

Tropical Ecology and Sustainability Studies on Montserrat

PROGRAM INFORMATION

December 27, 2017 - January 19, 2018

Curriculum

A four-credit course in sustainability and tropical ecology is embedded in this study abroad opportunity. The course consists of various modules in tropical ecology and sustainability (e.g., botany, fisheries, biogeography, ecotourism) and community service projects.

Simon's Rock students are required to take the Study Away Preparation course (LR 202m) during the Fall semester before the program and the Study Away Reflection course (LR 203m) during the Spring semester following the program.

Applying

Students who attend Simon's Rock or Bard College, and who are at least a sophomore and in good academic and social standing are eligible to apply and to attend:

By September 1, 2017, submit: Deposit (\$500)
Statement of Interest Form 2018
Trip Contract 2018
Acknowledgement & Release Form

All participating students will receive credit through Simon's Rock and students from Bard College will need to transfer the credits to their own institution (for more details, see *Visiting Students* below).

Visiting Students

Students who participate from 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:

The trip cost is \$3,500 per student, which includes four academic credits (issued by Simon's Rock), room and board in Montserrat, round-trip flight from a NYC area airport to Antigua, round-trip transportation from Antigua to Montserrat, round-trip transportation from Simon's Rock campus to the airport, and all required activities.

Students and their families are responsible for the following costs that are outside the above:

- Departure: Transportation costs to Simon's Rock campus or the departing airport
- Return: Transportation costs upon return, if not using the provided transportation to return to Simon's Rock

- Acquiring a current passport and all related fees
- We recommend that students also purchase their own mask, snorkel, and fins (limited equipment is available to borrow from Simon's Rock)
- Spending money while on Montserrat (\$150 has been sufficient in the past)
- Vaccinations

Fee Schedule:

- September 1: A nonrefundable deposit of \$500 is due
- October 2: A payment of \$1500 is due
- November 1: Final payment of \$1500 is due

Make checks payable to Bard College at Simon's Rock, write "Montserrat" on memo line. The checks must be sent to:

Bard College at Simon's Rock
Office of Academic Affairs, ATTN: Karen Advokaat
84 Alford Road
Great Barrington, MA 01230

If you wish to make a payment by credit card, please call Karen Advokaat at 413-528-7247.

Scholarships

There is a limited number of Rodney Christopher scholarships available for Simon's Rock students with demonstrated high need. The application for these scholarships is November 1st. If you are applying for a scholarship, the final payment will be due after the scholarships are awarded.

Refund Schedule:

- Withdrawal prior to October 31 = 100% refund of program cost paid to date less the nonrefundable deposit of \$500
- Withdrawal on or after November 1 = no refund

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 recommend 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.

Send proof of these vaccines to:

Bard College at Simon's Rock
Wellness Center, ATTN: Sharon Hartunian
84 Alford Road, Great Barrington, MA 01230
fax: 413-528-7358

**Montserrat Program
Tropical Ecology & Sustainability Studies
Statement of Interest Form 2018**

Application Statement

Complete this form and attach a typed 1-2 paragraph statement describing how this program fits in with your current or planned area of study.

Program Forms Statement of Interest Form 2018
 Trip Contract 2018
 Acknowledgement & Release Form

Submit the application statement and the completed program forms with a deposit check (made payable to Bard College at Simon's Rock) to the Office of Academic Affairs by **September 1, 2017**. Incomplete submissions will not be accepted.

Mailing address: Attn: Karen Advokaat, Bard College at Simon's Rock, 84 Alford Road, Great Barrington, MA 01230

Student Name: _____

College: Simon's Rock Bard College

Circle one: Sophomore Junior Senior

Cell Phone: _____ Email: _____

Concentration/major: _____

Advisor Name: _____

Advisor's email: _____ phone: _____

Government Issued ID:

Passport # & Country: _____ 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 Bard College at Simon's Rock ("the College") that you acknowledge the specifics of the trip as outlined in the attached pages, and that you agree to uphold the College standards of conduct as outlined in the Student Handbook 2017-2018 at the college you attend (Simon's Rock or Bard College).

Please review the attached program information, complete the information requested on this form, then sign and return the form with the deposit, Statement of Interest Form, and Acknowledgement & Release Form to the Office of Academic Affairs by September 1, 2017.

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 expected that you will 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 _____

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 2017 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 to 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: _____

MONTSERRAT PROGRAM HEALTH HISTORY

Health Form Instructions

The guidelines below will assist you in completing your health form and making a medical appointment. Please be advised that leaving anything blank on your health form may delay your clearance to participate in the program.

Please be sure to make a copy of the completed health form for your own records.

Please mail or fax completed forms to: Bard College at Simon's Rock, ATTN: Sharon Hartunian, Director of the Wellness Center, 84 Alford Road, Great Barrington, MA 01230 | Fax: 413-528-7358
Include a copy of your health insurance card.
DUE BY OCTOBER 31, 2017

All participants are required to have current vaccinations for: Hepatitis A, Typhoid, and Tetanus. These can be administered at the Wellness Center at Bard College at Simon's Rock for students with medical records already on file; call the Wellness Center to make an appointment. All other Program participants should make arrangements for these vaccinations with the health care provider who completes Part II of this form.

