

Environmental and Sustainability Studies on Montserrat

PROGRAM INFORMATION

January 19 – April 18, 2026

Curriculum

This semester program is an opportunity for students to study abroad taking 16 credits while working alongside faculty, officials from the government of Montserrat, NGOs, and other experts in a variety of fields. The program is focused on understanding the complexities of human engagement with the natural world in light of extensive ecological and social disruption, the global crisis in biodiversity, and climate change.

Applying

Eligibility requirements:

- Students who are current Simon's Rock or Bard students.
- At least 18 and rising sophomores at the time of application or permission of program director.
- Good academic, social (Campus Life/Wellness Center), and financial standing.

By October 30th, 2025, submit:

Petition to Study Abroad Form

Statement of Interest Form

Trip Contract

Acknowledgement & Release Form

*Program non-refundable deposit of \$500 will be charged to your account

All participating students will receive credit through Bard College.

Visiting Students

Students who participate from institutions other than Simon's Rock or Bard College must complete the Simon's Rock Visiting Student form in order to enroll in the program and receive credit. There are no additional costs for the academic credits beyond the program cost.

To then transfer the credits to your own college, you will need to complete the Simon's Rock Transcript Request Form. When the course is complete, the Registrar's Office will send an official transcript to your college so that the credits are transferred to your academic record.

Program Costs:

Simon's Rock and Bard students attending this program are paying the same Spring 2026 Total Comprehensive Fee (including tuition, room and board, health services, and activity fee) as on-campus students. However, there is a \$500 deposit charged to each student's account to be used towards airfare charter reservations from Antigua to Montserrat. The total fee for those flights (~\$500) will be charged towards student accounts, minus the \$500 deposit. Students are responsible for their own flight to Antigua. A student's AY25/26 financial aid package will apply to this program. Housing payments are non-refundable and cannot be applied towards housing outside the Montserrat program.

Students and their families are responsible for the following costs:

- Transportation costs to and from Montserrat
- Acquiring a current passport and all related fees
- We recommend that students also purchase their own mask, snorkel, and fins
- Spending money while on Montserrat
- Vaccinations
- Travel insurance (charged to student account)

Fee Schedule (to be charged to student accounts on this schedule):

- October 30: A nonrefundable transportation deposit of \$500
- December 15: Final payment based on the balance due for the spring tuition bill, including airfare and insurance.

***Refund Schedule:**

The airfare deposit of \$500 is not refundable and cannot be applied to tuition or room and board. Refunds will be considered on a case-by-case basis if another student on the waitlist can take the place of the student who is withdrawing from the program.

Notice of Cancellation

In order to run, the program must have sufficient enrollment. The Program Director and Dean of Academic Affairs retain the right to cancel the program if there is insufficient enrollment. In the event of cancellation, a full refund will be given.

Vaccines & Medical Information

Once you are confirmed to participate in the program, you will be asked to disclose any medical conditions that are relevant for the program leaders to ensure your and the group's safety while abroad.

Vaccines

<http://wwwnc.cdc.gov/travel/destinations/traveler/none/montserrat>

The Center for Disease Control currently recommends travelers have the Hepatitis A and Typhoid vaccines so we are requiring these shots for this program. In addition, we require all participants to have a current tetanus shot as well as a COVID-19 vaccination.

Send proof of these vaccines to:

Simon's Rock at Bard College
Wellness Center
Attn: Shelia Lewis - slewis@sr.bard.edu
30 Seminary Dr.
Barrytown, NY 12507



**Montserrat Program
Environmental & Sustainability Studies
Statement of Interest Form 2026**

Application Statement

Complete this form and attach a typed 2-3 paragraph statement describing how this program fits in with your current or planned area of study.

Program Forms: Statement of Interest Form 2026
Trip Contract 2026
Acknowledgement & Release Form

Submit the application statement and the completed program forms to the program director Thomas Coote (tcoote@sr.bard.edu) by **October 30, 2025**. Incomplete submissions will not be accepted. You will be notified of your acceptance to the program. A nonrefundable deposit of \$500 will be charged to your student account on October 30, 2025.

Student Name: _____

College: Simon's Rock Bard College Other: _____

Circle one: 2nd semester First-Year - Sophomore - Junior - Senior

Cell Phone: _____ Email: _____

Last 4 digits of your Social Security Number: XXXX-XX-_____(leave blank if you don't have a SSN)

Concentration/major: _____ Advisor

Name: _____ Advisor's

email: _____ phone: _____

Government Issued ID:

Passport # & Country: _____ Issue date: _____ Exp. Date: _____

Name as it appears on your passport (provide **exact** match as this is necessary when purchasing airline tickets): _____

Gender as it appears on your passport (required for airline tickets): _____

Date of birth: _____

Parent/Guardian Information

1. Name: _____

Email: _____ phone: _____

2. Name: _____

Email: _____ phone: _____

Emergency Contact Information

Same as above Parent/Guardian

If other, specify: Name: _____

Email: _____ phone: _____



MONTSERRAT PROGRAM CONTRACT

This contract will serve as the agreement between you and Simon's Rock at Bard College ("the College") that you acknowledge the specifics of the trip as outlined in the attached pages and Program Booklet, and that you agree to uphold the College standards of conduct as outlined in the Student Handbook 2025/26.

