

State University
Terms and Conditions of Participation
in Study Abroad

Please read the following information carefully, then sign and date this document.

Initial each line
AFTER you read
and agree to
each condition

Fees and Payments

If I am admitted to a program other than a StateU program I understand that I will be charged for tuition (based on the host institutions charges) and a study abroad fee by the study abroad program. I agree to make payment in accordance with the schedule listed for the program I am applying. I understand the tuition and study abroad fee charges may not cover the costs of accommodation and meals, transportation, personal expenses, medical insurance, passport, and visa fees (check with program).

Withdrawal

I understand that if I am offered and accept admission to the program to which I am applying and subsequently I decide to withdraw from participation, I must notify the State U Study Abroad Office and the Program Sponsor in writing. I understand that withdrawal from a program may occasion financial penalties. I accept that decisions I might make after the study abroad program has begun and while the program is in operation regarding my individual participation and continuation in the program are personal and that I am individually responsible for a decision to withdraw from a program or return home early. I understand that there can be no guarantee of credit should I withdraw from the program before the completion of scheduled instruction and examinations.

Credit Transfer

I understand the State U credit transfer policy and that authorization for credit transfer does NOT come from the Study Abroad Office at State U. I authorize State U to forward an official copy of my State U transcript to the designated official at my study abroad program.

Academic Responsibility

I acknowledge and understand that I am responsible for and guarantee that I will attend scheduled classes, take examinations and do assigned work. I am responsible for maintaining full-time student status and understands that failure to do so will impact my student status and possibly my financial aid.

Insurance and Medical Responsibility

I am hereby informed that State U strongly recommends that students studying abroad obtain insurance coverage valid overseas to protect against the costs of hospitalization and physician care in the event of sickness, accident, disability, and death resulting therefrom, and to offset expenses of unexpected emergency evacuation and repatriation or loss of property. I understand that I am solely responsible for obtaining said insurance. I am aware that there are certain risks inherent in international travel and that State U cannot assume responsibility for all of my activities. I am aware of my personal medical needs and hereby assure the University that I will consult with a medical doctor, as I deem necessary, with regards to any personal medical and well-being needs. Further, the I am aware that the State U cannot be responsible for attending to any of my medical needs. I am aware that, should I be required to be hospitalized while in a foreign country or in the United States during this program, the State U cannot and does not assume any legal responsibility for payment of such costs. I understand that some host institutions have regulations concerning medical care and health insurance and that I am required to abide by those regulations.

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Behavioral Responsibilities

I am aware of the expected behavioral responsibilities while participating in this program. I am aware that, as a guest in a foreign country, there is certain behavior, including the use or possession of illegal drugs, which will be unacceptable and could lead to possible disruption of my program for such inappropriate behavior. I hereby assure the State U that I shall conduct myself in an appropriate manner at all times. Such behavior shall include moments when in the company of other program members and moments when I may be physically separated from other program members. Inappropriate behavior is cause for dismissal from the program by State U or by the host institution. If dismissed from the program, I will remain responsible for all program costs incurred on my behalf.

Responsibility During Free Time

I understand that during free time within the period of the program I may elect to travel independently on my own expense. I understand that neither State U nor its staff are responsible for me while I am traveling independently during such free time.

Legal Problems

I understand that as an American citizen in a foreign country, I will be subject to the laws of that country. I acknowledge and understand that should I fall into legal problems with any foreign nationals or government jurisdictions of the host country, I will attend to the matter personally with my own personal funds. The State U does not guarantee what, if any, assistance it can provide under such circumstances.

Travel Problems

State U cannot assure that travel arrangements will be without certain disruption. I understand that I will be traveling during the program by various modes of transportation including but not limited to plane, train, bus or van, and I release State U and its staff from any responsibility for loss of property, injury or death during such travel.

I acknowledge and understand that State U assumes no liability whatsoever for any loss, damage, destruction, theft or the like to my luggage or personal belongings. I acknowledge that I have retained adequate insurance or have sufficient funds to replace such belongings and will hold the State U harmless therefrom.

Theft and Other Crimes

I agree to release State U and its staff from any liability for damage to or loss of my possessions, injury, illness, or death arising out of crimes during the period of the program.

General Release and Waiver

I release State U and its staff from any liability for damage to or loss of property, injury, illness, or death during the period of the program, arising on the part of fellow participants, host family members, agencies and educational organizations, persons or groups with which State U contracts for the provision of services for the program, or which have been suggested by program faculty as resources for regional or independent study projects.

Signature

I indicate by my signature below that I have read and understand these Terms and Conditions of Participation and agree to abide by them. I certify that all statements and responses I have made on my application for Study Abroad are correct.

Signature of Applicant

Date