

Gap Year Student Application

Application Checklist



Applicant's Name:

For Office Use Only: Student ID#:

Please indicate program of interest, program length, and preferred departure date.

Program		Program Length*	Departure Time
<input type="checkbox"/> Duo - Chile & Spain	<input type="checkbox"/> Santiago - Dominican Republic	<input type="checkbox"/> Year	<input type="checkbox"/> Winter/Spring departure
<input type="checkbox"/> Duo - Dominican Republic & Spain	<input type="checkbox"/> Paris - France	<input type="checkbox"/> Semester	<input type="checkbox"/> Summer/Fall departure
<input type="checkbox"/> Valparaíso - Chile	<input type="checkbox"/> Seville - Spain	* Winter/Spring departures are semester only	
<input type="checkbox"/> Shanghai - China			

* Students applying to the CIEE Gap Program in Tokyo, Japan must complete a separate application. Please download application at: www.ciee.org/hsabroad/gap/apply.html.

Please complete and send the following application materials to CIEE (see address below). Please note that CIEE will review the application once all the materials have been received.

Personal Information

Must be completed in full.

Personal Statement

Housing Questionnaire

Letter to Host Family and Photo Collection

Please send up to three photos of yourself for the purpose of host family placement.

Statement of Applicant's Health

Due no later than 30 days before departure. This statement cannot be completed or signed by a physician related to the applicant.

Letter of Recommendation

Participant Contract

Agreement and Release Form

CIEE cannot accept any exceptions or alterations to the outlined conditions.

Fees and Cancellation Policy

Emergency Contact Information

Program Deposit: \$500

Check should be payable to CIEE. The deposit is due with the application. \$100 of the Program Deposit is non-refundable.

Six to Eight Passport Photos of the Applicant (2"x 2" required)

Please note digital photos or photos not 2"x 2" in size will not be accepted. These photos are used for official in country documents and must be submitted as specified.

Official School Transcript

Please attach a copy of your most recent official school transcript.

Two Copies of Passport

Supplemental Application Documents (If applicable)

How did you find out about CIEE?

Facebook

E-Newsletter

Mail

School visit

Website, name:

Referral, name:

Other:

Please note that CIEE will not review this Student Application until all documents have been received.

Please send completed application to:

**CIEE, Gap Year Program
300 Fore Street, Portland, ME 04101**

Tel: 1.800.40.STUDY

Fax: 1.207.553.5049

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Personal Information



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Attach Smiling
Photo Here

Passport size
2"x 2"

Original Passport Pictures

Please note digital photos will not be accepted. Photos must be 2"x 2".
These photos are used for official in country documents and must be submitted as specified.

Please type or write in black ink

Insert all names as shown on passport. CIEE requires applications to be the applicant's own and original work.

Last name:

Nickname:

First name:

Middle name:

Address (if P.O., please provide street address):

City:

State:

Zip code:

Country:

Cell phone:

Telephone:

Fax:

Email address:

Sex: Male Female

City and country of birth:

Nationality on passport:

Date of birth (month/day/year):

Age on date of departure:

Family Information

Mother or Legal Guardian

Relationship:

Last name:

First name:

Employer:

Work phone:

Email address:

Cell phone:

Father or Legal Guardian

Relationship:

Last name:

First name:

Employer:

Work phone:

Email address:

Cell phone:

Brother(s) and Sister(s)

First name	Age	Sex	Living at home?
1.			
2.			
3.			
4.			
5.			

Mother: Living Deceased

Father: Living Deceased

Parents: Separated Divorced

I live with: Mother Father Both Other:

Education Information

High school name:

Address:

Grade point average:

Name of high school counselor:

Name of college or university:

Deferred until (date):

Applicant's Name:

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Tell us more about your personality

Please check all that apply and know that there are no wrong answers here.

