## **Student Participation Contract**

## <MY> University – Spring Term 2015

Program:	MKT-323 International Marketing European Study Tour
Location:	London, England (8 nights), Berlin, Germany (8 nights)
Dates of Travel:	May 22 – June 8, 2015 (16 nights in hotels)
Program Leader:	Dr. First Last, Dean and Professor

Note: The International Marketing European Study Tour is referred to as the Program below.

I, (print full name) \_\_\_\_\_\_, hereby acknowledge receipt of the following documents within a reasonable amount of time before the scheduled departure:

- List of important dates and deadlines (shown on Syllabus & Schedule)
- Student Handbook for Short-Term International Programs
- Parent-Student Acknowledgment and Release Agreement
- Health History Form
- Emergency Contact Form

## Please read and initial the following:

\_\_\_\_\_ I acknowledge that I have read and understand all aspects of the *Student Handbook for Short-Term International Programs* (referred to below as the Handbook).

I fully understand that inappropriate behavior on my part (as explained in the Handbook) at any point during the Program will be met with consequences from the Program Leader(s) and <MY> University, and may include dismissal from the experience and immediate return to the United States at my own expense. I understand the *three strikes rule* in which I will receive a verbal warning for the first infraction or violation, a written warning for the second infraction or violation, and DISMISSAL from the Program upon a third and final infraction or violation. A SERIOUS infraction or violation will result in immediate DISMISSAL.

\_\_\_\_\_ I fully understand that I will be held accountable for my actions at all times during participation in the Program, including during travel, lodging, time at the host university (if applicable), cultural events, and organizational visits.

\_\_\_\_\_ I have received the syllabus and schedule information and am aware of all important dates and deadlines pertaining to the Program. I am aware that I must have all payments and required information turned in by the assigned deadline in order to participate.

\_\_\_\_\_ I have received information regarding travel accommodations - specific airline and airport, name of hotel or lodging facilities, modes of transportation at the destination, etc.

\_\_\_\_\_\_ I understand that there may be baggage restrictions (including but not limited to amount of baggage and baggage weight) established by the Program Leader(s), travel agency, and/or airline(s), and I agree to adhere to these restrictions.

\_\_\_\_\_ I understand and accept that all payments for the Program are non-refundable.

\_\_\_\_\_ I agree to provide the Program Leader(s) proof of valid health insurance no later than one week before the scheduled departure date (copy of insurance card, policy information/statement, etc.). This information will be held in confidence.

\_\_\_\_\_ I agree to provide the Program Leader(s) a copy of the photo and information page on my valid passport, at least 30 days before departure. This information will be held in confidence.

I hereby agree to respect and follow the established itinerary and guidelines at all times during the Program. I will attend and participate in all Program activities and events, unless an absence is approved in advanced by the Program Leader(s). I understand that my failure to respect and/or follow the itinerary and guidelines will result in disciplinary action during and possibly upon return from the experience.

\_\_\_\_\_ I hereby acknowledge the authority of the above stated Program Leader(s) at all times during the Program and during any related travel.

\_\_\_\_\_ I hereby acknowledge that it is solely my responsibility to inform my family (or designated emergency contact) of all information disclosed in this contract and any other information I receive regarding any aspect of my participation in the Program.

I, (print full name) \_\_\_\_\_\_\_, hereby acknowledge that I have carefully inspected all elements of this contract and recognize that upon completion, this contract will be kept on file with the above stated Program Leader(s) and the Director for International Studies Education. Should I fail to recognize and/or uphold any element of this contract, I understand that my continued participation in the Program will come under the consideration of the Program Leader(s) and <MY> University. I understand that the Program Leader(s) and/or <MY> University reserve the right to withdraw me from the Program at any time if I am in violation of this contract.

Signature of student/participant

Date

Signature of Program Leader

Date