Section I: Basic Student Information

Applicant for Admission to

The New York/Paris Exchange Program

College of Queens

New York University

The City
If you have any particular skills or experience that you think would be useful in finding a French family for you to stay with, how do you plan to become an "au pair"?

If home-stay, would you be interested in becoming an "au pair"?

If so, would you like a home-stay or apartment?

Will you need help with housing in Paris?

Section IV: Housing

Which types of courses would you ideally like to take in Paris? In which subjects?

Please list the college-level courses in French that you have already taken:

Number of semesters you have studied French

Section III: French-Language Course History

Career Goals

Major

Minor

Name of Home College

Section II: Educational Background
Recommendation Form

Student Recommendation Application
The New York/Xian Exchange Program

Date: __________________________
Signature: ______________________

RECOMMENDEE'S NAME:

Email: __________________________
Telephone Number: ______________
Department: ______________________
College: __________________________
Recommendee's Title: ______________
Recommendee's Name: ______________

Thank you for your time and consideration.

Please attach the form to your letter of recommendation and place both in a sealed
envelope with your signature across the seal. This envelope can be given to the candidate
who is responsible for submitting the recommendation with their application packet.

Please review the following:

1. A letter on official letterhead indicating:
   a. How long, and under what circumstances, you have been familiar with the
   candidate and his/her academic work, and
   b. Your evaluation of why you would recommend this student for this
   exchange program.

2. Your evaluation using the form on the following page.

Note: Recommendation Letter MUST be from a French Professor.

I do not waive my rights to have access to this recommendation form.
I waive my rights to have access to this recommendation form.

Aplicant's Name: __________________________

To the Recommender:

To the Applicant: Please complete the top part of the form below.
<table>
<thead>
<tr>
<th>Open-mindedness</th>
<th>Ability to relate well to others</th>
<th>Ability to adapt to new or unstructured circumstances</th>
<th>Level of Responsibility</th>
<th>Level of maturity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

Please evaluate applicant's suitability for participation in an exchange program.

Student Recommendation Application
The New York/Paris Exchange Program

New York University
The City University
<table>
<thead>
<tr>
<th>Part A: Participant</th>
</tr>
</thead>
</table>

The New York/Paris Exchange Program

<table>
<thead>
<tr>
<th>Part B: Emergency Contact (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer address (if different from home address)</td>
</tr>
<tr>
<td>I will be at the above address until (date)</td>
</tr>
<tr>
<td>Phone number</td>
</tr>
<tr>
<td>Home address</td>
</tr>
<tr>
<td>Social Security No.</td>
</tr>
<tr>
<td>Home College</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part C: Emergency Contact (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone number</td>
</tr>
<tr>
<td>City, State, Zip code</td>
</tr>
<tr>
<td>Relationship</td>
</tr>
<tr>
<td>Emergency contact (person)</td>
</tr>
<tr>
<td>Phone number</td>
</tr>
<tr>
<td>City, State, Zip code</td>
</tr>
<tr>
<td>Relationship</td>
</tr>
<tr>
<td>Emergency contact (person)</td>
</tr>
</tbody>
</table>
Placement Acceptance Form

I, the undersigned, have read and understood the terms and conditions of the CUNY Placement Acceptance Form. I hereby accept and agree to participate in the CUNY Placement Program as outlined therein.

Signed:

Date:

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Signed

I understand that if for any reason I leave the program, I am responsible for all financial arrangements for

suspension.

Education abroad Program. I understand that violation of these rules may lead to expulsion or

the program with no tuition refund.

5. Travel during the class periods is not allowed; students who break this rule risk being dismissed from

Attendance in all classes and class-related trips is mandatory.

4. I am subject to all rules and regulations that may be imposed by the civil authorities in

punishment by the Unite Against Women and Academic Disciplinarity Board or dismissal.

3. Illegal drugs in any form are not allowed and any student dependent upon their use should not

repose.

2. Violent, disorderly or indecent behavior of any kind is prohibited and may result in suspension,

1. Students must maintain an adequate academic standard.

Pledge of acceptance

The New York/Paris Exchange Program

______________________________
Name
A doctor's stamp is required.

__________________________
Date

__________________________
Signature

__________________________
Address

__________________________
Physician's name

TO THE PHYSICIAN: Please indicate if the student named above has a history of chronic or disabling physical or mental illness or any other condition which may affect his/her ability to participate in any special dietary requirements or any other disability which may require other continuing or emergency treatment. Any additional information that may be relevant to the opinion of your physician or your participation in the study is requested.

__________________________
Application for: Spring 20___ Fall 20___
Program name and location

__________________________
Your name

TO THE APPLICANT: Please authorize by your signature below the release of any medical information that may be relevant to the opinion of your physician or your participation in the study.
I have no known physical or health-related reasons or problems that preclude or restrict my ability to participate in the activity, and I will be responsible for the costs of such insurance and travel. I have or will obtain a minimum of health, accident, disability, hospitalization, and travel insurance as set forth above.

