

COMMUNICATE, NEGOTIATE, AND MEDIATE IN RIMINI, ITALY: SUMMER 2012 (JUNE 3 - JUNE 16)

ACADEMIC CREDIT

Participants will choose to register for three (3) units of SDSU resident in either:

-  **ISCOR 450: Study Abroad in ISCOR (available to ISCOR majors only)**
-  **GEN S 450: Conflict Resolution in Italy**

PROGRAM FEE






* \$870 due to SDSU and will cover tuition for three units of SDSU resident credit.

* \$2,830 due to the NCRC. Please visit contact **Luca DalPubel** at ldalpubel@ncrconline.com (619) 238-2400, Ext. 217 or **Ashley Virtue** at avirtue@ncrconline.com (619) 238-2400, ext. 221. You can also visit <http://www.ncrconline.com/Training/SummerInstituteDatesFees.php> for NCRC acceptable methods of payment, and deadlines.

INSURANCE

Evidence of adequate worldwide health, accident, medical evacuation and repatriation insurance is required to participate in an SDSU Study Abroad/College of Extended Studies program.

You must have medical/accident insurance that will cover the expenses of serious illness or accident, as well as accidental death and dismemberment coverage, emergency medical evacuation, and repatriation of remains and meet at a minimum, the following:

-  Medical expenses resulting from accident: no less than \$50,000 coverage
-  Treatment of mental or nervous disorders, including alcohol and substance abuse: coverage for 50% of expenses incurred up to a maximum of 20 visits per policy year
-  100% of expenses incurred for inpatient treatment for up to 10 continuous days, then 50% thereafter for up to 35 additional days
-  Repatriation of Remains (loss of life) and Emergency Medical Evacuation (Note: This is not the same as emergency coverage)
-  Loss of limb: up to \$5,000 coverage

Your current carrier may cover some but not all of these required items. You may have to purchase a separate policy to obtain the coverage that is required and described above, particularly Medical Evacuation and Repatriation of Remains.

To prove coverage requirements are met, you may choose one of the following **OPTIONS**:

- OPTION 1** Use your current **HMO or PPO insurance coverage abroad** (Kaiser, Blue Cross, PacifiCare, etc.): If you choose to use your own insurance provider, please confirm the requirements listed above are covered abroad and that they will reimburse any emergency expenses for illness, accident or hospitalization while out of the country. *Submitting proof: a photocopy of your insurance card (you must be listed as the beneficiary). If you are not listed as a beneficiary, we will need a letter from your insurance provider confirming your coverage abroad.*

ALSO SUBMIT:

Medical Evacuation and Repatriation of Remains coverage: SDSU-sponsored Medical Evacuation and Repatriation insurance. This policy is administered by Renaissance Agencies, Inc. and may be purchased online at <https://www.renadmin.com/onlineenrollment/Default.aspx?PolicyID=1553>.
Submitting proof: a copy of your enrollment verification letter.

OPTION 2 **SDSU-sponsored Study Abroad Insurance:** This is a comprehensive medical plan which meets all SDSU requirements, and provides coverage only for the duration of the academic program. This policy is administered by Renaissance Agencies, Inc. and may be purchased online at: <https://www.renadmin.com/onlineenrollment/Default.aspx?PolicyID=1552>
Submitting proof: a copy of your enrollment verification letter.

OPTION 3 Purchase a policy which meets all SDSU requirements (for example: through STA travel)
Submitting proof: a photocopy of the policy summary listing your name, policy number, specific dates of coverage and items/amounts covered.

Travel/trip cancellation insurance is also highly recommended. In the event the program is cancelled, SDSU/College of Extended Studies does not accept responsibility for any airfare and non-tuition cancellation fees incurred.

REFUND POLICY: SDSU TUITION

Programs cancelled prior to departure due to insufficient enrollments, terrorism, and government advisories or questionable safety of an area provides 100% refund of SDSU tuition paid.

If the program is cancelled the College of Extended Studies does not accept responsibility for any airfare or non tuition cancellation fees which may be incurred.

Participants who need to cancel must do so in writing to the College of Extended Studies and are effective as per postmark date. A **cancellation fee** will be **deducted** from the SDSU tuition collected as follows:

90 or more calendar days prior to the advertised program start date	25% cancellation fee
60 - 89 calendar days prior to the advertised program start date	50% cancellation fee
30 - 59 calendar days prior to the advertised program start date	75 % cancellation fee
Less than 30 calendar days prior to the advertised program start date	No refund.

