street address where you can receive shipments/packages.
6. Attach a copy of the information page of your passport, or mail when received.
7. Attach 2 2"x2" head shot photos with your name and program ("SDICCCA Florence") on the back of each.

PART A - PERSONAL DATA

Name _____ ☐ Male ☐ Female Telephone # (_____) _____
(first, middle and last names as they appear on your passport)

Home Address _____
(Permanent) _____ Number _____ Street _____ City _____ State _____ ZIP _____

E-Mail Address _____ Cell phone (_____) _____

Age _____ Date of Birth _____ Social Security # _____ Citizen of (country) _____
mm/dd/yy (must be 18 by date of departure) (Visas may be required for non-U.S. passport holders)

Passport No. _____ Date of Issue _____ Date of Expiration _____ Issued by _____

Emergency contact while abroad _____ Emergency phone (____) _____

Address _____

Emergency E-Mail Address _____ Relationship _____

PART B – REGISTRATION INFORMATION

The AIFS program fee is \$6,990. Please note the program fee does not include a \$250 refundable damage deposit and mandatory additional U.S. government and airline-imposed departure taxes, fees and fuel surcharges on airfare that are due by the final payment deadline. Please select the program options that apply to your enrollment.

Program Dates: February 21 – April 25, 2014

1. Do you wish to purchase the optional meal plan consisting of 25 meal vouchers for \$495? ☐ Yes ☐ No
2. Do you wish to participate on the optional excursion to Rome at a cost of \$545? ☐ Yes ☐ No
If yes, enclose a \$50 non-refundable deposit to reserve your place on the tour.
A minimum of 15 participants is required for this tour to operate.
3. Insurance: Do you wish to purchase either of the following options: ☐ Medical Insurance Upgrade – \$65
See your program brochure for coverage details. ☐ Personal Property Benefit – \$90

PART C – PAYMENT OPTIONS

Deposit amount due is \$450 (plus \$50 for the tour, if selected). Your payment must accompany this application. Applications received without payment will not be processed. Return this form and payment to your college's program coordinator.

Check one: ☐ My check/money order is enclosed payable to "American Institute For Foreign Study" (AIFS), or
☐ Bill my credit card for \$450 (plus \$50 for each tour selected), or ☐ Bill my credit card for the entire program cost.

Note: AIFS cannot accept ATM/debit/check cards above your daily limit. If you are charging your fees to a credit card, please supply the following information:

Check one: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card # _____ Expiration date _____ Amount to be charged \$ _____

Signature _____ Cardholder's address _____

Phone _____ Name on card (if different from yours) _____

PART D – ACADEMIC APPROVAL

Signature of your college's program coordinator certifying your eligibility to apply: _____

Name (print) _____ Title _____ Date _____

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 November 28, 2013

After November 28, but on or before December 18, 2013

After December 18, 2013

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, River Plaza, 9 West Broad Street, Stamford, CT 06902; 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

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

*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 ACCOMMODATIONS

Please note that specific housing requests cannot be guaranteed.

Please note that single rooms are very limited and are allocated for a supplemental fee according to special needs, e.g. medical, age-related

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

What time do you get up in the morning? _____ What time do you normally go to bed? _____

Do you consider yourself a quiet person? ☐ Yes ☐ No Where do you prefer to study? ☐ room ☐ library ☐ elsewhere

Are you receiving any special medical treatment? ☐ Yes ☐ No If yes, specify: _____

Do you have any physical condition that prevents you from climbing stairs? If yes, specify: _____

Roommate preference (if known) (1) _____ (2) _____

Do you have any special reason for requesting a single room? If so, please specify: _____

Do you like to cook your own meals? ☐ often ☐ occasionally ☐ never

What type of music do you prefer? _____ Do you normally listen to music in your room? ☐ Yes ☐ No

Are there any hobbies or interests you would like to pursue while in Florence? _____

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.*