<input type="checkbox"/> Introverted	<input type="checkbox"/> Organized	<input type="checkbox"/> Studious	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Religious
<input type="checkbox"/> Extroverted	<input type="checkbox"/> Flexible	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Patient	<input type="checkbox"/> Other: (Please specify.)
<input type="checkbox"/> Moderately reserved	<input type="checkbox"/> Talkative	<input type="checkbox"/> A night person	<input type="checkbox"/> Artistic	
<input type="checkbox"/> Moderately outgoing	<input type="checkbox"/> Quiet	<input type="checkbox"/> A morning person	<input type="checkbox"/> Independent	

Please describe a few of your non-academic interests; ie. sports, musical abilities, or hobbies that might influence the host family placement.

Have you ever traveled outside of the United States? Yes No If Yes, where?

Housing Preferences

Similar to the variety of family types in the United States, families in other parts of the world are as equally diverse. In order to show this dynamic, our selected families may not all consist of a mother, father, and several young children. Some families will include a single parent, parents with young children, or parents with children who no longer live at home. Please tell us more about your preferences and we will make all possible efforts to accommodate them.

Would you prefer a host situation:

<input type="checkbox"/> Without younger children	<input type="checkbox"/> With younger children	<input type="checkbox"/> Other: (please specify.)
<input type="checkbox"/> With someone my own age	<input type="checkbox"/> No preference	

Do you smoke? Please note that smoking is more common outside of the United States and while we will make every effort to adhere to your preferences, it may not be possible to locate a non-smoking homestay.

Yes, regularly Yes, sometimes Yes, on occasion No, I do not smoke

If yes, would you be willing to stop or abstain? Yes No

Would you mind living with a host who smokes? Yes, I would mind No, I would not mind

Religious service attendance? Regularly Occasionally Never

Please list your religious preferences

Religious preference #1:

Religious preference #2:

No preference

What do you hope to gain or achieve from your homestay experience? Please be specific.

If there are specific concerns or matters such as religion, sexual orientation, disability, civil status, etc. that are important to you, please share more details with us. All information is confidential and personal. Our overseas staff would like you to have a rewarding experience and will consider all requests in assisting to place you in a comfortable homestay.

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Additional Language Proficiency

Please indicate language proficiency in language(s) other than your native language.

1. Language:					Length of Study:
Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
2. Language:					Length of Study:
Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

General Health Summary

Allergies

Food Allergies: list all known.

Medication Allergies: list all known.

Other Allergies (include insect stings, hay fever, asthma, animal allergies, etc.): List all known.

Dietary Restrictions (check all that apply)

- I do not eat red meat
 I do not eat pork
 I do not eat eggs
 I do not eat poultry
 I do not eat seafood
 I do not eat dairy products

Other (describe):

A note to Vegans/Vegetarians: Please be aware that diets in other parts of the world may be very meat-centered and sometimes vegetarian fare is simply regular dishes with the meat removed. We will make every effort to make a host placement based on your preferences, but cannot guarantee a 100% meat-free environment.

Medication

Please list ALL medications including over-the-counter or nonprescription drugs taken on a routine basis. *Keep in mind that it will be your responsibility to bring enough of these medications with you, as they may not be available abroad.*

I do not take any medications on a routine basis.

Medication #1: Dosage:

Reason for taking:

Medication #2: Dosage:

Reason for taking:

Medication #3: Dosage:

Reason for taking:

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Statement of Applicant's Health To be completed by attending physician



Applicant's Name:

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Please print this section out and have your physician fill it in by hand.

This form must be returned to CIEE no later than 30 days before departure.

Please mail completed form to: CIEE, Gap Year Abroad, 300 Fore Street Portland, ME 04101

This form can also be faxed to Carol Campos at 207.553.5049.

Has the applicant ever had any of the following:

Any disease, impairment, abnormality of:

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to Drugs	<input type="checkbox"/>	<input type="checkbox"/>	Headache (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	Blood, Endocrine System
<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Bones, Joints, Locomotor System
<input type="checkbox"/>	<input type="checkbox"/>	Pet Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Brain, Nervous System
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Digestive System/Abdominal Organs
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Ears or Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Parasites (intestinal, other)	<input type="checkbox"/>	<input type="checkbox"/>	Eyes or Vision
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Genito-Urinary System
<input type="checkbox"/>	<input type="checkbox"/>	Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Heart or Blood Vessels
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory System, Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Skin (Acne, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	Tonsils, Nose, or Throat
<input type="checkbox"/>	<input type="checkbox"/>	Goiter (Struma)	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins

Pulse rate:

Respiration:

Temperature:

Blood pressure:

Height:

Weight:

Blood type:

If "Yes" was checked for any of the above, physician must provide **full details and dates of treatment.**

Has student ever been hospitalized? Yes No If yes, please explain:

Has applicant ever been advised to have surgery which has not been done? Yes No If yes, please explain:

If the answer to any of the following questions is yes, please provide details, using a separate sheet if needed. In each case, please indicate whether the condition is likely to affect the student's full participation in the program.

