

**Global Student Teaching  
Application Checklist**

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

Major: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ GPA: \_\_\_\_\_

Country      1<sup>st</sup> Choice: \_\_\_\_\_2<sup>nd</sup> Choice: \_\_\_\_\_3<sup>rd</sup> Choice: \_\_\_\_\_

Include in application:

1. Fee: \$300 (Check made payable to TCNJ.)
2. Two Completed Reference Forms
3. Study Abroad Online Application
4. Emergency Treatment Form
5. Medical Exam-may be turned in later; Due 30 days prior to departure)
6. Personal Statement: Submit a paragraph (approximately half a page) discussing what you hope to contribute to the Global Student Teaching program and what you hope to gain from the experience.
7. Assumption of Risk/Release Form

**\*\* Complete and save the entire application.**

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**PLEASE NOTE:**

- 1. Please submit the application and related forms to the STEP Office.**
- 2. The medical exam can be submitted at a later date.**
- 3. Reference forms can be sent directly to the STEP Office via email at: [step@tcnj.edu](mailto:step@tcnj.edu) or hand delivered by the student in a signed and sealed envelope.**

## Global Student Clinical Internship Application

<b>CURRENT ADDRESS</b>	
[    ] MR.                      [    ] MS.	
Last Name	
First Name	Middle Initial
Current Address	
City	State
Zip Code/Country	Telephone
Cell Phone	
E-Mail Address	
Alternative E-Mail Address	

<b>PERSONAL INFORMATION</b>	
Date of Birth (MM/DD/YY)	
Place of Birth (CITY, STATE, COUNTRY)	
<p>(If you have a passport, please fill in the following information. If you do not have a passport you may skip this part of the application. However, if you do not have a passport and are planning to do your student teaching/internship II, please apply for a passport as soon as possible. For information on how to apply, visit <a href="http://www.state.gov">www.state.gov</a>). <i><b>Your passport should be valid for at least 6 months past your expected departure date.</b></i></p>	
Passport Number	Expiration Date
Social Security Number or Student ID Number	

### EMERGENCY CONTACT & TREATMENT PERMISSION

On rare occasion, an emergency requiring hospitalization and/or surgery may develop. This form is intended to prevent dangerous delay in treatment in case of emergency.

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

Destination: \_\_\_\_\_

Term Abroad:      Fall 20\_\_\_\_

Spring 20\_\_\_\_

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____ _____	Address: _____ _____
Phone numbers	Phone numbers
Work: _____	Work: _____
Home: _____	Home: _____
Cell: _____	Cell: _____
E-mail: _____	E-mail: _____

1. I am insured under:

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

In the event of an emergency I give permission for a representative of the host institution to authorize treatment or hospital care, which in the best judgment of a licensed health care professional, is deemed advisable.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Make at least three (3) copies of this form:**

**1- for yourself to carry with your passport  
1- for your TCNJ study abroad application  
1- for host institution**

**Global Student Teaching Physical Examination Form**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First month/day/year

Destination(s): \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Smoker?: \_\_\_\_Never \_\_\_\_Current \_\_\_\_Quit # of Years Ago Cigarettes/Per Day/x# \_\_\_\_ Years

ETOH Use (describe): \_\_\_\_\_

Illicit Drug Use (describe): \_\_\_\_\_

Personal History of Mental Illness, including eating disorder? \_\_\_\_\_

If female, date of last PAP: \_\_\_\_\_ Result: \_\_\_\_\_

Height _____ Weight _____	Vision: R) 20/ ____ L) 20/ ____
BP: ____/____ Pulse: _____	Corrected: ____ NO ____ YES

	Normal	Abnormal	Remarks
EENT			
Mouth/Teeth			
Thyroid			
Lymph Nodes			
Skin			
Lungs			
Heart			
Abdomen			
Extremities			
Genitalia/Hernia			
Reflexes			
Musculoskeletal (ROM, Strength)			

**Comments/Recommendations:**

\_\_\_\_ CDC travel guidelines recommended for student to review.  
 \_\_\_\_ Needs diagnostic testing: \_\_\_\_\_  
 \_\_\_\_ Needs immunizations: \_\_\_\_\_  
 \_\_\_\_ Other: \_\_\_\_\_

____ Fully cleared to participate
____ Cleared with the following limitations: _____
____ Not cleared due to: _____
____ Not cleared pending: _____

Examining Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examining Practitioner's Name (Print): \_\_\_\_\_ Phone # \_\_\_\_\_

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

## ASSUMPTION OF RISK AND RELEASE FORM

The College of New Jersey

*THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING*

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If applicant is under 18 years of age, a parent or guardian must also read and sign this form.