REFUND POLICY: NCRC FEES

The NCRC may have a separate refund policy, for details please visit <http://www.ncrconline.com/Training/SummerInstituteDatesFees.php> or contact **Luca DalPubel** at ldalpubel@ncrconline.com (619) 238-2400, Ext. 217 or **Ashley Virtue** at avirtue@ncrconline.com (619) 238-2400, ext. 221.

Submit the following form in person or by mail **ON OR BEFORE APRIL 13, 2012**
along with two (2) passport-style color photos and \$870 tuition

to:

Amber Rich, Program Coordinator
SDSU College of Extended Studies
Gateway Center, Room 2503
San Diego, CA 92182-1920

E-mail: travel.program@sdsu.edu

Phone: (619) 594-7250

COMMUNICATE, NEGOTIATE, AND MEDIATE IN RIMINI, ITALY: SUMMER 2012 (JUNE 3 - JUNE 16)

Campus/School Currently Attending (if applicable): _____

SDSU ONLY: Red ID# _____ GPA: _____ Major: _____ Minor: _____

First Name: _____ Last Name: _____ Male Female

Mailing Address: _____

Do you have a valid passport? Yes No Issuing Country: _____ Exp. Date: _____

Phone: () _____ Alt. Phone: () _____

Email (print clearly - this is how we communicate with you) _____

How did you hear about this program? _____

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____

Phone: () _____ Alt. Phone: () _____ Email: _____

PERMISSION TO CONTACT PARENTS/GUARDIAN

Parents like to be kept informed of program developments, fees, requirements, and updates and to learn more about the program you will attend. By signing below, you agree that SDSU College of Extended Studies can provide information to your parents/guardians or respond to phone inquiries from them.

Signature

Date

UNDERSTANDING AND ACKNOWLEDGEMENT

I understand that final acceptance into this program is predicated on the timely submission of the application, payment of all fees, authorized approval of the proposed course of study and submission of all documents required by SDSU and SDSU College of Extended Studies.

I am also aware that the program cost does not include out-of-pocket expenses such as, but not limited to, personal expenses, taxes, travel expenses, passport and visa fees and any excursions and/or activities not included in the program fee. I further acknowledge that any advertised excursions and in-country field trips are subject to change and the College of Extended Studies does not accept responsibility for any changes.

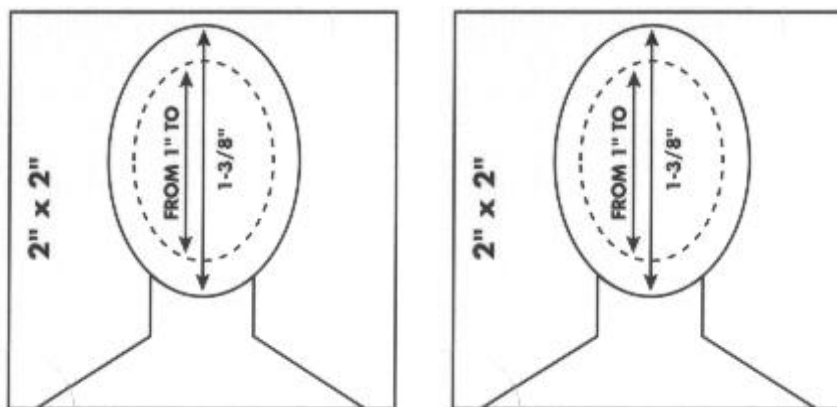
By signing here, I am confirming that I have read the application and acknowledge my financial, academic, legal and program obligations. I understand and agree to the payment, refund and cancellation

policy and acknowledge that if the program is cancelled the College of Extended Studies does not accept responsibility for airfare or other cancellation fees which may be incurred.

Signature

Date

TAPE (DO NOT GLUE) YOUR TWO PASSPORT-STYLE PHOTOS BELOW



ITEM No. 1: INSURANCE

MEDICAL INSURANCE: Students are required to have adequate worldwide health and accident insurance coverage to participate in San Diego State University (SDSU) Study Abroad and College of Extended Studies programs. This insurance must cover the expenses of serious illness or accident, accidental death and dismemberment, emergency evacuation, and repatriation of remains AND meet, at a *minimum, the following:*

- *Medical expenses resulting from an accident: no less than \$50,000 coverage,*
- *Treatment of mental or nervous disorders, including alcohol and substance abuse: coverage for 50% of expenses incurred up to a maximum of 20 visits per policy year*
- *100% of expenses incurred for inpatient treatment for up to 10 continuous days, then 50% thereafter for up to 35 additional days*

PLEASE NOTE: The International Student Identity (ISIC) Card does NOT provide sufficient coverage for program dates.