Is the applicant currently taking any medications? Yes No

Is the applicant allergic to any form of medication? Yes No

Is the applicant currently under treatment or observation for any physical or emotional condition? Yes No

Does the applicant have any speech, hearing, or eyesight impairment that might affect participation in the program?

Yes No

Should the student be restricted from any type of physical activity? Yes No If yes, please explain.

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Statement of Applicant's Health To be completed by attending physician



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Please print this section out and have your physician fill it in by hand.

If there are any drugs (prescription or nonprescription) that should not be administered, please list them here:

Please indicate any other pertinent medical information that may have been omitted (such as abnormal blood pressure, weight problems, etc.):

Does the applicant have to wear glasses? Yes No Does the applicant wear contact lenses? Yes No

If yes, complete the following ophthalmic information:

(OD) Ocular Dexter Sphere: Cylinder: Axis: Prism: Base:

(OS) Ocular Sinister Sphere: Cylinder: Axis: Prism: Base:

Add: Base Curve: Other:

If no, vision without glasses: OD: OS:

Immunization Record

Participants are strongly advised to discuss their travel plans with their physician and to obtain any additional recommended immunizations. Please note that proof of specific immunizations may be required to obtain a student visa in some countries. For more information, consult the consulate for your jurisdiction.

Vaccine	Date each dose was given				
	1st month/day/year	2nd month/day/year	3rd month/day/year	4th month/day/year	5th month/day/year
Polio (TOPV)					
DPT and/or TD (diphtheria, tetanus, and pertussis or whooping cough and/or tetanus and diphtheria only)					
Measles (Rubeola—10 day, red measles)			If no immunization, give date student had measles.		
Rubella (German measles—3 day, measles)			If no immunization, give date student had rubella.		
Mumps			If no immunization, give date student had mumps.		
Varicella (Chicken Pox)			If no immunization, give date student had varicella.		
Hepatitis A					
Hepatitis B					

Tuberculin skin test: + - Date of test:

If positive, report of negative x-ray & copy required. Chest x-ray: + - Date of x-ray:

Has applicant received BCG? Yes No Date of test:

Your opinion of the state of the applicant's health: Excellent Good Fair Poor

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form and that nothing relevant has been omitted.

Physician's signature*: Name (print):

Address: Date:

*Signing physician cannot be a family relation of the applicant.

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Letter of Recommendation



Applicant's Name:

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For the applicant to complete

Complete the following section and give this form to your evaluator. Evaluations may be sent separately from the rest of the application; however, applications will not be reviewed until all materials have been received. **Please print your responses in dark ink, or type out.**

Applicant's name:

- Program: Duo – Chile & Spain Shanghai – China Paris – France
 Duo – Dominican Republic & Spain Seville – Spain Valparaíso – Chile
 Santiago – Dominican Republic

Program year (date): Winter/Spring departure Summer/Fall departure

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this evaluation and I understand that this evaluation will be used only for the purpose for which it was prepared. Yes No

Signature:

Date:

For the evaluator to complete

The individual named above is applying to participate in a CIEE-administered study abroad program. Study abroad is challenging and exciting for most participants. However, it can be demanding. It is therefore important that you give us your candid evaluation on the preparation and suitability of the candidate for this particular program. If you would like more detailed information, please visit the CIEE website at www.ciee.org/hsabroad/gap or contact CIEE at 1.800.40.STUDY. Please also evaluate the candidate's personal maturity in light of the planned period of study abroad. Please use an additional sheet if necessary.

1. How long, and in what capacity, have you known the applicant?

2. Based on your knowledge of the program is the program appropriate for the applicant? How will the applicant benefit from this experience? Please comment on any special academic background which might be relevant.

