



Place an 'X' by the type of program that you are applying to. Click the hyperlink to find out more about each type of program.

CPP Faculty-Led	
CPP Affiliated Programs	
CSU-IP	
Independent	
Student Exchange	

Student Study Abroad Application			
Study Abroad Program Destination/Term:			
Name:		Bronco ID:	
Email:		Cell:	
Major:		GPA:	
Class: Fr/So/Jr/Sr:		Date of Birth:	
Passport #:		Passport Nation:	
Emergency Contact:		Contact E-mail:	
Relationship of Contact:		Contact Cell:	
Questions:			
Comments:			

New Content Follows

The Collins of Hospitality Management

Program Name: Italy Apicius 2024 - Faculty-Led Program

Program Dates: June 16 to July 12, 2024 (27 days) 4-Weeks

Service Provider(s): Florence University of the Arts, The American University of Florence

Faculty: Lesley Butler - Lecturer

Course Name/Units: FUA Summer Session 2024, VII

9 Semester Credits

Description	Per Student
Program Cost (Courses, Housing, Excursions & Transportation)	5990.00
Total Payment to Service Provider	5990.00
Student Insurance (FTIP)	60.00
Student Airfare (Actual – Due by March 15, 2024) & Paid Directly to Travel Agent WWW.FROSCHSTUDENTTRAVEL.COM/POMONA	2149.00
Total Study Abroad Program Cost for Undergraduate Student	\$8199.00

Explanation

CCHM Program Charge (Paid to CCHM Senior Budget Analyst)	6050.00
1 st payment due on 12/15/2023	500.00
2 nd payment due on 01/12/2024	1000.00
3 rd payment due on 02/09/2024	1000.00
4 th payment due on 03/08/2024	1000.00
5 th payment due on 04/05/2024	1000.00
6 th payment due on 05/01/2024	1550.00

Chitra Perera, CCHM Senior Budget Analyst, will collect all monies from students and deposit into the Study Abroad Foundation account. You may contact Chitra directly at cperera@cpp.edu or by calling at (909) 869-4471.

New Content Follows

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

PLEASE PRINT TWO-SIDED.

Activity(ies) _____

Activity Date(s) and Time(s) _____

Activity Location(s), Premises or Facility (ies) _____

In consideration for being allowed to participate in this Activity(ies) and/or use of the Premises or Facility, 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; Cal Poly Pomona; and their employees, officers, directors, volunteers and agents (collectively "University") and Cal Poly Pomona Foundation, Inc.; Cal Poly Pomona Associated Students Inc.; Cal Poly Pomona Philanthropic Foundation; and their employees, officers, directors, volunteers and agents (collectively "Auxiliaries") from any and all claims, **including claims of the University's and/or Auxiliaries' negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, property damage, or economic or emotional loss I may suffer because of my participation in this Activity(ies), including travel to, from and during the Activity.

I am voluntarily participating in this Activity(ies). I am aware of the risks associated with traveling to/from and participating in this Activity(ies), 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, death and/or property damage. 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(ies), including travel to, from and during the Activity.**

I agree to **hold** the University and/or Auxiliaries **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(ies), including travel to, from and during the Activity. If the University and/or Auxiliaries incur any of these types of expenses, I agree to reimburse the University and/or Auxiliaries. 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 and/or Auxiliaries from all liability, (b) promising not to sue the University and/or Auxiliaries, (c) and assuming all risks of participating in this Activity(ies), 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 been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

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: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University and/or Auxiliaries from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity(ies), including travel to, from and during the Activity.** I allow Participant to participate in this Activity(ies). I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

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

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name (print)

New Content Follows

Cal Poly Pomona University – International Center Illegal Drug Use Policy

The use of illegal drugs is not more acceptable in foreign countries than in our own and is treated as a serious criminal offense. Many US students and travelers have suffered greatly as a result of drug-related incidents. US citizens in a foreign country are subject to the laws of THAT country. The US Embassy cannot obtain release from jail for a US citizen, but can only aid in obtaining legal assistance.

Illegal activities place not only the individual but the whole group and the program in jeopardy; therefore, all participants in Cal Poly Pomona international programs must agree to the conditions of participation as stated below and sign this agreement prohibiting them from using illegal drugs during the term of the program. The International Center has adopted the policy outlined below for dealing with illegal drug use during participation in a study abroad program.

The consequences of illegal drug use during participation in a study abroad program include:

- *Immediate expulsion from the program.*
- *Total forfeiture of all fees paid to the program.*
- *Loss of all course credit anticipated.*

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I have read the above and understand that use or possession of any quantity of marijuana, cocaine, or other illegal drugs is strictly prohibited throughout of the period of study. I understand that this prohibition applied not only while I am in the company of fellow participants, but also when I am alone or with people not associated with the program.

I have read the consequences for violation noted above and I accept the above conditions.

(Print) Last Name, First Name, Middle Initial

Signature of Participant

Date

New Content Follows

New Content Follows

Field Trip Information			
Department:	CCHM	College:	Collins College
Field Trip Description:	Apicius Study Abroad	Field Trip Location:	Italy
Begins on (date/time):	June 15, 2024/12:00 p.m.	Ends on (date/time):	July 12 2024/ 12:00 p.m.
Faculty/Staff Emergency Contact Name:	Lesley Butler	Faculty/Staff Emergency Contact Telephone No:	

Field Trip Participant List				
Participant Name:	In Case of Emergency Contact (Name/Relationship to Participant)	Phone Number	Faculty/Staff to complete this section at the Field Trip Site	
			Is participant listed present at Field Trip Site?	
1.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
12.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
14.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
15.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
16.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
18.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
19.			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Field Trip Participant List (Cont.)

Participant Name:	In Case of Emergency Contact (Name/Relationship to Participant)	Phone Number	Faculty/Staff to complete this section at the Field Trip Site	
			Is participant listed present at Field Trip Site?	
20.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
21.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
22.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
23.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
24.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
25.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
26.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
27.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
28.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
29.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
30.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
31.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
32.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
33.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
34.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
35.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
36.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
37.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
38.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
39.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
40.			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Completed By:

Signature:		Date:	
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Attach additional pages as needed. To be retained in the academic department for two years following completion of the field trip.

Jan. 2010