You may enroll in the San Diego State University STUDY ABROAD STUDENT MEDICAL INSURANCE PLAN provided by Renaissance Insurance Company. This comprehensive medical benefit plan meets the required levels of coverage and covers the student from the beginning date through the end date of the student's program (but not before or after.)

You may use Kaiser, HealthNet, Blue Cross etc. **IF** your plan provides international medical/health coverage and reimburses expenses for any emergency, illness, accident or hospitalization that occurs while you are out of the country. These policies must also cover loss of life abroad at \$10,000 and loss of limb at \$5,000. If the policy does not cover the full cost of medical evacuation for injury or sickness authorized by an attending physician, including the cost of transport home (up to \$10,000.) you will need to purchase supplemental emergency evacuation/repatriation of remains coverage.

REIMBURSEMENT OF MEDICAL/ACCIDENT EXPENSES: Expenses resulting from serious illness, accident, emergency evacuation to the nearest medical facility, or repatriation of remains, must be paid at the time of treatment or activity. All documents required by the insurance carrier(s) must be completed and submitted to the carrier for reimbursement.

Please initial the following statement:

I understand that I will be responsible for all expenses in the event that I become ill, injured, or require evacuation.

PARTICIPANT'S INITIALS: _____

ITEM No. 2: MEDICAL SELF-ASSESSMENT

Participant's Name _____ Student Red ID No. _____

Major: _____ Program Dates (mm/yy to mmy/yy): _____

Overseas Program Name/Country: _____

*The following medical information, though not required, can be very useful in the event of serious illness or accident. Please complete this form accurately and truthfully. This information will be kept confidential and used **only** to help the staff respond to a serious injury or illness. Failure to voluntarily disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if your condition prevents you from responding to medical personnel.*

Though a study abroad experience can be exciting and rewarding, it can also be both physically and emotionally demanding. Therefore we ask that you provide a candid evaluation of your health. A certain amount of stress due to culture shock or the change in living conditions and facilities is a normal part of the study abroad experience. However, in some cases, such stress may aggravate disabilities or illnesses that you have under control at home.

With this form, we hope to create an awareness of any health issues that you should take into consideration before going abroad. With your consent, this information will be used by the appropriate SDSU office to assist in making any arrangements necessary to keep you healthy while abroad. The information may be forwarded to the overseas coordinator at your host institution or program site for reference should a medical emergency arise.

INSTRUCTIONS: PLEASE READ EACH QUESTION BELOW AND ANSWER EITHER YES OR NO BY CHECKING THE APPROPRIATE BOX.

Do you have any allergies to medication, plants, food, animals, insect stings, etc.? Yes No
If so, please explain _____

Do you have any physical limitations or disabilities? Yes No
If so, please explain _____

Have you ever had a major illness, major surgical operation or been advised to have one? Yes No
If so, please explain _____

Have you ever been hospitalized? Yes No

Have you ever received treatment for drug addiction? Yes No

Have you ever been treated by a psychiatrist or psychologist for any mental, emotional or nervous disorder? If so, are you currently receiving treatment? Yes No

Do you have any health conditions affecting your physical health? Yes No
If so, please explain _____

Do you currently receive any treatments or take prescriptions on a regular basis? If so, Yes No

please confirm with your physician & host-country embassy that this can be legally taken abroad.

Do you have any dietary restrictions? Yes No

If so, please explain _____

Are there any concerns regarding your health, family history or other matters that you would like to discuss with your Education Abroad Coordinator? Yes No

If so, please indicate a phone number and time when you may be contacted: _____

Phone: (_____) _____ Best time to call: _____

Would you like for us to share any of this information with your overseas program coordinator? Yes No

PARTICIPANT'S INITIALS: _____

ITEM No. 3: SDSU STUDY ABROAD AGREEMENT AND RELEASE

I hereby enter into this SDSU Study Abroad Agreement and Release (Agreement and Release) as of the date set forth beside my signature and agree to the following:

1. Orientation:

I agree to attend the San Diego State University (University) provided pre-departure orientation for the study abroad program specified above (Program), which will provide general information on health, safety, security, specific legal exposures or political restrictions, California State University (CSU) and University policies for study abroad programs and financial information. I further agree to attend all on-site orientation sessions conducted by the University or the Program administrator.