3. Does the applicant demonstrate a consistently high level of social and personal maturity? Please comment.

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4. If you were the Resident Director of this program, would you welcome this applicant as a participant or would you have reservations? Please comment.

5. If you are familiar with the applicant's language ability, please check a number on the following chart to evaluate the applicant's ability in the program language.

<input type="checkbox"/>	6	Absolute proficiency in program language. Student is able to both understand and converse, dealing with abstract terms.
<input type="checkbox"/>	5	Student responds naturally in program language although not perfectly. Has good vocabulary and understands almost everything. Can respond intelligently, but needs practice.
<input type="checkbox"/>	4	Student understands the basics of the language. Vocabulary deals with everyday common terms. Thinks quickly, but evident that he/she is translating. Gets lost when conversation departs from basics. Makes mistakes, but is understandable. Can carry on a conversation.
<input type="checkbox"/>	3	Student can understand much more than he/she can communicate, however makes an effort. Can respond in some sentence forms even if grammar and structure are not perfect.
<input type="checkbox"/>	2	Student understands words, but not sentence thoughts. Speaking ability is limited to a few words.
<input type="checkbox"/>	1	Student cannot understand and knows little or none of the program language.

6. Please add any additional information that will assist us in the selection process.

Please sign below and return this form to the applicant in a signed sealed envelope, or mail directly to CIEE at:

CIEE, Gap Year Abroad
300 Fore Street, Portland, ME 04101

Recommendations can also be emailed or faxed to Carol Campos at ccampos@ciecee.org or 207.553.5049.

Signature:

Date:

First name:

Last name:

Title:

Department:

Institution name:

Address:

Phone:

Fax:

Email:

Please send me more information about CIEE High School/Gap Year Abroad Programs: Yes No

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As a Gap Year Program participant, you have been granted the unique opportunity to spend a semester/year abroad prior to starting your college or university studies. With this privilege come important responsibilities which are to be taken very seriously. Please familiarize yourself with the Participant Contract, it outlines important points that must be followed while in your host country. They were designed for your safety and created with your best interests in mind. They are key factors to having a successful year abroad. Any violation of these policies may lead to the termination of your participation on the program and/or an early return home.

Participant Contract

1. I certify that I do not have any physical or mental condition which will create a danger or hazard for me, other participants, or hosts in the program.
2. I understand that I am solely responsible for my pre-program, program, and post-program medical care in all respects, including, but not limited to, obtaining and taking necessary medication(s), vaccinations, and any other medical care and treatment. I certify that I will consult a physician qualified in travel medicine, immunizations, and infectious/tropical diseases prior to my trip departure.
3. I understand that I am expected to take an active part in the program, including orientation, evaluation seminars, and all other activities prescribed by CIEE. I am expected to represent my country as an "ambassador" and thus make a considerable contribution towards the understanding between my host country and the United States. I understand that attendance in scheduled classes and volunteer/internship projects is a mandatory component of the program. Poor attendance, lack of compliance with program rules, and/or poor attitude is cause for dismissal.
4. I understand that I will be placed with a host family and will live as a member of the family and will conform to the obligations, rules and customs of the family. I am prepared to live in any family without regard to race, religion, or socio-economic status. The host family may be composed of a single parent with child/children, or a couple without children living in the home.
5. I understand that if I would like to request a change of host families I must do so through the Resident Director. Each request for a change of host family will be reviewed on a case by case basis. Host family changes are not made solely at the participant's request.
6. I understand that if I am a non-smoker, but begin to smoke while abroad, I may not smoke in the home, unless permission is granted by the host family.
7. I understand that I am obligated to comply with local laws and customs while traveling abroad. Many such local laws and customs may be substantially different from those in my home country. I recognize that my conduct can have an effect on the educational and other benefits intended by the program for other participants, hosts, and myself. I agree to conduct myself in a manner that will support mutually beneficial interaction with other participants and hosts. I understand that conduct considered unacceptable to CIEE includes, but is not limited to, excessive use of alcoholic beverages, loud and/or abusive behavior toward others, sexual harassment, criminal conduct of any kind, use of drugs other than prescribed drugs for legal medicinal purposes, and/or unwillingness to cooperate with other members of the program, hosts, and program management. Such conduct as well as any other conduct which in the sole discretion of CIEE may be damaging to the program, other participants, working relations with governments, suppliers, and educational institutions with which CIEE contracts/cooperates, may lead to dismissal of participant from the program. Dismissal of participant by CIEE will not reduce the obligation of the undersigned for payment of full program costs.
8. I understand that I am subject to the laws of the host country regarding the use of alcohol. Alcohol abuse by students is viewed by CIEE as a serious violation of the terms of participation and will be treated accord-

