

Rochester Institute of Technology
Office of Career Services and Cooperative
Education
Genova Work Abroad Application
Part 2





Genova Work Abroad Application Checklist

Thank you for submitting Part 1 of the Genova application. Below is a list of items that are due in order to continue with your application. Completed application can be return by email to Maria.Richart@rit.edu or in drop off in hard copy at Career Services Bausch and Lomb Center 1st floor.

- ___1) Proof of Medical Insurance Abroad
- ___2) Medical Examination Report
- ___3) Certification of Conduct Standing
- ___4) Agreement for Work Abroad

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Proof of Medical Insurance Abroad

All Rochester Institute of Technology students studying/working abroad must possess an international health plan that covers them for the following:

- (1) Medical benefits of at least \$100,000 per person per accident or illness;
- (2) Repatriation of remains in the amount of \$25,000; and medical evacuation in the amount of \$50,000 (MEDEX)

Students can satisfy this requirement by submitting one of the following:

- Proof of purchase of HTH Worldwide Insurance (instructions below), **or**
- Copy of your Rochester Institute of Technology student insurance (United Healthcare) card **or**
- Verification letter from your own insurance provider stating that your plan meets our minimum health insurance requirements outlined above (have them state clearly: *The student XXXX is fully covered under the XXX plan while in Italy in summer 2016.*)

If you do not have international coverage through your regular medical insurance provider of the RIT United Healthcare plan, please purchase HTH Worldwide Insurance online. Our office has partnered with HTH Worldwide Insurance to provide our students with a discounted price for international medical insurance coverage. HTH Worldwide Insurance provides medical insurance to students while abroad including, 100% medical expense coverage, repatriation, evacuation services etc., as well as on the ground global health and safety services.

For more options, go online to: <https://www.rit.edu/academicaffairs/global/preparing-go#safety>. This site will give you more options on medical care if the purchase of HTH or RIT United Healthcare Plan are impossible.

No matter the type of insurance you choose, please provide proof with your work abroad application.

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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 to determine my eligibility. Applicants currently on suspension are not able to participate in work abroad. Applicants with past or current violent violations, Title IX violations, who have been removed/restricted from RIT housing, returned from suspension or demonstrated endangering behavior or other serious violations may not be eligible. You will be notified by the Center for Student Conduct and Conflict Resolution and/or the Career Services Office if your conduct record impedes your ability to go abroad. This information will be kept in confidentiality within the Office of Career Services and Cooperative Education and its necessary partners.

Please initial: _____

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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 - Maria Richart

- 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



Agreement for Work Abroad Form

Rochester Institute of Technology

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: _____

Site: _____

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: _____

Phone: (585) 475-5479

E-mail: maria.richart@rit.edu

Web: <https://www.rit.edu/emcs/oce/>