2. Fees:

I agree to pay all Program fees as defined by the Program administrator by the established deadlines. Failure to pay such fees may result in cancellation of my enrollment in or my removal from the Program. If I am utilizing financial aid, I agree to inform the University Financial Aid Office of my intent to use such aid to offset some or all of my costs of the Program and appropriate fees will be deducted from my award as required. *I understand that financial aid generally will not be disbursed until the University receives official "verification of enrollment" at my host university/program abroad and that any loans/grants must be activated prior to the end of the semester I am abroad.* I also understand that the fee covers the cost of the Program as a whole and that I am not entitled to a refund of part or the entire fee for any parts of the Program that I miss. In the event that the University, its agents, or employees advance or loan any monies to me or incur expenses on my behalf, I agree to make immediate repayment upon my return. If I fail to make any such repayment upon my return, I agree that any such debt or obligation shall be subject to collection in accordance with University policies and procedures, state and federal laws and any such amount may be charged to my student account by the University.

3. Enrollment and Credit

I understand that for financial aid and/or host country visa requirements, I must be enrolled in classes full-time as determined by my Program administrator. I agree to enroll in and attend classes on a regular basis except due to illness or unavoidable circumstances.

I understand that, in order to obtain University credit for courses taken while on the Program, I must submit verification of participation in the Program and my final course grades to the University. I understand that such verification may include submission of my official host institution transcript to the Office of Advising and Evaluations.

4. Visas

I understand that I am solely responsible to research Visa requirements for the countries where I plan to study. I further understand I am responsible to follow the procedures set forth by that country and obtain the Visa in a timely manner. I also understand that, if I am not a U.S. citizen, I must have all required legal documents in order to exit/reenter the U.S. and that I must consult with the consulate of the country(ies) where I plan to study to insure that I

have obtained all appropriate documents. *Please note the Visa application process can be lengthy and require 2 - 4 months of advanced work (where applicable).*

5. Insurance

I agree to obtain adequate medical and accident insurance as specified on **Attachment No. 1**, which is hereby incorporated into this Agreement and Release by this reference. I understand that students enrolling in University administered study abroad programs may purchase medical/accident insurance as described in **Attachment No. 1**. I understand, however, that I am solely responsible to review such insurance and obtain any additional insurance coverage that I deem appropriate, including but not limited to trip cancellation insurance.

6. Program Changes:

I understand and agree that the University may change the Program, at its sole discretion, including the itinerary, travel arrangements, or accommodations; at any time and for any reason, with or without notice, and that the University shall not be responsible or liable for any expenses or losses that I may sustain because of any Program changes. In the event that SDSU or the CSU mandates a cancellation of my program, I agree to comply with this order.

7. Judicial Review and Removal from Program:

I consent to disclosure to the University Education Abroad Office of my records with the Office of Student Rights and Responsibilities in order to verify that I am not subject to any disciplinary action. I understand and agree that I may be removed from participation in the Program at any time prior to or during the Program for violations by me of the Code of Students Rights and Responsibilities and Title 5, California Code of Regulations. I understand and agree that the University, in its sole discretion, may remove me from participation in the Program if the University determines that my actions or behavior impedes or disrupts the Program in any way. If the University removes me from participation in the Program for any of the reasons specified in this section, I agree not to seek a refund for the fees or cost of the Program and I consent to being sent home at my own expense.

Should I be placed in the home of a host family, I will respect and conform to the rules of my host family. I understand I may not have overnight visitors or spend the night with other host families without the express permission of the host families involved.

8. Observance of Local Laws and University Policy; Prohibition of Use of Illegal Drugs

I understand and agree that violations of the local law of the host community or country will be handled by the appropriate law enforcement authorities and violations of University policy will be handled by the Program administrator. I understand that, the University is not responsible for providing any legal assistance should I encounter problems with a foreign national or government while abroad. Regardless of the laws of any foreign country, I understand that any use by me of illegal drugs, as defined by the laws of the State of California and the United States of America, is prohibited while I am enrolled in the Program and will result in the immediate removal of me from the Program, total forfeiture of all Program fees and loss of all course credit. I understand that, while I am a visitor in a foreign country, I am subject to the laws of that country and that I am expected to display a sense of maturity and responsibility as a representative of the University and the United States of America.

