

## FINAL 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

Spring 2019-20: December 8, 2019

Winter 2019-20: December 8, 2019

Summer 2019-20: April 27, 2019

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Host University name: \_\_\_\_\_ Country: \_\_\_\_\_

Program Term:

- Spring 2019-20
- Winter 2019-20
- Summer 2019-20

**My signature below confirms the following:**

1. I have carefully read and understood the [Study Abroad and Exchange Handbook](#).
2. If I am participating in a study abroad program, I am aware that I am subject to the withdrawal policies of that program.
3. 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: \_\_\_\_\_

## RESPONSIBILITY, INSURANCE AND RELEASE AGREEMENT

I, \_\_\_\_\_, agree as follows:

### 1. General risks

I have read the OIP Study Abroad and Exchange Handbook and 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. Kindly note that AUB's HIP does not cover you abroad. In case you do not wish to pay for AUB's Health Insurance, make sure to waive it.

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. 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 \_\_\_\_\_

### 9. 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 \_\_\_\_\_

### 10. 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 \_\_\_\_\_

### 11. International currency fluctuations

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

Please initial: \_\_\_\_\_

### Please tick the boxes if you consent to the below.

I consent for OIP to share my email address with AUB alumni abroad for the purpose of strengthening networks and connections.

I consent for OIP to share my email address with prospective study abroad students for the purpose of facilitating peer advising and support.

I have read and understood 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.

### Student Information

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
AUB ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Faculty: \_\_\_\_\_ Major: \_\_\_\_\_  
Host University name: \_\_\_\_\_ Country: \_\_\_\_\_  
Term: (circle one) Fall Spring Full Year Summer

### Emergency Contact Person (while you are abroad):

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, Zip code, Country)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_