ingly. Consumption of alcohol that causes a student to miss class or be unable to participate fully in a classroom activity or with the host family is considered alcohol abuse.

9. I understand that I am solely responsible for any and all expenses and costs incurred by me before, during, and after the program except for the costs of items which are expressly listed in the CIEE Gap Year website. Under no circumstances will CIEE be responsible for any participant expenses incurred in preparing for the program. Said expenses include, but are not limited to: visa fees, passport fees, immunization expenses, or any other expense incurred by the participant in preparation for the program.
10. I understand that I may not perform any paid employment and that I must have available \$150 to \$200 a month in pocket money. I understand that I am obligated to pay all bills accruing, (including telephone, internet connection fees, postal expenses, and additional medical costs not paid by insurance and similar) after receiving the bill or at the latest before I return home at the end of the program.
11. I understand hitchhiking, the purchase or possession of weapons, or driving any form of motorized vehicle, such as automobiles, motorbikes, and/or motorcycles is strictly prohibited.
12. I understand the possession and/or use of marijuana, or any controlled substance or drug is grounds for immediate dismissal from the program.
13. I understand and agree that if CIEE secured a visa for a participant and said participant withdraws or is dismissed from the program before departure or during the program, the participant may not use the visa to enter or remain in the program country. I understand that CIEE may report withdrawal to appropriate immigration officials of the program country.
14. I understand and agree that if I withdraw from a program, I must notify CIEE in writing about my withdrawal. Withdrawals are effective only upon the date of receipt of written notification by the CIEE Gap Year program department. Please refer to Fees and Cancellations Page for refund schedule.
15. I understand that a return to the United States before the end of the program year is only possible under exceptional circumstances, and this requires the consent of CIEE. A return to the United States without permission of the organization will result in dismissal from the program.
16. CIEE reserves the right to make changes in the program's itinerary sequence, as well as other changes, including, but not limited to, substitutions of or changes in excursions, activities, orientations, and topics currently described. Any and all such changes are without liability on the part of CIEE.
17. All U.S. resident program participants are covered by travel insurance purchased on their behalf by CIEE. Coverage provided by this policy is meant to supplement private insurance and to provide coverage for activities related to traveling abroad. I understand that detailed information on the coverage of this policy has been made available to me. Additional medical, evacuation, trip cancellation, trip interruption, baggage loss/damage, accident/sickness, and any and all other applicable insurance is strongly recommended. I understand that health care and evacuations outside my home country are not covered by most standard insurance policies and can be extremely expensive. I am solely responsible for payment of any and all medical evacuation, trip cancellation, trip inter-

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ruption, baggage loss/damage, accident/sickness, and any and all other insurance expenses incurred by me during my program or related to my program. If I am not a U.S. resident I agree to obtain an individual travel insurance policy with similar or better coverage. I understand I am solely responsible for my medical, psychological, and physical condition during the duration of my program with CIEE. Should any medical, psychological, or physical problems arise during the course of my program with CIEE, I am solely responsible for any and all care that I may need. I understand and agree that I am also solely responsible for paying for the costs and expenses of any such care.

