

**George R. Muirhead Center for International Education  
Central Connecticut State University**

**ACCEPTANCE AGREEMENT  
FOR PARTICIPATION IN CCSU-SPONSORED  
STUDY ABROAD PROGRAM**

This is a **required form**. It must be submitted, with your signature, to show your acceptance of the offer of admission and your agreement with the terms of admission.

**SECTION I: Statement of Responsibility, Release, Protection and Authorization to Participate**

I, (*please print name*) \_\_\_\_\_, a student at Central Connecticut State University (CCSU) over age 18, have been accepted for participation in CCSU's study abroad program with (*insert name of host institution*) \_\_\_\_\_ for the period (*term/year*) \_\_\_\_\_/\_\_\_\_\_. I understand that in any international travel and residence there are risks that I must normally and reasonably assume. I hereby assume those risks knowingly and willingly.

I have the opportunity to gain certain academic credit through participation in this CCSU program and in consideration of the costs of such Program and other good and valuable consideration, I do hereby release and forever discharge the Program named above and CCSU and each trustee, director, officer, employee, servant, or agent of either of them of and from any and all liability for any negligent act or omission of any kind or character whatsoever, and release them from any costs, damages, and claims or assertions of any kind with respect to which I or my heirs, successors, or assigns may claim against them and specifically with limitation agree to release them from any liability for injury to myself or any damage to or loss of my possessions caused by acts or omissions of any hotels, carriers, fellow students, restaurants, educational organizations, housing providers, transportation providers, persons, groups, or organizations, including, but not limited to CCSU and the CCSU Program named above and each trustee, director, officer, employee, servant, or agent of either of them in connection with the work or study or other activities there under.

Furthermore, the above named CCSU Program and Central Connecticut State University, their trustees, directors, officers, employees, servants, representatives, and agents shall not be or become responsible or held liable for any loss, injury, or damage resulting from the following: acts of God, accidents, incidents at sea, fire, breakdowns in machinery or equipment, acts of governments or other authorities, acts of war, acts of terrorism, hostilities or civil disturbances, strikes, riots, theft, pilferage, epidemics, quarantines, medical, physical, or psychological situations, customs or other regulations, delays or cancellations in airline, train, bus, or automotive vehicle schedules, or from causes beyond their control. In addition, I understand that this Agreement includes my travel to and from and any and all other travel incident to my study and/or participation in the CCSU Program. Side excursions and independent travel not associated with the CCSU Program will be completed at my own risk.

I further agree that the above named CCSU Program reserves the right to terminate my participation in this Program if the Director of the CCSU Center for International Education deems my acts or conduct detrimental to or incompatible with the best interests and welfare of the above-described Program. I further agree to return home at my own (or my parents') expense.

I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

- I have been advised and am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident, or illness, or acts of God) of participating in a program requiring international travel.
- I am aware and have been advised to have a medical examination prior to participating in this activity to insure that I am in good physical health.
- Further, I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance, which provides coverage for injuries or illness I may sustain or

experience overseas. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and,

- I absolve CCSU and the host institution of all responsibility and liability, except for that which arises out of the negligent acts or omissions of the University or its employees, for any injuries (including death), illness, claims, damages, charges, bills and/or expenses I may incur while I am abroad.
- I agree to report to the University any physical or mental condition I have, which may require special medical attention or accommodation during the program at least sixty (60) days prior to departure.
- I am also aware and have been advised that I will be enrolled by CCSU in a supplemental insurance policy, which provides for a minimum coverage of \$25,000 for international medical evacuation and \$7,500 for the repatriation of remains.
- I understand that this is a University sponsored program, and that standards of Central Connecticut State University must be observed. I accept that the University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any CCSU policy or procedure, I understand that I may be required to leave the Program at the sole discretion of the employees, agents, or representatives of CCSU, and I may be referred to the appropriate CCSU officials for further disciplinary or other actions. In such an event, I am responsible for reimbursing CCSU for the cost of my participation in the Program.
- CCSU reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in its sole discretion to cancel the Program or any aspect thereof after departure, may require that all participants return to the United States, if CCSU determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued. I understand that CCSU reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and CCSU shall not be liable for any loss whatsoever to me by reason of any such cancellation or change.
- I will study at the Host University site stated above. I will also remain at my Host Institution for the full period stated above. If I must depart my host university prematurely, I understand that I may leave my host institution *only* after I have made a concerted effort to rectify any problem at hand and after an early departure has been agreed to by both CCSU and the Host Institution. Furthermore, I understand that departure prior to the program end date, with or without approval of both institutions, may result in a transfer of 0 academic credits and the forfeiture of all monies due to CCSU and/or my Host University.
- I promise to be fully committed to my field of study and will make every effort necessary to maintain satisfactory academic standards. Additionally, I am aware that although there are University services, offices and personnel available to me for help, I am an independent, mature adult and therefore ultimately responsible for myself and my decisions.
- I understand that during the semester(s) associated with my study abroad program, I will be registered for ED 450, Off-Campus Study, a 12-credit-hour “holding course” designed to ensure that I will maintain my CCSU/CSU student status. I understand that two weeks prior to the start of the CCSU semester in which I will study abroad, I will be dropped from any/all campus-based “back-up” courses that I may have registered for while my application to study abroad was pending. If I plan to take any CCSU web-based courses concurrently with my overseas study, I will notify the CCSU International Education Coordinator, in writing and prior to two weeks before the CCSU semester begins, of my intention to do so.
- I will remit my “Study Abroad Course Prior Approval Form” well in advance of my departure in order to ensure the smooth transfer of credit upon my return and the receipt of a Host University transcript. However, I also understand that upon submission of an approved “Study Abroad Course Prior Approval Form” and successfully completing the same courses listed, I will receive the CCSU credits as stated. It is my responsibility to ensure that these credits will be applied to my degree program and general education requirements. I understand that, as of summer 2013, grades earned on a CCSU approved program will be added to my transcript and calculate into my GPA. CCSU will not re-evaluate the Host University’s grade evaluation.
- I guarantee timely payment of all monies required by my study abroad program as put forth in my study abroad program materials and/or as specified by CCSU and my Host University. Failure to do so may result in a transfer of 0 credits.



