

2010 SFA Faculty-led Study Abroad Program Application

OUT-OF-STATE/STUDY ABROAD ACCEPTANCE, RELEASE AND WAIVER

Student Name: _____

Program Location and Dates: _____

I, the undersigned, have been approved to participate in the Stephen F. Austin State University faculty-led program to which I have applied. I do hereby accept my participation in such and understand that I am accountable for all program fees. I realize that an official hold may be placed on my records until all payment responsibilities are fulfilled. In addition, I understand that I must adhere to all policies outlined in the *SFA Code of Student Conduct*. The program may combine classroom study with out-of-classroom learning in the form of assignments, projects, and field trips. I have the opportunity to gain academic credit through participation in the program and agree that:

I. Conditions for Enrollment

A. PERSONAL CONDUCT – SFA and its staff, agents or representatives have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. Should an official representative of SFA decide that a participant must be separated from the program because of violation of stated rules, for disruptive behavior, behavior related to alcohol consumption, for use of illegal drugs or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. *Separation from the program will result in the loss of all academic credit. Persons dismissed from the program will remain responsible for all program fees.* Be aware that drug or alcohol-related accidents, under certain policies and terms, may not qualify for health insurance benefits.

B. BEHAVIORAL RESPONSIBILITIES - I am aware of the expected behavioral responsibility while participating in the program. As a guest in a foreign country, there are certain behaviors which are considered unacceptable and could lead to possible disruption of the program. I hereby assure the University that I will conduct myself in an appropriate manner which does not infringe upon the customs and mores of the country in which the program is being conducted, nor upon the rights of other participants of the program. Behavioral responsibilities shall be applicable during the program both when in the company of other program participants and when I am physically separated from other program participants. In addition, I must adhere to all policies outlined in the *SFA Code of Student Conduct*.

1. **ILLEGAL DRUG USE** - The use of illegal or unauthorized drugs during the entire period of the program, including free time, is strictly prohibited. U.S. citizens in a foreign country are subject to the laws of that country. The U.S. Embassy cannot obtain release from jail for a U.S. citizen and can only aid in obtaining legal assistance. Illegal activities place not only the individual but the group and the program in jeopardy. Consequences of illegal or unauthorized drug use during the program include immediate expulsion from the program, loss of all course credit and full payment of the program fee.

2. **ALCOHOL CONSUMPTION** - SFA understands that the consumption of alcoholic beverages by students of legal age is a personal choice. Participants of legal age in their host country who choose to consume alcohol agree through this form to do so responsibly. However, SFA has a zero tolerance policy to alcohol abuse. The following are a few examples of incidents which could be a result of alcohol abuse, and therefore are subject to disciplinary action and dismissal from a program:

- * Behavior that could endanger either yourself or others
- * Damage to property
- * Missing or disrupting classes

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- * Complaints regarding inappropriate behavior
- * Disturbances resulting in intervention by local authorities

Students dismissed from a program for behavioral reasons may lose all course credit and full payment of the program fee.

3. INVOLUNTARY WITHDRAWAL - I acknowledge that return passage and all other expenses occasioned by my involuntary withdrawal from the program shall be the sole and exclusive financial responsibility of me.

4. RESPONSIBILITY DURING FREE TIME - I understand that during free time before, during, and after the period of the program, I may elect to travel independently and/or remain at my own expense. I agree to inform an official representative of SFA any such plans and understand that neither SFA nor its staff, agents or representatives are responsible for me while I am traveling or remaining independently during such time.

C. ACADEMIC RESPONSIBILITIES – I understand that I must remain in good academic standing during the term prior to their study abroad experience. I understand that if I am not in good academic standing I may be disqualified from participation. I understand that if I am on probation I may be allowed to study abroad, pending the approval of my college dean, but if I am on academic suspension, I may not participate in study abroad. Any funds paid toward the program costs will be forfeited. Furthermore, I agree to the following policies and procedures:

1. CLASS ATTENDANCE

Students enrolled in a program are required to attend all regularly scheduled classes and field trips.

2. COURSE REGISTRATION

- a. Students must register for the study abroad class(es) at the time they normally register and pay tuition per the normal payment schedule.
- b. All the deadlines specified by the faculty leader and/or the Office of Study Abroad Programs must be met.
- c. Students who fail to make the payments on time may be withdrawn from the program.
- d. All the participants must attend all the information meetings. If the student will not be able to attend, he/she will be responsible for obtaining the information provided in the meeting.
- e. The students will be responsible to turn in all the required documents on time. SFA will not be responsible for any problem or complication due to incomplete applications.
- f. The students must keep constant communication with the faculty leader and the Office of Study Abroad Programs to be updated with any information related to the program.

D. MEDICAL RESPONSIBILITY – To the best of my knowledge, I can fully participate in this program. I acknowledge that there are certain risks inherent in travel and that SFA cannot assume responsibility for the provision of medical services to its students or the payments thereof. I agree to consult with a medical doctor in regards to medical issues or needs I may have. Further, I am aware that the University cannot be responsible for attending to any of my medical needs. I am aware that, should I be required to be hospitalized during the program, the University cannot and does not assume legal responsibility for payment of such costs; rather, I assume all risks and responsibilities and therefore I have adequate insurance to meet any and all needs for payment of hospital costs during the program.

E. CONSENT TO EMERGENCY MEDICAL TREATMENT - While participating in the program, I acknowledge that on rare occasions an emergency may develop which necessitates the administration of

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medical care, hospitalization or surgery. I have fully described any physical or psychological problems I may have on the Health Information form. In the event of illness or injury to me, I authorize any official representative of SFA to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.

F. CANCELLATION - I have read the SFA Cancellation and Refund Policy and understand that I will be held accountable for all program fees. Cancellation is effective from the date postmarked on the written notice, or the date stamped as received in the Office of Study Abroad Program. After such notice, I will be liable for all portions of the program fee corresponding to non-recoverable costs. No refunds will be made in the event of dismissal from a program.

G. PROGRAM CANCELLATION AND STUDENT WITHDRAWAL - I understand that SFA reserves the right to decline any application or cancel any program without notice, in which event all monies paid will be refunded in full. I understand that if I withdraw from the study program while overseas, I must submit a signed and dated statement of explanation to the faculty leader. This statement must indicate my understanding that, effective the date indicated, I will no longer be considered a participant in the program or an SFA student, and must return home at my own expense and own arrangements. I understand that In addition to receiving a bill for the dropped credits associated with the withdrawal, there may be additional billing, particularly if I have received federal financial aid and/or scholarship funds intended to cover the entire semester educational costs. I understand also that if I withdraw and fail to inform the faculty leader, SFA is not liable for myself from the point of withdrawal and I must repay scholarship and financial aid funds and may be subject to SFA disciplinary action on return.

H. LIVING ARRANGEMENTS - I acknowledge that housing accommodations vary from one location to another. Because of the nature of the actual arrangements with the institutions and organizations abroad, I may not be free to make my own private living arrangements. Students accepted for enrollment in a SFA program agree to accept the housing provided during the program, whether it be a university dormitory, apartment, hotel, camp or with a private family. Every effort will be made to accommodate my preference, and I understand this can be done only within the limits of the available housing.

I. PERSONAL TRAVEL – SFA programs are not travel tours. While travel during free time can be educational in itself, the University does not grant academic credit for travel. The programs are strictly academic in nature. I understand that personal travel must not conflict with the regular class schedule, and that I am responsible for making personal travel plans which will permit me to attend all regularly scheduled classes and field trips.

I understand and accept each of the above conditions.

Printed Name of Participant _____ Signature: _____ Date: _____

If the above signed is not of legal age at the date of signing, the following statement must also be signed by the participant's parent or legal guardian.

As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to participate in the program, and agree to be bound by the conditions outlined above as if I myself had signed above.

Signature of Parent or Guardian: _____ Date: _____

Name (please print): _____