Rochester Institute of Technology

Office of Career Services and Cooperative Education

Genova Work Abroad Enrollment Documents

**

**Genova International Experience Application Checklist**

Thank you for submitting your the Genova application. Below is a list of items that are due in order to continue with finalize your enrollment to the program. The following completed documents must be emailed to info@adoortoitaly.com and copied to exdgla@rit.edu and julian.huenerfauth@rit.edu

\_\_\_1) Proof of Medical Insurance Abroad

\_\_\_2) Medical Examination Report

\_\_\_3) Certification of Conduct Standing

\_\_\_4) Agreement for Work Abroad

\_\_\_5) Financial Commitment Letter

Rochester Institute of Technology

Office of Career Services and
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Proof of Medical Insurance Abroad

Rochester Institute of Technology students studying/working abroad must possess an international health plan that covers them while they are in Italy. Students must provide written proof from their US insurance plan that it will cover them while abroad.

Students once registered in the office of career services co-op/internship notification system, will be covered under the **RIT On-Call International Global Assistance & Travel Protection Program**.

Key features of the program:

•  Medical, travel, and security assistance including insured evacuation and repatriation services

• Coordination of medical care

• Coordination and payment of travel arrangements for you or a person you designate for certain emergency circumstances

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Medical Examination Report

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Abroad Program and Term Abroad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Examining Healthcare Provider (Family Doctor or RIT Health Center if not a Us Citizen):**

The above named applicant would like to participate in a work abroad program that may include unusual mental and physical stress as well as significant variation in diet. Please give us your candid professional judgment as to his/her physical and mental health so that we may add this to the data used to evaluate the student’s candidacy. Examination should be within 12 months of proposed program.

\_\_\_\_ Family Physician / \_\_\_\_Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examining Healthcare Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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Certification of Conduct Standing

Students working abroad must be in Good Standing at Rochester Institute of Technology. A student cannot currently be sanctioned at the level of Probation and/or have ever received a sanction more serious than Probation (Suspension or Expulsion). Please provide this form to The Center for Student Conduct and Conflict Resolution and it will be returned directly to the Office of Career Services and Cooperative Education.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Abroad Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Work Abroad Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand that in order for me to work abroad, a disciplinary conduct screening through the Center for Student Conduct and Conflict Resolution will be done. The information received will be used to determine my eligibility to participate in work abroad. This information will be kept in confidentiality within the Office of Career Services and Cooperative Education and its necessary partners.

Please initial: \_\_\_\_\_\_\_\_\_\_\_

*==============================================================*

***OFFICE USE***

***The following section is to be completed by the The Center for Student Conduct and Conflict Resolution, 2640 Student Alumni Union.***

Career & Coop Staff Contact Information - Phone:(585) 475-5470 - E-mail: julian.huenerfauth@rit.edu

* I certify that the student named above is in good disciplinary standing at Rochester Institute of Technology, and is eligible to participate in the work abroad experience as noted above.
* I certify that the student named above is not in good social standing at Rochester Institute of Technology, and is therefore ineligible to participate in the study abroad experience as noted above.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

 Rochester Institute of Technology

Office of Career Services and
Cooperative Education

AGREEMENT FOR WORK ABROAD (COOPERATIVE EDUCATION)

This document includes an **assumption to risk** and **release of liability**.

It could affect your legal rights.

Read it carefully before signing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am intending to participate in the following Cooperative Education Program:

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_A Door to Italy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Genova, Italy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On these dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that Rochester Institute of Technology (“RIT”) is offering to me an opportunity to participate in the Cooperative Education Program (the “Program”) subject to certain conditions that make this opportunity possible. One of those conditions is that I read, understand, and sign this document. I do so voluntarily to further my education at RIT, which I have freely chosen to undertake.

I acknowledge that RIT does not itself operate the Site, or control the premises there. RIT is not itself an agent of the Employer, nor is the Employer an agent of RIT. As a participant in the Program, I understand that I shall be an employee of the Employer, and not RIT.

