

### CUSTOMIZED LEARNING PROGRAM

Please fill out information completely and type or print in black ink. Return to CAPA via mail with original signatures.

CAPA does not discriminate on the basis of sex, race, color, creed, disability, sexual orientation, national origin, or ethnic origin. Inquiries regarding compliance with equal opportunity legislation may be directed to CAPA, PO Box 55087, Boston, Massachusetts 02205-5087; telephone 1-800-793-0334 or 1-800-999-4992; or to the Director of the Office for Civil Rights, Department of Education, Washington, D.C.

### Student Information

First Name (as it appears on your passport) \_\_\_\_\_

Last Name (as it appears on your passport) \_\_\_\_\_

Date of Birth: (M/D/Y) \_\_\_\_\_

Gender: \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Permanent Email Address \_\_\_\_\_

*CAPA communicates frequently by email. Be sure to list an email address you check regularly.*

Social Security Number \_ \_ \_ - \_ \_ - \_ \_ \_

Home institution you are attending \_\_\_\_\_

Program Reference Code:

*If you don't know your program referenc code, please ask your study abroad advisor on campus or contact CAPA.*

*Please note, CAPA is not responsible for procuring visas or other travel documents that may be required for overseas study. Check requirements with the embassy or consulate of the country or countries in which you plan to travel and/or study.*

### Emergency Contact Information

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

*Please see section 1 of the release regarding permission to share information.*

Are you applying for financial aid?  Yes  No

*If yes, you must submit a CAPA Financial Aid Disbursement form with your application / release*

Do you have a passport?  Yes  No If yes, passport number: \_\_\_\_\_

*If no, you will need to apply immediately as there are often delays in processing passport applications.*

# Housing Form

The following information is used for placements only. CAPA will make every effort to place you according to your requests but cannot make any guarantees. Returning this form later than 70 days prior to departure from the U.S. may result in placement delays as well as late fees (as outlined on the CAPA Agreement).

Foreign Languages Spoken (Include Proficiency) \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Medications you will be taking \_\_\_\_\_

Do you smoke?  Yes  No      Would you accept a placement with smokers?  Yes  No

Interests/Sports/Hobbies:

---

---

---

Additional information that may be useful in making your placement:

---

---

---

Do you have a disability for which you require special accommodations?  Yes  No

*If yes, please submit detailed information on a separate sheet.*

## Rooming Information - applies only to housing with shared bedrooms:

List anyone you PREFER to be roomed with: \_\_\_\_\_

List anyone you prefer NOT to be roomed with: \_\_\_\_\_

## Host Family Information - applies only to homestay programs with local families:

I would prefer to stay with a family:                      with                      without                      no preference

**pets**                                                                                                                 

**children**                                                                                                                 

## Where did you hear about this program? (check all that apply)

program brochure       program poster       course catalog       web page       faculty/counselor brochure

other students / past program participants       recruitment meeting

other (please specify) \_\_\_\_\_

**This application must be accompanied by a deposit of \$300 (\$250 non-refundable)\*. Mail to:**

**CAPA  
PO Box 55087  
Boston, MA 02205-5087**

*\*If you are sending your application within 70 days of the start of the program, you must send your full payment in addition to the late fees listed in the CAPA agreement. Note your application is subject to availability.*

**IMPORTANT** Please carefully read all details below before signing and submitting your application.

- 1. Program Payments** When paying program fees, please write the participant's name, the selected program, the sponsoring Institution and the program reference number on the check.
- 2. Important Deadlines** You are responsible for making payments by the appropriate deadlines. Please make a note of these dates to avoid incurring late fees or being dropped from the program:  
**Application:**
  - Applications are due 70 days before departure from the United States and must be accompanied by a \$300 deposit.**Program Fees:**
  - For all programs, payment is due in full due by 70 days before departure from the United States.
  - Financial aid students: CAPA will defer payment for a portion of the program fees for qualified financial aid students. Please see section 5 below for more details.
- 3. Late Fees**
  - A late fee of \$100 will be applied to all applications received after the deadline dates listed above.
  - A late fee of \$100 will be applied to all accounts with an outstanding balance 70 days prior to departure.
  - Note: If the deadline date falls on a non-business day, payments must be made before the deadline date.
- 4. Automatic Cancellations**
  - At 60 days prior to departure: Applicants who have only paid the \$300 deposit will be automatically dropped from the program.
  - At 45 days prior to departure: Applicants with an outstanding balance will be automatically dropped from the program. The cancellation fees listed in section 7 will be applied.
  - At 30 days prior to departure: Applicants on Financial Aid with an will be automatically dropped from the program. The cancellation fees listed in section 7 will be applied.
  - If you have been dropped from the program and wish to be reinstated, full payment must be received along with a reinstatement fee of \$175 and any additional land costs. Reinstatement is always subject to availability.
- 5. Financial Aid** Students receiving financial aid to cover some or all of their program fees are eligible for a deferred payment schedule. To qualify, the Financial Aid Disbursement form, signed by the financial aid office, must be submitted by the 70-day deadline along with 30% of the program fees. The balance of the program fees is due by 30 days before departure. Please refer to the financial aid frequently asked questions on [www.capa.org](http://www.capa.org) for more details.
- 6. Insurance** All participants on CAPA programs are provided with standard insurance and additional insurance is available for purchase. CAPA will provide details of all insurance policies before the start of the program.
- 7. Cancellation Policy** Cancellations can only be accepted in writing, or by signed fax, and cannot be accepted by email or telephone. The effective cancellation date is the postmark on the notification or the date of receipt of a signed fax. Refunds are calculated according to the following schedule and are mailed within 45 days of receipt of the written cancellation.