18. CIEE does not own or operate any entity which is to or does provide goods or services for your program including, for example, arrangements for or ownership or control over housing or other lodging facilities, airline, vessel, bus or other transportation companies, local ground operators, visa processing services, providers or organizers of optional excursions, food service, or entertainment providers, etc. All such persons and entities are independent contractors. As a result, CIEE is not liable for any negligent or willful act or failure to act of any such person or entity, or of any third party. Without limitation, CIEE is not responsible for any injury, loss, or damage to person or property, death, delay, or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal, terrorist or threatened terrorist activities of any kind, overbooking or downgrading of accommodations, structural or other defective conditions in houses, apartments, or other lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of transportation, or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with animals, sanitation problems, food poisoning, epidemics, disease, lack of access to or quality of medical care, difficulty in evacuation in case of a medical or other emergency, or for any other cause beyond the direct control of CIEE.
19. I understand that perceived or actual epidemics (such as, but not limited to, SARS or bird flu) can delay, disrupt, interrupt, or cancel programs. I agree to assume all risk of any such problems which could result from any such occurrences.
20. CIEE retains the right, in its sole discretion, to contact the participant's school, parents and/or guardian with regard to health issues or any other matter whatsoever which relates to the participant or participant's program. These rights transcend any and all privacy regulations that may apply.
21. I understand that travel in other nations is not similar to travel within the United States. Programs outside the United States can involve inconvenience and risk, including, but not limited to, forces of nature, geographic and climatic conditions, different hygienic standards, infrastructure problems (including road maintenance, transportation delays and accommodation conditions or available at all), civil unrest, vandalism, crime, political instability, and terrorism. Medical services or facilities may not be readily available during all or part of a program and, if available, may not be equal

to standards in participant's home country. I assume all risk of bodily injury, death, emotional trauma, property damage, inconvenience and/or loss resulting from negligence or any other acts of any and all persons or entities, however caused, including, but not limited to, those risks mentioned above. It is my intention fully to assume all of the risks of travel and participation in the CIEE program and to release CIEE from any and all liabilities to the maximum extent permitted by law. If this form is also signed by a parent or legal guardian, that parent or guardian is making a similar release.

22. CIEE reserves the right to decline, accept, dismiss, or retain any person as a participant in any program at any time before or during the program for any reason whatsoever, without liability for refund of payment except refunds regarding cancellation by CIEE of programs will be issued as per the terms of the refund and cancellation fee schedule.
23. If by my acts or omissions I cause or threaten to cause damage of any kind whatsoever to third parties, I accept full responsibility therefore. Further, in the event of such damage or loss, I agree to indemnify and hold CIEE harmless from any and all actions taken by third parties for said damages or loss.
24. All program applications are subject to acceptance by the appropriate overseas agency.
25. I agree that any dispute concerning, relating, or referring to this contract, the brochure, or any other literature concerning my program, or the program itself shall be resolved exclusively by binding arbitration in Portland, Maine, according to the then existing commercial rules of the American Arbitration Association. Such proceedings will be governed by substantive Maine law.
26. Any claims on my behalf shall not exceed the sum of the listed cost of my program with CIEE as listed in the CIEE Gap Year website. I further agree that should any legal action on my behalf against CIEE fail to prevail, I, or my legally designated representative, hereby agree to pay all reasonable attorneys' fees incurred by CIEE arising from the dispute.
27. In the event any part of this "Release and Agreement Form" is found to be legally void or unenforceable, then such part will be stricken but the rest of this document will be given full force and effect.
28. I have carefully read this document entitled "Release and Agreement Form," and I have carefully read all of the CIEE catalogues, program brochures, websites and other descriptive materials provided to me by CIEE relating to my participation in the program, and I have understood all of the contents of all such documents. I understand and agree to comply with all stated terms and conditions set forth in this "Release and Agreement Form" as well as those terms and conditions set forth in the CIEE catalogues, brochures, websites, and other descriptive materials provided to me by CIEE relating to my participation in the program. I understand that the terms and conditions in this document as well as the terms and conditions in all of the above stated documents constitute a binding contract between myself and CIEE.

A serious violation of this Participant Contract will result in immediate dismissal from the program and the return of the participant to the United States without undue delay. Any costs arising as a result of the premature termination of the stay will be borne by the participant. Serious violations include but are not limited to breaking any federal or regional law. The cost of the flight for the early return to the United States due to withdrawal or dismissal from the program will be the responsibility to the participant, unless the return is due to exceptional circumstances as dictated by CIEE.