**SECTION II : Health Statement**

Your Name (printed): \_\_\_\_\_ Host School: \_\_\_\_\_

A period of foreign study is accompanied by both physical and emotional stress. Mild conditions and disorders can become serious matters. For your own sake, and to ensure that we are well-informed, the Center for International Education asks you to provide us with a frank evaluation of your health. Please outline any physical or emotional conditions you have so that we can direct you to appropriate care, should the need arise. This form will be kept on file by the host campus international director/coordinator and maintained with strictest confidence. It will only be shared with the appropriate staff as deemed necessary by the host campus director/coordinator.

**Important note:** CCSU partner schools overseas may not employ physicians, health care providers, or mental health professionals. In general, U.S.-style health care cannot be expected when studying abroad. In our admissions process, the Center for International Education does not discriminate against individuals who have any type of medical, emotional, or psychological problem. However, for your own welfare, we ask that, if you have a medical, emotional, or psychological condition, you consult with a medical or mental health professional in this country to determine the potential stresses and medical consequences of study abroad, that you provide us with specific information concerning your health, and that you are aware that English-speaking physicians, health care providers, therapists, and counselors may not be readily available abroad. Furthermore, the Center for International Education reserves the right to request additional information from a participant’s physician, if it is deemed necessary.

If you answer "yes" to any of the following questions, please attach a sheet of paper on which you provide details.

- 1. Have you any dietary restriction, allergies (to food, medications, or otherwise), other restrictions or disabilities, including learning disabilities?  Yes  No
- 2. Have you any physical disabilities or impairments, which might cause hardship through change of diet, carrying luggage, or strenuous travel, or might affect participation in an overseas study program?  Yes  No
- 3. Are you currently undergoing medical treatment for any reason, or have you had such treatment in the past year?  
 Yes  No
- 4. Are you currently undergoing psychological treatment for any reason, or have you had such treatment in the past year (e. g. anxiety, depression, etc.)?  Yes  No
- 5. Is there medication you take regularly or sporadically?  Yes  No  
  
If yes, which medication(s): \_\_\_\_\_
- 6. Have you had any major illness, disease, or injury in the past five years?  Yes  No
- 7. Is there any history of chronic or acute diseases in your family?  Yes  No
- 8. Do you have health insurance?  Yes  No  
If yes, what health insurance provider do you use?

<i>Name of Insurance Company</i>	<i>Telephone Number</i>	<i>Policy Number</i>
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The answers and information I have given above are correct to the best of my knowledge. I, the undersigned, grant the officers, employees, representatives, servants, or agents of CCSU or the partner institution named above the authority to take whatever action they feel warranted regarding my health, safety, and welfare. This authority will permit its said officers, employees, representatives, servants, or agents to place me, at their discretion and at my (or my parents') expense, in a hospital for medical service or treatment or, if no hospital is available, in the care of a local medical doctor for treatment. The officers, employees, representatives, servants, or agents are further authorized to fly me back to the United States at my (or my parents') expense, if it is deemed necessary by the Program following consultation with local medical authorities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III: Code of Conduct**