Withdrawal Date	Cancellation Fees
More than 60 days prior to departure	\$250
46 to 60 days prior to departure	25% of the program fee and \$250
22 to 45 days prior to departure	50% of the program fee and \$250
21 days or fewer prior to departure	100% cancellation penalty

If a program is cancelled by CAPA or the Institution due to insufficient enrollment more than 70 days prior to departure, applicants will receive a full refund. If the program is cancelled within 70 day of departure, refunds will be subject to the CAPA cancellation policy.

- 8. Returned Checks** A \$50 processing fee will be charged for any check returned to CAPA. If your check is returned and your replacement check is not received by your deadline, you will incur any applicable late fees. Checks will not be re-deposited to the bank.
- 9. Changes in the Program** CAPA reserves the right to make the following changes which will not constitute grounds for a full refund:  
a) Changes in itinerary, and changes to the order of events in the program; b) Omissions of sights or services described in the itinerary due to scheduled closures, holidays or strikes. Where possible, suitable alternatives will be provided; c) A change in program fees or inclusions if the institution does not meet minimum enrollment numbers for the program.

## Signatures

I, or my parent or guardian if I am under 18 years of age, have read and understand this Agreement and agree to be bound thereby. Any controversy or claim arising out of, relating to, or interpreting this Agreement shall be determined by arbitration to be conducted before the American Arbitration Association in Boston, Massachusetts, in accordance with the Commercial Arbitration Rules of the American Arbitration Association and the laws of the Commonwealth of Massachusetts.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If student is under the age of 18*

Campus Coordinator's signature (if required by the Institution): \_\_\_\_\_ Date: \_\_\_\_\_

# Release Form

In this contract, "CAPA" shall mean the CAPA International Education, LP, a Massachusetts corporation, and its past and present employees, directors, officers, stockholders, members, agents, representatives, subsidiaries, parents and affiliates. The "Institution" shall mean the sponsoring organization, college or university, and its past and current officers, employees, affiliates, agents or representatives. I understand and agree to the following:

**REFUND INFORMATION.** CAPA makes financial commitments on behalf of students well before the start of the program. Full refunds are not possible after the full payment due date. Partial refunds, less confirmation deposit, will be given according to the cancellation policy listed in the agreement. Please note that partial refunds may not be possible.

1. **PERMISSION TO SHARE INFORMATION.** I give the CAPA and my home institution permission to communicate with each other and my parents or other emergency contact person regarding all issues surrounding my education-abroad experience. This may include but is not limited to student account information, student conduct issues, health and safety, or academics; such contact may occur before, during or after the program.
2. If, in the sole discretion of the Institution or CAPA, at any time my behavior is deemed unacceptable, I may be expelled from the program and/or sent home at my own expense or that of my parent/guardian if I am a minor, and I shall not be entitled to receive a refund for any services not received. I hereby acknowledge and agree that if I break any law during my participation in the program I may be subject to prosecution by local law enforcement authorities, and that CAPA has no obligation or duty to defend me in any proceedings or to otherwise provide me with any assistance in connection therewith.
3. I recognize that participation in the program entails certain risks to my property and person that in certain circumstances can be serious. I freely and knowingly assume those risks. In addition, I hereby fully forever, irrevocably and unconditionally release, remise and discharge CAPA International Education, LP, and all its past and present employees, directors, officers, stockholders, members, agents, representatives, subsidiaries, parents and affiliates (collectively "CAPA") from any and all claims, charges, complaints, demands, actions, causes of action, suits, rights, debts, costs, damages, executions, obligations, liabilities, and expenses (including attorneys' fees and costs) (collectively "claims"), of every kind and nature relating to or arising from any cause whatsoever, including without limitation from: (A) CAPA's negligence or other acts or omissions, (B) any sickness, injury, or accident that I may suffer (including those which result in my death) during my participation in the program, (C) any loss of or damage to any physical property, whether owned by me or a third party, (D) any errors or omissions contained in any brochure, application or any other literature I have received from CAPA or the institution, and (E) any delays in bookings or the making of travel arrangements or the non-confirmation or acceptance of any bookings, except for claims relating to my personal injury, death or other bodily harm directly caused by a deliberate wrongful act of CAPA or the Institution.
4. CAPA shall have the right, at any time and in its sole and absolute discretion, to cancel any program or make any changes or alterations in route, accommodations, price and/or details in the event of any program being rendered impossible or inadvisable in CAPA's sole discretion, by weather, strikes, war, civil unrest, terrorism, acts of god, government interference or any cause whatsoever that is beyond CAPA's control. Any and all expenses incurred as a result thereof shall be my responsibility.