Please review the attached program information, complete the information requested on this form, then sign and submit this form, along with the Statement of Interest Form, and Acknowledgement & Release Form to the program director Thomas Coote (tcoote@sr.bard.edu).

Swimming & Snorkeling

The curriculum involves spending many hours in the ocean, either standing and walking in the surf or snorkeling on the reefs. It is recommended that you bring good fitting snorkel equipment. There is a limited amount of equipment available to borrow.

Please rate your current abilities:

Swimming: beginner intermediate advanced

Snorkeling: beginner intermediate advanced

While there is no expectation of students being scuba-certified and this is not part of the program curriculum, there may be an opportunity for a recreational outing if enough people are experienced and interested. Are you scuba-certified? Circle one: Yes / No

If yes, please describe your experience or certification level:

Dietary Information

Access to the kinds of foods you may be used to eating can be difficult on a small island. Be prepared for limited variety. Please indicate your diet preference:

Vegetarian Vegan Gluten-free Lactose-intolerant

Please provide any other additional details: _____

Statement of expulsion: Students are required to maintain good social standing through the Fall 2025 semester and through the duration of the program. If the program leaders judge that it is necessary for a student to be dismissed from the program due medical or mental health concerns, or for behavior that is incompatible with the safety and success of the program, the student will be sent home unattended at the family's expense and with no refund of program fees (the student's account will be billed).

Please sign below indicating that you understand and agree to the above. The Parent/Guardian signature is required, regardless of the student's age, unless the student is fully responsible for the student account.

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



ACKNOWLEDGMENT AND RELEASE

The Simon's Rock at Bard College program on the island of Montserrat ("the Program") includes a variety of activities including ground, air, and water transportation; exploring urban and rural areas, trekking, and staying in various types of accommodations. Before a student may participate in this trip, the following form must be completed by the student and by the parent or legal guardian of any student who is under the age of 18.

I, _____, acknowledge that I have voluntarily elected to participate in the Bard College at Simon's Rock Program in Montserrat from January 19 through April 18, 2026, and I further acknowledge that I have been provided with information about the Program and that I have read and understood such information. I agree to follow all College Policies as outlined in the 2025/26 Student Handbook.

I acknowledge that travel with this Program and participation in all aspects of the activities can involve the risk of injury and illness to myself or damage to my property. I understand that, due to the nature of international travel, such risks cannot be completely eliminated. I voluntarily accept all risk of personal injury, illness, death and damage that my property may incur resulting from my participation in this Program. In consideration of being permitted to participate in the Program I, on behalf of my family, heirs and personal representative(s), agree to assume all the risks and responsibilities of my participation in the Program, including transportation and any activities incident thereto, and I hereby release, waive, discharge, hold harmless and covenant not to sue Bard College, Simon's Rock at Bard College, their trustees, officers, agents, employees, contractors (collectively "Releasees"), with respect to any and all liability for any harm, injury, damage, cost, or expense of any nature whatsoever, including but not limited to, suffering and death, or any damage that my property may incur, whether caused by the contributory negligence of the College or carelessness of the Releasees or otherwise, while participating in, or in transit to or from, the Program or any activities associated with the Program.

I understand that this Release is for the benefit of Bard College and Simon's Rock at Bard College and their affiliates, subsidiaries, agents, employees, and related entities only. Third parties, such as common carriers, hotels, or travel agencies are not released from liability for their acts.

This Release shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts. I HAVE CAREFULLY READ THIS RELEASE, AND I FULLY UNDERSTAND ITS CONTENTS.

STUDENT/PARTICIPANT:

[Printed Name] [Signature] [Date]

SIGNATURE OF PARENT OR GUARDIAN: (for all students under the age of 18 as of January 19, 2026)

[Printed Name] [Signature] [Date]

MONTSERRAT PROGRAM HEALTH HISTORY

Health Form Instructions

Every participant (student or non-student) is required to complete the Health Forms. Please be advised that leaving anything blank on these forms may delay your clearance to participate in the program.

About the Program: The Simon's Rock at Bard College semester abroad program, Environmental and Sustainability Studies, takes place on the Caribbean island of Montserrat. The program involves a great deal of physical activity including hiking over steep and uneven terrain and standing/snorkeling along the coast's rocky and sandy beaches. Montserrat has a small medical clinic but serious situations are evacuated to the nearby island of Antigua (30-minute plane ride), which has a full-service hospital. For these reasons, each participant is asked to carefully consider their general fitness and physical and mental health in relation to the program.

CHANGE OF STATUS: You are responsible for notifying Simon's Rock at Bard College immediately of any changes in your health history prior to your departure or while on the program.

Please mail completed forms to:

Simon's Rock at Bard College
Wellness Center
Attn: Shelia Lewis - slewis@sr.bard.edu
30 Seminary Dr.
Barrytown, NY 12507

Due December 15th, 2025

Health Records and Emergency Medical Treatment Authorization

Name _____ Date of Birth _____

Telephone _____ Email _____

Emergency Contact Information

Person to contact in an emergency _____

Address _____

Telephone _____ Email _____

Relationship to participant _____

Authorization to Release Health Records and Permission for Emergency Medical Treatment

Please complete and sign the following:

As a participant in the Simon's Rock at Bard College Environmental and Sustainability Program in Montserrat, I, [print name legibly] _____, hereby authorize the Campus Physician at Simon's Rock at Bard College, together with any other physician or medical provider who has provided information to Simon's Rock at Bard College in connection with my participation in the Program, to release any or all health records or information pertaining to me to Simon's Rock at Bard College as necessary for my health and safety.

On rare occasions, an emergency requiring treatment in a hospital and/or surgery may develop. In most cases, administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be done without consent of the patient. In order to prevent a dangerous delay in an emergency situation where Simon's Rock at Bard College is either unable to contact my parent or guardian, or if I am unconscious or otherwise unable to give you my consent, I hereby authorize the Simon's Rock's at Bard College representative to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery.

I hereby verify that all of the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information, including notification to Simon's Rock at Bard College of changes in my health affecting the accuracy or completeness of the information contained in this form, may result in my dismissal from the program. I agree to notify Simon's Rock at Bard College of any material changes in my health that occur prior to the start of the program or while on the program.

Student/Participant Signature: _____ Date: _____

If participant is a student, the parent/guardian signature is also required:

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Personal Health History

Please complete the following, adding additional paper if necessary. Do not leave any question blank.

A. Have you consulted or been treated by clinics, physicians, or other practitioners within the past two years (other than routine check-ups)? If yes, give details. Yes No

B. Have you ever been hospitalized or had a serious acute illness? If yes, give diagnosis and date. Yes No

C. Do you have a chronic medical condition or recurrent illness? Any permanent injury or physical disability? If yes, give details. Yes No

D. Have you had any allergic reaction to past immunizations, prescription, or over-the-counter medicines? If yes, give details. Yes No

E. Do you have a history of asthma or other respiratory ailment? If yes, give details. Yes No

F. Are you currently taking any medications (including antigen/immunotherapy allergy injections)? If yes, list and give details. Yes No

G. Do you have any health requirements or dietary restrictions? If yes, explain. Yes No

H. In the last two years, have you consulted or been treated by a psychiatrist, drug/alcohol counselor, or other mental health professional for any serious mental, emotional or psychological conditions including eating disorders and substance abuse? If yes, give details. Yes No

Please check if you have had:

☐ Allergy (please specify) ☐ Eye problems ☐ Immune System problems ☐ Stomach ulcer ☐ Hay fever ☐ Hearing loss
☐ Heart problems ☐ Impaired use ☐ Bees/wasps ☐ Anemia ☐ Back problems of any limbs ☐ Pet/animal dander ☐
Bleeding/clotting ☐ Painful swollen joints ☐ Recurrent dizziness ☐ Foods _____ ☐ Bladder/kidney
problems ☐ Diabetes ☐ Severe headaches ☐ Other _____ ☐ Cancer or leukemia ☐ Chronic indigestion,
diarrhea ☐ Other

Comment below on any condition(s) that you have checked above: _____

I certify that the information above is accurate and complete:

Student/Participant Signature: _____ Date: _____ **If**

participant is a current student, the parent/guardian signature is also required:

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Immunizations

The Centers for Disease Control and Prevention (cdc.gov) recommends that travelers be up-to-date on routine vaccinations and be current with Typhoid and Hepatitis A vaccines. Simon's Rock at Bard College recommends that all participants going on the Montserrat program follow the CDC recommendations.

All program participants should make arrangements for these vaccinations with their health care provider or a travel clinic.

Let us know the status of these three immunizations and whether you plan to receive them prior to traveling to Montserrat. We ask that immunizations be complete by the end of Spring Break in March.

Please indicate which of these immunizations are current or your plans to receive the immunizations:

☐ Tetanus Date of vaccination:

☐ Typhoid Date of vaccination:

☐ Hepatitis A Date of vaccination:

☐ Covid-19 Date of vaccination:

☐ I have scheduled an appointment to receive these immunizations:

☐ At home with my primary care provider (when you call to schedule an appointment, be sure to let them know which immunizations you need so that they have them in stock before your appointment).

There are waterborne and mosquito-borne diseases present in Montserrat, see the CDC webpage for more information: <https://wwwnc.cdc.gov/travel/destinations/traveler/none/montserrat>

I certify that the information above is accurate and complete:

Student/Participant Signature: _____ Date: _____ **If**

participant is a current student, the parent/guardian signature is also required:

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____