PART I – Authorization and Personal Health History (pages 1-2)

- Part I is required by all participants, faculty, staff, and guests of the program.
- To be filled out by the student/participant. Answer all questions in this section.
- Please keep a copy of Part I for yourself and, if necessary, take it to the physician or medical professional who completes Part II.

PART II – Health Report and Examination (page 3)

- Part II is required for any participant in the Program who does not already have current medical records on file at the Wellness Center at Bard College at Simon's Rock.
- To be completed and signed by your physician, or health professional (nurse practitioner or physician's assistant).
- When making your appointment, be sure to schedule the required vaccines on the same day:
 - Hepatitis A
 - Typhoid
 - Tetanus

Return completed forms along with a copy of your health insurance card to:

Sharon Hartunian, Director of the Wellness Center
Bard College at Simon's Rock
84 Alford Road
Great Barrington, MA 01230
Fax: 413-528-7358

Please note: We do not accept reports completed by a physician who is related to you.

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

MONTSERRAT PROGRAM HEALTH HISTORY

PART I: Authorization and Personal Health History

Name _____ Gender _____ Date of Birth _____

Telephone _____ Email _____

Emergency Contact Information

Person to contact in an emergency _____

Address _____

Telephone _____ Email _____

Relationship to applicant _____

Authorization to Release Health Records and Permission for Emergency Medical Treatment

Please complete and sign the following:

As a participant in the Bard College at Simon's Rock Tropical Studies Program in Montserrat, I, [print name legibly] _____, hereby authorize the physician or other medical provider completing Part II of this Health Form, together with any other physician or medical provider who has provided information to Bard College at Simon's Rock in connection with my participation in the Program, to release any or all health records or information pertaining to me to Bard College at Simon's Rock. I also authorize the release by Bard College at Simon's Rock of my health records or other medical information pertaining to me to my parent or other designated contact person in the event of an emergency.

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 Bard College at Simon's Rock 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 Bard College at Simon's Rock's 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 Bard College at Simon's Rock 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 Bard College at Simon's Rock 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: _____

PART I: Authorization and Personal Health History (continued)

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, clinical psychologist, drug/alcohol counselor, or other mental health professional for any mental, emotional or psychological conditions including eating disorders and substance abuse? If yes, give details. Yes No

Please check if you have had:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Allergy (please specify) | <input type="checkbox"/> Eye problems | <input type="checkbox"/> Immune System problems | <input type="checkbox"/> Stomach ulcer |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Impaired use of |
| <input type="checkbox"/> Bees/wasps | <input type="checkbox"/> Anemia | <input type="checkbox"/> Back problems | any limbs |
| <input type="checkbox"/> Pet/animal dander | <input type="checkbox"/> Bleeding/clotting | <input type="checkbox"/> Painful swollen joints | <input type="checkbox"/> Recurrent dizziness |
| <input type="checkbox"/> Foods _____ | <input type="checkbox"/> Bladder/kidney problems | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Severe headaches |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cancer or leukemia | <input type="checkbox"/> Chronic indigestion, diarrhea | |

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: _____

PART II: Health Report and Examination

Part II is required for any participant in the Program who does not already have current medical records on file at the Wellness Center at Bard College at Simon's Rock.

Student/Participant name: _____

To the Examining Physician: This individual is participating in Bard College at Simon's Rock's 4-week program, Tropical Ecology and Sustainability Studies, which is taking 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, you are asked to carefully consider the individual's general fitness and physical and mental health in relation to the program. This information is strictly for the use of Bard College at Simon's Rock and will not be released without the individual's consent.

Please mail or fax to: Bard College at Simon's Rock, ATTN: Sharon Hartunian, Director of the Wellness Center, 84 Alford Road, Great Barrington, MA 01230 | Fax: 413-528-7358

DUE BY OCTOBER 31, 2017

Height _____ Weight _____

1. Does this individual have any allergies (including allergies to medication and/or food? Yes No
2. If the individual has allergies, is there a history of asthma, anaphylaxis, and other dangerous allergic conditions? Yes No
3. Is this individual currently under medical treatment or taking medication? Yes No
4. Has the individual received counseling or mental health treatment within the last two years (if yes, permission will be asked of the applicant for us to contact you for more information) Yes No
5. Is there any chronic condition that may require additional treatment? Yes No
6. Are there any limitations to physical activity? If yes, give details below. Yes No

Please give details on any question(s) to which you have answered yes or on any points of concern in your examination or in this individual's personal health history in Part I.

Having examined this individual and reviewed his/her past medical history, I agree that the individual is healthy enough to participate in the program indicated above. Having received permission from the individual, I am willing, if indicated, to discuss issues pertaining to this individual's health status with the professional staff of Bard College at Simon's Rock and will furnish pertinent medical records upon request.

Physician's signature: _____ Date: _____

Physician's name (print): _____ Phone: _____

Physician's address: _____ Fax: _____

City

State

Zip code

Email: _____