Destination: \_\_\_\_\_

Term Abroad: Summer 20\_\_\_\_ Fall 20\_\_\_\_ Spring 20\_\_\_\_ Full Academic Year 20\_\_\_\_/20\_\_\_\_

I hereby agree as follows:

1. **Risks of Study Abroad:** I understand that participation in The College of New Jersey Study Abroad Program specified above (the "Program") involves risks not found in study at the College. These include, but are not limited to, risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal social, and economic conditions; different standards of design, safety and maintenance of building, public places and conveyances; local medical and weather conditions. I have made my own investigation and am willing to accept these risks.
2. **Institutional arrangements:** I understand that the College does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the College is not responsible for matters that are beyond its control. I hereby release the College from injury, loss damage, accident, delay or expenses arising out of any such matter.
3. **Independent activity:** I understand that the College is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any College-supervised activities.
4. **Health and Safety:**
  - a. I understand that foreign travel and living overseas can provide special challenges and stresses. Medical care, including mental health care, emergency medical care and medicine may not be as available and/or of a quality comparable to that available in the United States. Students with previous or current medical and/or mental health conditions are strongly encouraged to consult with trained medical and/or mental health professionals and to prepare strategies that may be used abroad should they experience problems. I acknowledge that I have been strongly encouraged to assess my ability to participate in the program and have done so.
  - b. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs of payment for medical costs while I participate in the Program. I recognize that the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States, during the Program, the College is not responsible for the cost or quality of such treatment or care.
  - c. The College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the College from any liability for any of its actions or inactions.
5. **Standards and conduct:**
  - a. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws and standards could harm the College's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.

- b. I will also comply with the College's rules, standards or instructions for student behavior. I waive and release all claims against the College that arise at a time when I am not under the direct supervision of the College or that are caused by my failure to remain under such supervision or to comply with such rules, standards and instructions.
  - c. I agree that the College has the right to enforce the standards of conduct described above, in its sole judgment, and that it may impose sanctions, up to and including expulsion from the Program or from the College, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the College, the Program, or other participants. I recognize that due to the circumstances of foreign student programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the College may not apply. If I am expelled, I consent to being sent home at my own expense with no refund.
  - d. I am solely responsible for any legal problems I encounter with any foreign nationals or government of the host country. The College is not responsible for providing any assistance under such circumstances.
6. **Program Changes:** The College has the right to make cancellations, substitutions or changes in case of emergency or changes conditions or in the interest of the Program. I understand that the College fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.
7. **Assumption of Risk and Release of Claims:** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of myself, my family, heirs and personal representative(s), to assume all the risks and responsibilities directly or indirectly associated with my participation in the Program. To the maximum extent permitted by law, I release and indemnify The College of New Jersey, its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

**I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing statement, have been made.** This agreement shall become effective upon receipt of my application by The College of New Jersey and shall be governed by the laws of the state of New Jersey, which shall be the forum for any lawsuit filed under or incident to this agreement or to the Program.

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Signature of Applicant

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Date

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Signature of Parent (if Applicant is under 18 years of age)

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Date

**\*\*This form must be completed and returned to the STEP Office prior to travel.**

### TCNJ GLOBAL STUDENT TEACHING REFERENCE FORM

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

Phone/Campus Ext.: \_\_\_\_\_ Date: \_\_\_\_\_ Program: \_\_\_\_\_

Destination: \_\_\_\_\_

Term Abroad: Summer 20\_\_\_\_ Fall 20\_\_\_\_ Spring 20\_\_\_\_ Full Academic Year 20\_\_\_\_ 20 \_\_\_\_

Deadline \_\_\_\_\_

#### **WAIVER OF STUDENT'S RIGHT TO SEE REFERENCE STATEMENT**

I hereby waive my right to see this reference statement.

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

Reference requested from: \_\_\_\_\_

Title: \_\_\_\_\_

#### **PART II to be complete by the referrer**

To the referee: The student named above is applying to an international or domestic program. Your opinion of the applicant will be of great assistance in determining whether the student will reflect credit upon his/her home institution. It is important that your comments be detailed and frank.

Under the 1974 Family Education Rights and Privacy Act, the applicant named above will have the right to view this recommendation unless he/she has waived that right.

**Please return this form directly to the student in a signed and sealed envelope.**

Please rate the applicant in the qualities listed below, compared to other members of his/her peer group.

Qualities	Low		Average		High	Unable to Observe
Ability to work hard	1	2	3	4	5	0
Maturity	1	2	3	4	5	0
Self Confidence	1	2	3	4	5	0
Social Skills	1	2	3	4	5	0
Reliability	1	2	3	4	5	0
Integrity	1	2	3	4	5	0
Perseverance	1	2	3	4	5	0
Ability to respond to challenging situations	1	2	3	4	5	0
Analytical Skills	1	2	3	4	5	0
Professionalism	1	2	3	4	5	0
Communication Skills	1	2	3	4	5	0