I have not the university, its employees, its agents, or its licensees responsible for my actions, in any way, or in any manner, whether or not I choose to participate in the activity. I understand that the university’s responsibility for any injury or accident that may be suffered by me, or which may result from my participation in the activity, is limited to providing me with reasonable care and assistance in the event of injury or accident. I will be responsible for all medical expenses, including any hospitalization or emergency medical treatment, that may be incurred as a result of my participation in the activity.

I have read and understood the information provided, and I agree to participate in the activity at my own risk. I understand that the university has made every reasonable effort to assure my safety while participating in the activity, and I agree to assume all risks associated with the activity.

Participation, Waiver and Release Agreement

This is a Release, Please Read Before Signing!

Participation, Waiver and Release Agreement

College (the "College") of the City University of New York ("the University") and I have agreed that I, "Applicant," am a student at

I, the undersigned, hereby agree to participate in the College’s internship program for Spring 2020 and to adhere to all college policies and procedures. I understand that participation in this program may involve exposure to risks and hazards that are inherent to the activity. I hereby assume all risks associated with the activity and hereby release the College and its affiliates from any and all liability for any injuries or damages I may incur as a result of my participation in the activity.
I have read this release form carefully before signing it.

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I have read this release form carefully before signing it.

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I have read this release form carefully before signing it.
Noary Public

Noary Stamp

he/she executed the same

me to be the person described in and who executed the foregoing instrument and acknowledged that

On this day of __________ 20__

__________________________

COUNTY OF ____________________________

Social Security # ____________________________

STATE OF ____________________________

Signature of Parent or Guardian

I, (a) a parent or legal guardian of the applicant,

(b) have read the foregoing waiver and release agreement (including such parts as may apply to me)

(c) am responsible for the obligations and acts of the applicant as described in this

(d) agree for myself and for the applicant to be bound by its terms.

Print Full Name

If applicant is UNDER THE AGE OF 18:

***

Note: If applicant is under the age of 18, then this page must be completed, signed, and notarized.
Health Care Proxy Form Instructions

This is an important legal form. Before signing this form, you should understand the following:

1. The form gives the person you choose as your agent the authority to make all health care decisions for you.
2. Unless you say otherwise, your agent will be allowed to make all health care decisions for you.
3. Unless you say otherwise, your agent will be allowed to make all health care decisions for you.
4. Your agent will not be allowed to make any decision to refuse or limit your physical or mental condition.

Office of New York State Attorney General
agent or durable agent CANNOT sign as a witness.

NOTE: Two witnesses at least 18 years of age must sign your proxy. The person who is appointed
can be seen in your presence. Be sure to include your address.

Item 5: You must date and sign the proxy. If you are unable to sign yourself, you may direct someone

expire. This section is optional and should be filled in only if you want the health care proxy to

Item 4: This form will remain valid indefinitely unless you set an expiration date or condition for it.

Item 3: You may write the name, home address, and telephone number of an alternate agent.

Item 2: If you have special instructions for your agent, you should write them here. Also, if you wish to

selecting as your agent.

Item 1: Write your name and the name, home address, and telephone number of the person you are

Page 1. These instructions correspond to the numbered areas on the Health Proxy Form.

Filling Out the Proxy Form.
New York State Health Care Proxy Form

NOTE: Neither witnesses should be the SAME person named as proxy (health care agent).

Witness 1

Address

Name

Signature

Witness 2

Address

Name

Signature

I, the undersigned, hereby appoint

(name)

as my health care proxy to make any and all health care decisions for me, except to the extent that I state otherwise. This appointment is effective as of

(name, home address, and telephone number)

New York State Health Care Proxy Form

Witness Statement by Witnesses (must be 18 or older)

Date

Address

Signature

I declare under penalty of perjury under the laws of the State of New York that I have personally known the person signing this document, personally known to me and appears to be of sound mind and ability to act in his or her own free will. He or she has signed (or asked another to sign for him or her) of his or her own free will. He or she is not acting solely for personal benefit.

(name, home address, and telephone number)

4. Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date of conditions stated below, this proxy shall expire (specific date of conditions, if desired).

(name, home address, and telephone number)

Hydration

Unless your agent will not be allowed to make decisions about artificial nutrition and hydration

(name, home address, and telephone number)

Optional Instructions: I direct my agent to make health care decisions with my wishes and instructions as stated below, or as he or she otherwise knows. (An additional page(s) if necessary)

(name, home address, and telephone number)
If necessary, please use this space to explain answers to the above questions. You may write on the back of this form.

name

medical history

Date

Signature of Parent(s) or Guardian

Queen's College, The Office of Global Education Initiatives

Health Information Questionnaire

Program

Birth Date

Name

Female

Male

Queen's College, The Office of Global Education Initiatives