I certify that all statements made in this "Release and Agreement Form" are true and correct and made of my own free will. Please note, this form must be signed as is; no changes to the form will be accepted.

Applicant's signature:

Date:

For applicant who is under the age of majority in the jurisdiction in which this document is being executed.

Signature of Parent/Guardian:

Date:

Applicant's Name:

For Office Use Only. Student ID#:

In conducting the Gap Year Program, CIEE makes every effort to protect the welfare and safety of the participants. However, neither CIEE nor its overseas cooperators is able to assume responsibility for damage to or loss of property, personal illness/injury, or death while a participant is on the program. We require each participant to sign the following statement as an indication that this position is understood and accepted. In the case where the participant is under the age of majority in the jurisdiction in which this document is being executed, a parent's signature is required.

Waiver / Release

I hereby waive and release CIEE, its affiliates and overseas cooperators, the host family, and their respective employees and representatives, to the maximum extent permitted by law, from any claims, causes of action and liability for any loss or damage (including, without limitation, damage to property, personal injury, illness or death) suffered or incurred in connection with the Program, whether based on breach of contract, statutory duty or warranty, negligence, or any other grounds. I will indemnify CIEE, its affiliates and overseas cooperators, the host family, and their respective employees and representatives any loss or damage incurred or suffered by them and caused by me in connection with the Program.

I agree that all of the information provided in the application is true to the best of my knowledge and that any falsification of information may lead to immediate dismissal from the program.

I give CIEE permission to use any written, photographic images, or video of me in the course of reporting on and/or promoting the CIEE exchange programs.

Applicant's signature:

Date:

For applicant who is under the age of majority in the jurisdiction in which this document is being executed.

Signature of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date:

Information Release

Information regarding the student's program status can be released to the following individuals:

Name:

Relationship to student:

Name:

Relationship to student:

Name:

Relationship to student:

Applicant's signature:

Date:

Applicant's Name:

For Office Use Only. Student ID#:

Fee Schedule

Fee	Amount	Summer/Fall Departure	Winter/Spring Departure
Program Deposit	\$500	Due with application \$100 of this deposit is applied to the non-refundable application fee	Due with application \$100 of this deposit is applied to the non-refundable application fee
Installment #1	25% of the program fee	Due upon acceptance to the program \$1,000 of this installment is a non-refundable Confirmation of Participation fee	Due upon acceptance to the program \$1,000 of this installment is a non-refundable Confirmation of Participation fee
Installment #2	50% of the program fee	Due by May 31	Due by September 30
Final Installment	100% of program fee	Due by July 15*	Due by November 15*

* Failure to submit program fee balance by stated date may result in cancellation of the student's program application.

Confirmation of Participation

CIEE requires a \$1,000 Confirmation of Participation payment upon the applicant's acceptance to the CIEE Gap Year Abroad program. This confirmation payment will be credited towards your total program costs. Upon receipt of this payment, the applicant will have confirmed their enrollment on the program.

Cancellation and Refund Policy

\$100 non-refundable Application fee.
\$1,000 non-refundable Confirmation of Participation fee.

Withdrawal from the program:

On or up to 30 days prior to departure, with written notice received by CIEE, a full refund, less the non-refundable Application fee and Confirmation of Participation fee.

From 29 to 14 days prior to departure, with written notice received by CIEE, 75% of the program fee, less the non-refundable Application fee and Confirmation of Participation fee.

Within 14 days of departure, with written notice received by CIEE, 50% of program fee, less the non-refundable Application fee and Confirmation of Participation fee.

On departure day, with written notice received by CIEE, 25% of program fee, less the non-refundable Application fee and Confirmation of Participation fee.

After departure, program fees are not refundable.

Other Fees

\$25.00 fee is applied for a returned check.

I have read and understand the program fees and cancellation policy for the Gap Year Abroad Program.

Applicant's signature:

Date:

For applicant who is under the age of majority in the jurisdiction in which this document is being executed.

Signature of student:

Date:

Applicant's Name:

For Office Use Only. Student ID#:

This information will be used in the event of an emergency.

Student

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Cell phone:

Emergency Contact

Relationship:

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Cell phone:

Alternate Emergency Contact

Relationship:

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Cell phone: