

Student's Name \_\_\_\_\_

Excelsior College ID# \_\_\_\_\_

## **Excelsior College Study Abroad Program Parental Responsibility and Consent**

### **I have read and agree to the following:**

- A. As a condition of participation in Excelsior College's Study Abroad Program, students must carry health insurance that covers them while traveling. By signing below, I represent and certify that I have health insurance that will cover me while traveling abroad and that my policy of choice provides adequate coverage. The College, while requiring and accepting this certification of health insurance coverage for each student, does not and will not determine the actual sufficiency of such coverage. That determination is for each student and his or her provider to determine.
- B. I authorize Excelsior College to apply any financial aid credited to my student account to cover the costs associated with my participation in the Excelsior College Study Abroad Program. Financial aid may consist of any source of funding including New York State and/or federal student aid, institutional aid, or private funding. I understand there is a \$1,200 Excelsior College program fee for the Study Abroad Program. Any costs associated with the program that are not covered by financial aid will be the responsibility of the student to pay. If for any reason, a student decides to drop from the Study Abroad Program after having arrived at their respective seminary, the \$1200 program fee will be retained by Excelsior College.
- C. I fully intend to maintain my enrollment and complete my degree with Excelsior College upon return from Israel.
- D. I will send a copy of my high school diploma or official GED score report no later than July 20, 2018 to the Excelsior College Office of the Registrar either by fax to 518-464-8646 or by email to [ISAPregistrar@excelsior.edu](mailto:ISAPregistrar@excelsior.edu). In lieu of sending a high school diploma, students may have their high school mail a sealed copy of their official high school transcripts to:  
**Excelsior College**  
**Office of the Registrar**  
**7 Columbia Circle, Albany, NY, 12203**
- E. I confirm that I have not participated in any previous study aboard program.

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

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_