9. Assumption of Risk

I am voluntarily participating in the Program. I understand that there are risks associated with my participation in the Program, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence or the condition of the program location or facilities. Participation in the Program may require air travel. Air travel involves risks and could result in damage to property, injury to persons and death. The State of California, CSU and University assume no liability for damage, injury, and death, which may occur during air travel required by participation in this Program. Nonetheless, I assume all risks of my participation in the Program, whether known or unknown to me, including travel to and from the Program (including air travel) or any events incidental to the Program.

I have reviewed U.S. State Department travel advisories and warnings, as well as Centers for Disease Control announcements and other information provided to me by the University and freely assume any and all risks which may arise, concern, or relate to the conditions contained in any advisory statements, warnings or other information available on the study abroad website at www.sdsu.edu/studyabroad. I also acknowledge that I am free to seek out any additional information I may desire before I choose to travel, study, and live abroad and should seek out additional information upon which to make an informed choice about whether to participate in such activities.

10. Release of Liability and Hold Harmless

In consideration for being allowed to participate in the Program, I release from liability and waive my right to sue the State of California, the Trustees of the CSU, the University and each of their officers, employees, volunteers and agents (collectively, the State) from any and all claims and causes of action that I may have arising out of or relating to my participation in the Program, including claims for the State's negligence, resulting in any physical injury, illness (including death), property damage or economic loss I may suffer or which may result from my participation in the Program, travel to and from the Program (including air travel) or any events incidental to the Program.

In addition, I understand that the University has at its discretion the authority to cancel my program due to necessary health and safety concerns. In doing so, the University will make reasonable efforts to accommodate my academic needs but cannot be held responsible for expenses incurred for cancellation of said program.

I understand that the State does not represent or act as an agent for, and cannot control the acts and omission of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I hereby release the State from any claim or cause of action for injury, loss, damage, accident, delay or expense arising out of any such matters.

I agree to release indemnify and hold the State harmless from any and all claims, causes of actions, liability, costs, loss or damage (including attorney's fees) by reason of any accident, illness, injury, death, property damage or economic loss or other consequences resulting directly or indirectly from or in any manner arising out of or in connection with my participation in the Program, including travel to and from the Program (including air travel) or any events incidental to the Program.

This release and hold harmless shall be binding on my heirs, assigns, successors, and all other persons who may claim through me.

11. Independent Travel and Operation of Vehicles:

If I elect to travel independently at my own expense prior to the start of or after the conclusion of the Program or during free time within the period of the Program, I agree to inform the Program administrator or overseas coordinator of my travel plans and understand that I am solely responsible for any such travel.

I have been informed and understand that the University strongly discourages students from renting or operating motorized vehicles while participating in study abroad programs. I understand that poor road conditions, different traffic laws and regulations, and varying insurance requirements can make driving motor vehicles in foreign countries extremely hazardous. If I rent or operate a motorized vehicle, while participating in any study abroad program, I agree that such activity is totally voluntarily on my part and is against the University's advice.

12. Early Departure

If I decide to leave the Program before completing my course of study, I agree to provide the University with advance written notice of my intention to leave the Program. If I leave the Program prior to its completion, I understand the University has no responsibility to provide or arrange transportation, housing, dining or other services for me in connection with my early departure. I also understand that I will not be entitled to a refund of monies expended on my behalf in securing my placement on the Program.

13. Severability:

I understand that this Agreement and Release is written to be as broad and inclusive as legally permitted by the State of California. I agree that, if any portion is held invalid or unenforceable, I will continue to be bound by the remaining provisions.

14. Governing Law:

I agree that if there is any dispute concerning my participation in the Program or the interpretation of this Agreement and Release, any such disagreement shall be determined in accordance with the laws of the State of California.

15. Entire Agreement and Modification:

The terms and conditions of this Agreement and Release represent my complete understanding with regard to my participation in the Program and supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without the written signed agreement of the University.

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the Trustees of The California State University, San Diego State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: _____

Participant Name (print): _____ Date: _____

COMMUNICATE NEGOTIATE MEDIATE IN RIMINI, ITALY

JUNE 3 - 16, 2012

APPLICATION CHECKLIST

- Completed & signed Application/Study Abroad Agreement
 - Two passport-style photos
 - \$870 tuition
-

Complete this box if you are MAILING your application

COMMUNICATE NEGOTIATE MEDIATE IN RIMINI, ITALY

\$870 TUITION

Check or money order (payable to SDSU)

MasterCard VISA American Express Discover

Card No. _____ Exp. Date: _____

Print Cardholder's Name: _____

Billing Zip Code: _____ Cardholder's Phone No.: (_____) _____

Cardholder's Signature: _____