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 university. Note: Students who turn in this form after the date indicated below risk losing their study abroad registration status.

DEADLINES:
Summer 2016: April 28, 2016
Fall 2016: May 30, 2016
Spring 2017: Nov. 30, 2016

Name: ______________________ Graduation Year: ______________
ID Number: ________________ Email Address: __________________________
Major: _____________________ Minor: __________________________
Host University name: __________________________ Country: _____________

Program Duration:

☐ Summer 2016
☐ Fall 2016
☐ Spring 2017

My signature below confirms the following:

1. I plan to participate in the above study abroad or exchange program. I understand that once accepted to this program I cannot transfer to a different program.

2. I have carefully read the Study Abroad and Exchange Handbook.

3. If I am participating in a study abroad 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 AUB’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’s signature: ___________________________ Date: __________
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;
   • the political, environmental and cultural situations abroad may differ from those in my own country and university.
   • I may be exposed to different health and safety risks while abroad or while Traveling; some of which 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 international 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 requires the administration of medical care, hospitalization, or surgery. I understand that medical treatment may be unavailable or may be different from that in Lebanon and I further acknowledge that my medical care abroad is not under the control or direction of American University of Beirut.

   Please initial __________

3. Health Insurance Plan
   I understand that I am required to be enrolled in a health insurance plan for the duration of my study abroad or exchange program.

   Please initial: ____________

4. Physical and mental health conditions
   If I have a physical or psychological condition that requires on-going treatment, I agree to consult with my health care professional. I will seek his/her advice and approval prior to study abroad and discuss my overseas medical care. I understand that the OIP expects me to discuss any health problems that require special attention or accommodation, or that may impact my ability to study abroad, with my study abroad advisor prior to my departure.

   Please initial: ____________
5. Liability
I, for myself and my personal representatives, heirs, and assigns, do hereby release and hold harmless
American University of Beirut and each and every trustee, officer, employee 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 study abroad/exchange program.

Please initial: _______________

6. Personal travel
I acknowledge and agree that American University of Beirut 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
American University of Beirut is not responsible for me while I am traveling independently from my
program.

Please initial: _______________

7. Code of conduct
I understand that I will be subject to the laws of my host country, as well as any other country that I visit
during my study abroad experience. 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 American University of Beirut as stipulated in
the AUB Student Code of Conduct.

Please initial: _______________

8. OIP Study Abroad Handbook
I have read the OIP Handbook for Study Abroad, and 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, and that I may be exposed to different health and safety
risks while abroad. I have weighed the risk inherent in foreign study with my desire to further my
educational experience, have concluded that the risks can be assumed, and in so doing have decided to
participate in the program abroad.

Please initial: _______________

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

Please initial: _______________

10. Withdrawal due to misconduct
I acknowledge that the Office of International Programs at AUB has the authority to discontinue my
participation in the program if, in the office’s 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. The American
University of Beirut 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 American University of Beirut 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 ___________________


MANDATORY EMERGENCY CONTACT INFORMATION

Please submit completed final confirmation forms in hard copy to the Office of International Programs, in West Hall, Room 320.

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Student Information

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(Last Name) (Middle Initial) (First Name)

Program: ________________________________ Term: (circle one) Fall Spring Full Year
Summer

AUB ID #: ________________________________

Faculty:
Major:

EMERGENCY CONTACT PERSON (while you are abroad):

Full Name: __________________________________________

Relationship: __________________________________________

Address: __________________________________________
(Street)

______________________________________________
(City, Zip code, Country)

Home Phone: __________________________________________

Cell Phone: __________________________________________

Email: __________________________________________