



BOSTON COLLEGE

OFFICE OF INTERNATIONAL PROGRAMS

PART I OF III

FINAL CONFIRMATION AND CLEARANCE FORM FOR STUDY ABROAD

In order to confirm your plan to participate in a credit-bearing international study program, you must complete this form and return it to the Office of International Programs by the date indicated below. Please return this form even if you are not yet accepted by your host institution, or if you are an academically 'conditional' student. **Please note: Students who turn in this form after the date indicated below risk losing their study abroad placement.**

Due Date: May 2 for Fall and Full-Year programs October 14 for Spring programs

Name: _____ Graduation Year: _____

Eagle ID: _____ BC Email Address: _____

Major: _____ Minor: _____

Program Name: _____ Country: _____

BC Program External Program

Program Duration:	School:	
<input type="checkbox"/> Full Year 2011-2012	<input type="checkbox"/> A&S	<input type="checkbox"/> LSOE
<input type="checkbox"/> Fall 2011	<input type="checkbox"/> CSOM	<input type="checkbox"/> CSON
<input type="checkbox"/> Spring 2012	<input type="checkbox"/> Other: _____	

My signature below confirms the following:

1. I plan to participate in the above program. I understand that once accepted to this program I cannot transfer to a different program.
2. I understand that accepted students who withdraw from a BC or external program after June 6, 2011 (fall/year programs) or November 7, 2011 (spring programs) are charged a **\$500 withdrawal fee (\$1,000 if the program began) and for other program expenses incurred.**
3. If I am participating in an external program, I am aware that I am subject to the withdrawal policies of that program.
4. I understand that final clearance for study abroad requires meeting BC's academic, financial, and disciplinary requirements up to the time of my departure for my program.

Student's Signature: _____ Date: _____

FINAL CLEARANCE: For Office Use Only	
OIP: _____	Date: _____
Dean's Signature: _____	Date: _____
Credit _____ Insurance _____ Discipline _____	

PART II OF III

RESPONSIBILITY, INSURANCE AND RELEASE AGREEMENT

I, _____ enrolled in the _____

program agree as follows:

1. General risks

I understand

- that there are risks inherent in travel and study in international settings;
- that the political, environmental and cultural situations abroad may differ from those in my own country and university;
- that I may be exposed to different health and safety risks while abroad or while traveling. I understand that some risks are unpredictable and may be unavoidable.

I believe that I have been fully and adequately briefed regarding the risks inherent in the study abroad experience. I have had the opportunity to ask questions which have been answered to my satisfaction. I have weighed the risks inherent in foreign study with my desire to further my educational experience, and have determined that I will assume these risks voluntarily by participating in the program abroad.

Please initial: _____

2. Medical emergencies

I understand that on rare occasions an emergency may develop that necessitates the administration of medical care, hospitalization, or surgery. In the event of injury or illness, I hereby authorize representatives or agents in charge of said program, to secure any necessary treatment including the administration of an anesthetic and surgery. I acknowledge and agree that such treatment shall be solely at my expense and I agree to reimburse Boston College for any expenses which I might suffer on account of said injury or treatment thereof. I understand that medical treatment may be unavailable or may be different from that in the United States and I further acknowledge that my medical care abroad is not under the control or direction of Boston College.

Please initial: _____

3. HTH Worldwide Insurance Service

I understand that I am automatically enrolled in the HTH Worldwide Insurance Service for the duration of my program and agree that it is my responsibility to register with HTH online.

Please initial: _____

4. Physical and mental health conditions

I agree that if I have a physical or psychological condition that requires on-going treatment, I will consult with my physician or counselor. I will seek his/her advice and approval prior to study abroad and discuss my overseas medical care. I understand that the Office of International Programs expects me to discuss any health problems that require special attention or accommodation, or that may impact my ability to study abroad, with an international study advisor or the program's on-site coordinator prior to my departure.

Please initial: _____

5. Permission to share information

I give the Director (or his designee) of OIP and my host institution abroad permission to communicate with each other, with my parents, or with another designated emergency contact person about all issues surrounding my study abroad experience. This may include but is not limited to student account information, student conduct issues, health and safety, and academics. Such contact may occur before, during, or after the program.

Please initial: _____

6. Liability

I, for myself and my personal representatives, heirs, and assigns, do hereby release and hold harmless Boston College and each and every trustee, officer, employee, and agent of the University, from any and all claims and causes of action that I may have against them by reason of any accident, illness,

injury, death or other consequence resulting directly from or in any manner arising out of or in connection with my participation in the program.

Please initial: _____

7. Personal travel

I acknowledge and agree that Boston College shall have no responsibility for, nor any liability in connection with my independent traveling prior to program start, on weekends, academic holidays during the period covered by the study abroad program, or after the conclusion of the study abroad program. I acknowledge that all independent travel is made at my own risk and expense, and that Boston College is not responsible for me while I am traveling independently from my program.

Please initial: _____

8. Code of conduct

I understand that as an American citizen in a foreign country, I will be subject to the laws of that country. While I am enrolled in an international program I agree to conduct myself in a manner that will comply with the regulations of my host country and university, of the program administration, and the rules and regulations of Boston College as stipulated in the *Boston College Student Guide*.

Please initial: _____

9. Withdrawal for medical reasons

I acknowledge that the director of the Office of International Programs has the authority to discontinue my participation in the program if medical professionals recommend my withdrawal for medical reasons.

Please initial: _____

10. Withdrawal due to misconduct

I acknowledge that the director of the Office of International Programs has the authority to discontinue my participation in the program if, in his judgment, my conduct is unacceptable or may pose a risk to myself or others. This includes, without limitation, conduct involving the abuse of alcohol or drugs. I will attend to any legal problems I encounter with any foreign nationals or governments. Boston College is not responsible for providing any assistance under such circumstances.

Please initial: _____

11. Withdrawal costs

I acknowledge and agree that I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action by representative(s) of Boston College or my host institution.

Please initial: _____

12. International currency fluctuations

I understand that non-tuition program charges are subject to change depending upon international currency rate fluctuations.

Please initial: _____

I have read and understand the above provisions and agree to be bound thereby.

Signature _____ Date _____

PART III OF III

MANDATORY EMERGENCY CONTACT INFORMATION

Student Information

_____ (Last Name) _____ (First Name)

Program: _____ Term: (circle one) Fall Spring Full Year

Eagle #: _____

School: (circle one) A&S CSOM LSOE SON LAW

EMERGENCY CONTACT PERSON (while you are abroad):

Full Name: _____

Relationship: _____

Address: _____
(Street)

_____ (City, State, Zip code)

Home Phone: _____

Cell Phone: _____

Email: _____