When you study abroad, the rules regarding proper behavior are defined both by your home campus and by the local laws and values of your host country. You should familiarize yourself thoroughly with the policies and regulations of the *CCSU Student Handbook* and with the local rules and customs described in acceptance and orientation materials provided to you by the Center for International Education and your host institution abroad. You will be responsible for observing the rules contained in all publications distributed by both your home and host campus. The *Student Handbook* is available online at <http://www.ccsu.edu/Students/handbook/default.htm>. Appropriate conduct includes, but is not limited to, the following:

- Students agree to conduct themselves in a manner that is respectful, courteous, and that shows consideration for the privacy, well being, and comfort of others in the Program. This respect and courtesy must be extended to staff, other students, and any constituencies with which the student interacts. It must be exhibited in classroom settings, on excursions, and in areas where students are housed. Rude or disrespectful behavior, whether verbal or physical, will not be tolerated and will be cause for removal.
- Illegal drug use or distribution while participating in a CCSU-administered Program is strictly forbidden. Infractions of this regulation make one liable for immediate expulsion from the Program.
- Irresponsible use of alcohol and drunken behavior while participating in a CCSU-administered Program is strictly forbidden. The consumption of alcohol may not be used as a defense for misconduct. Infractions of this regulation make one liable for immediate expulsion from the Program
- CCSU expects each student studying abroad to abide by the highest standards of intellectual honesty in all academic exercises. Students must do their own work and must credit properly those upon whose work and thought they draw in every examination, quiz, paper, laboratory report, or other academic exercise submitted for evaluation in a course at a CCSU-administered Program.
- Students are responsible for the condition of their rooms and their furnishings during periods of occupancy. Damage and/or loss of Program property are the financial responsibility of the resident/Program participant. Damage to or loss of Program property, as well as damage to the furniture, walls, or any part of one’s room (whether home stay, rented apartment, dormitory room, or Program-owned/-leased space) will be assigned a repair or replacement cost and charged to the responsible student’s host-institution bill. If this bill is not satisfied prior to leaving the host site, the bill will carry forward to the student’s CCSU bill.

The director of the host institution’s international program may require a student's immediate withdrawal from the Program (with subsequent loss of fees paid and academic credit) if, after appropriate consultation, it is determined that the student has violated any regulation or has acted in a manner detrimental to and/or incompatible with the welfare of the Program, including emotional or psychological problems that are detrimental to and/or incompatible with the welfare of the Program.

Since no set of regulations can anticipate every contingency, participating students are expected to show maturity, reasonable discretion, and consideration for the rights of others and for local cultural norms while attending a CCSU-administered Program.

As an intended participant in a CCSU-administered Program, I have read the regulations and understandings set forth and referred to on this sheet and in the *CCSU Student Handbook*. I pledge to abide by these codes fully; I accept the authority of the director of the host institution’s international program.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of CCSU-Administered Program \_\_\_\_\_ Semester / Year of Study  
\_\_\_\_\_/\_\_\_\_\_

**SECTION IV: Information Release**

I, \_\_\_\_\_, hereby allow the International Education Coordinator, the Center for International Education, and Central Connecticut State University to provide to my parent, spouse, guardian, and/or other person(s) named below, the information checked upon their request.

***Individuals to whom information may be released:***

<i>Name</i>	<i>Relationship to you</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***Type of information to be released upon request (place a check mark in the box next to the approved item):***

- |  |   |
|--|---|
| <input type="checkbox"/> Country/Program Destination                     | <input type="checkbox"/> Course Registration at the Host Institution    |
| <input type="checkbox"/> Study Abroad Dates/Academic Schedule            | <input type="checkbox"/> Program fees/costs incurred at CCSU and Abroad |
| <input type="checkbox"/> Grades at Host Institution                      | <input type="checkbox"/> General well-being                             |
| <input type="checkbox"/> Host University Coordinator Contact Information | <input type="checkbox"/> Course Registration during semester(s) abroad  |
| <input type="checkbox"/> CCSU course registration for semester of return | <input type="checkbox"/> Overseas address and telephone number          |
| <input type="checkbox"/> E-mail address                                  | <input type="checkbox"/> Personal Travel                                |
| <input type="checkbox"/> Status of personal finances                     | <input type="checkbox"/> CCSU Financial Aid details                     |
| <input type="checkbox"/> Other (describe): _____                         |   |

Check here if the Center for International Education may contact the individuals named above in the event of an emergency.

Check here if the Center for International Education may provide your name and contact information to current and/or future CCSU study abroad participants.

Check here if the Center for International Education may release your name and study abroad participation information to the CCSU campus community and/or your local newspaper.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date