Assumption of Risk. I understand that participation in the Program entails certain risks. The Site is a workplace setting with its own risks and dangers. I may be injured traveling to and from the Site. I may be injured while I am there. My personal effects or other property may become lost, stolen, or damaged by casualty. I may become exposed to unhealthy conditions, to different standards of sanitation, or unfamiliar laws, to natural disasters, or to negligence or intentionally harmful acts of others. I may be the object of anti-American sentiment or the victim of criminal acts, acts of war, or terrorism. These and other significant risks, including (but not limited to) all of the particular risks disclosed to me by the Site, if any, are part of what I am willing to assume voluntarily in order to participate in the Program.

Release. In consideration for this opportunity to participate in the Program, I agree that I will not take legal action against RIT or any of its trustees, officers, employees, agents, contractors or volunteers (“Releasees”) for any property loss or damage, personal injury, or bodily injury, including death that I might sustain as a result of my participation in the Program.  **I hereby release the Releasees from any and all liabilities,**

**claims, demands, causes of action, costs and expenses of any nature whatsoever arising out of or relating to such participation**. I except from the foregoing only those losses, injuries or claims that I can show were the result of the gross negligence or willful misconduct of the Releasees themselves.

Indemnification. If any third party should bring legal action against any of the Releasees as a result of my participation in the Program, I agree to indemnify those Releasees and hold them harmless from any loss, liability, damage and cost (including attorney’s fees), that they may incur. Again, I except only those claims that I can show were the result of the gross negligence or willful misconduct of the Releasees themselves.

Representations. I represent that I am in a physical condition that will allow me to participate in the Program without undue risk to myself or others and that I have medical insurance that will cover me for accidents and illnesses while I am participating in the Program. I am able to and do assume full responsibility for my own health and well-being while participating in the Program. I understand that RIT is acting in reliance on these representations.

Conduct. I understand that all RIT students who are participating in Cooperative Education Programs remain subject to RIT’s academic and disciplinary rules and regulations. This includes academic failure or conduct in violation of the standards established for RIT students in its student handbook and elsewhere. Further, I agree to conduct myself consistent with the rules and regulations of the Employer at the Site, recognizing that failure to do so may constitute grounds for dismissal from the Program.

I agree that this Agreement will in all respects be interpreted, construed and governed by and in accordance with the local laws of the State of New York, without regard to principles of conflict of laws. I also agree that any legal action, suit or proceeding arising out of or relating to this Agreement will be instituted in a federal or state court sitting in Monroe County, New York, as an exclusive jurisdiction and venue, waiving any objections which I may have.

I expressly intend that this Agreement shall bind the members of my family, my estate, heirs, administrators, assigns and personal representatives.

I am at least eighteen years of age, have read this document and understand it, and sign it voluntarily, knowing that in doing so I am granting a release of liability and affecting other legal rights I may otherwise have or acquire.

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

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

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

Rochester Institute of Technology - A Door To Italy

**Financial Commitment Letter**

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

Payment schedule and Financial Commitment for Genova Program:

**Program Cost, including language course (but not airfare, meals or personal expenses)**

4 weeks $5,470 | 6 weeks $6,970 | 8 weeks $ 8,470 | 10 weeks $9,970 | 12 weeks $11,470

**By February 2nd, 2024 $570** Deposit fee will be deducted from the total cost (together with application fee $100). **Deposit Fee of $570** **is due after you receive your acceptance** + **Financial Commitment Form completed at this time as well.**

**By March 29th, 2024** Final Payment (**depending on your total cost for 4, 6, 8, 10 or 12 wks**).

**Checks** should be made payable to: **RIT Office of Co-op & Career Services**

They can be mailed or hand delivered to the address below.

**Credit card payments** can be made using this online payment link: https://[www.rit.edu/emcs/oce/nelnet](http://www.rit.edu/emcs/oce/nelnet) and clicking on **A Door To Italy Summer 2024.**

**This commitment needs to be signed by both student and responsible parent as a commitment of financial commitment to the Program.**

**Students will not be refunded after February 3th 2023 and only in case of health emergency or other grave and documented emergency.**

If you have any question, please let us know right away.

**Date** **GUARDIAN NAME**

**STUDENT SIGNATURE GUARDIAN SIGNATURE**

**STUDENT CELL. PHONE GUARDIAN EMAIL**

Julian Huenerfauth

Assistant Director for International Career Services

Rochester Institute of Technology - Bausch & Lomb Center

57 Lomb Memorial Drive

Rochester NY 14623-5603

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