5. I hereby agree and acknowledge that under no circumstance shall CAPA be obligated to pay any amounts hereunder to me or to any third party relating to CAPA's liability hereunder or relating to the program in excess of the aggregate amount received by CAPA from me, or on my behalf, in connection with my participation in the program.
6. I hereby agree to indemnify, defend and hold CAPA harmless from any Claims brought against or incurred by CAPA arising from or relating to any of my acts or omissions while participating in a CAPA program.
7. I hereby agree and acknowledge that it is my personal responsibility to obtain all passports, visas and required travel documents in order to enter each of the countries on my itinerary. I understand that if I am unable to obtain the necessary travel documents, or do not have them with me at the time of travel, I will not be entitled to a refund except as described in the agreement.
8. I hereby agree and acknowledge that CAPA shall not be responsible or liable for my well-being at any time that I am in my accommodations, during periods of independent travel or any other time period that is considered free time away from activities or events that are specifically authorized by CAPA. I understand that CAPA and the institution are not responsible for the acts or omissions of persons or entities outside their control, including without limitation, the acts or omissions of any airlines, surface transportation companies, including, without limitation, any car service companies, rental car companies, taxicabs, train service companies, any member of my or any other participant's homestay family, hotels, hostels, apartments, accommodation providers and other suppliers of trip services, and all of their respective employees, personnel or other agents. I hereby unconditionally release CAPA and the institution from all claims arising out of or relating to the acts or omissions of third parties not within CAPA or the institution's control.
9. Once the CAPA Program has started, no refunds will be made for sightseeing, excursions, accommodations or other services in which I have declined to participate.
10. CAPA may use statements made by me, photographs and video footage of me for publicity and advertising purposes.
11. CAPA is not responsible for any costs arising from the loss or theft of any of my personal property at any time, including my airline ticket.
12. This agreement shall be governed by the laws of the Commonwealth of Massachusetts. Any controversy or claim arising out of or relating to this agreement, or the interpretation hereof, shall be determined by arbitration to be conducted before the American Arbitration Association in Boston, Massachusetts in accordance with the Commercial Arbitration Rules of the American Arbitration Association and the laws of the Commonwealth of Massachusetts. I hereby irrevocably submit and consent to and acknowledge and recognize the jurisdiction of any federal or state court located within the Commonwealth of Massachusetts for the purpose of enforcing any arbitration award.
13. In the event any provision herein shall be held void, invalid, or inoperative, such decision shall not invalidate or otherwise affect, in any respect, any other term or terms of this agreement. If any provision of this agreement shall be determined, under applicable law, to be overly broad in duration, geographical coverage or substantive scope, then such provision shall be deemed narrowed to the broadest term permitted by applicable law.
14. I hereby agree and acknowledge that I have carefully read this agreement, understand the contents herein, freely and voluntarily assent to all of the terms and conditions hereof, and sign my name of my own free act, and that I have had an opportunity to fully discuss and review the terms of this agreement with an attorney.

## Signatures

I, or my parent or guardian if I am under 18 years of age, have read and understand this Release of liability and agree to be bound thereby. Any controversy or claim arising out of, relating to, or interpreting this Release shall be determined by arbitration to be conducted before the American Arbitration Association in Boston, Massachusetts, in accordance with the Commercial Arbitration Rules of the American Arbitration Association and the laws of the Commonwealth of Massachusetts.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Coordinator's signature (if required by the Institution): \_\_\_\_\_ Date: \_\_\_\_\_