Program Acceptance Form

Student Name: __________________________ UMSL Student Number: ____________________
Program: _______________________________ Dates: __________________________________

I wish to receive:  __ Undergraduate Credit  __ Graduate Credit
__ I do not wish to receive credit (additional non-credit fee replaces tuition)

I hereby accept my nomination to participate in the above program. By accepting this nomination, I agree to the following:

☐ I will participate in all aspects of the program, including pre-departure and on-site orientations and evaluations.
☐ My placement will be limited to the period specified above.
☐ I will notify the study abroad program coordinator immediately, in writing, if I no longer want to be considered for placement.
☐ If I withdraw or am terminated from the program any time after accepting the placement, I understand that:
   ○ I must repay any scholarships received.
   ○ I must reimburse UMSL for money expended on program costs for my participation.
☐ If I owe any fees to UMSL or the host institution, I understand that a “hold” will be placed on my student account preventing me from receiving credit from the program and registering or receiving financial aid in future semesters. The hold will be removed and academic credit recorded upon payment of all outstanding balances.
☐ If I am participating in this program for academic credit, I will be registered for the course(s) by the Study Abroad Office, and tuition and fees for the course(s) will be posted to my UMSL student account.
☐ I may be responsible for two separate expenses concerning my participation in my study abroad program:
   ○ The ‘program fee’ which must be made payable to ‘UMSL’ and submitted to the Study Abroad Office by personal check or money order. This fee cannot be billed to my UMSL student account.
   ○ The tuition and fees associated with the course(s) in which I will be enrolled as part of my study abroad program will be posted to my UMSL student account, and payments will be made to the Cashier’s Office per their policies.
☐ The Office of International Studies and Programs has my permission to send my official academic records to the host institution to which I am applying for study. I understand that official academic records of work I undertake at my host institution will be sent to my home institution.
☐ Program costs above the program fee may include, but are not limited to travel, room and board, books, insurance, tuition and other personal expenses and will by my responsibility.
☐ I will purchase insurance coverage if required.
☐ I will have the status of non-degree student at my host institution unless I have applied for and been admitted to a degree program.
☐ My placement may be terminated early by my home institution or by my host institution if I fail to remain enrolled full time at my host institution, fail to maintain minimum academic standards as defined by my home or host institution, or am found by the host institution to be in violation of laws or regulations of my host institution or country.
☐ Reimbursement of expenses paid at the host institution (including, but not limited to, rent or housing deposits, utilities, membership fees, etc.) will be at the discretion of the host institution.
☐ Upon completion of my program, I must pay all outstanding balances due in the host country (such as rent, phone bills, or other fees) before leaving the country. I understand the host institution will hold my transcript until all outstanding debts have been paid.

I have read and understand the above statements. By signing this form I indicate my acceptance to the program and my agreement to comply with the above statements.

________________________________________________________ ______________________
Participant’s Signature       Date
Assumption of Risk and Release Form

Study Abroad provides unique opportunities for academic achievement and personal growth. Study Abroad also entails special risks. Please discuss both aspects of your prospective study abroad experience with a study abroad advisor. This release form specifies certain areas of risk that you should know about before you decide to participate in a study abroad program.

I hereby agree as follows:

1. **RISKS OF STUDY ABROAD:** I understand that participation in the University of Missouri-St. Louis Study Abroad Program specified above ("the Program") may involve risk not found in study at the University of Missouri. These risks include, but are not limited to those risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters as outlined by the Department of State Consular Information Sheets and Travel Warnings, which I have received, reviewed, and initialed, and which is incorporated by reference in this Release Form. I have made my own investigation and am willing to accept these risks.

2. **INSTITUTIONAL ARRANGEMENTS:** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program.

3. **LIMITS OF UNIVERSITY RESPONSIBILITY:** I understand that the University cannot:
   a) Guarantee the safety of participants or eliminate risk from the study abroad environment.
   b) Monitor or control all the daily personal decisions, choices, and activities of individual participants.
   c) Prevent participants from engaging in illegal, dangerous or unwise activities.
   d) Assume responsibility for the actions of persons not employed or otherwise engaged by the University, for events that are beyond the control of the University and its subcontractors, or for situations which arise from the failure of a participant to disclose pertinent information.
   f) Assure that home-country cultural values will apply on the program when these differ from those of the host country.
   g) Be responsible for any injury or loss suffered when traveling independently or otherwise separated or absent from any University-supervised activities.

4. **HEALTH AND SAFETY:**
   a) I have consulted with a medical doctor or Christian Science practitioner and program coordinator with regard to my personal medical needs. There are no health-related reasons or problems that preclude my participation in this Program.
   b) I understand that the University does not provide any Accident or Medical Insurance during my participation in the above study abroad program. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I require medical treatment or hospital care, in a foreign country or in the United States, during the Program, the University is not responsible for the cost or quality of such treatment or care.
   c) I agree to promptly express any health or safety concerns to the program staff or other appropriate individuals.
   d) The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.
5. STANDARDS OF CONDUCT:
   a) I understand that each foreign country has its own laws and standards of acceptable conduct, including
dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws
or standards could harm the University’s relations with those countries and the institutions therein, as well
as my own health and safety. I will become informed of, and will abide by, all such laws and standards for
each country to or through which I will travel during the Program.
   b) I also will comply with the University’s rules, standards and instructions for student behavior.
   c) I agree that the University has the right to enforce the standards of conducts described above, in its sole
judgment, and that it will impose sanctions, up to and including termination from the Program, for violating
these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare
of the University, the Program, or other participants. I recognize that due to the circumstances of foreign
study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at
the University do not apply. If I am terminated from the Program, I consent to being sent home at my own
expense with no refund of fees or program costs.
   d) I will attend to any legal problems I encounter with any foreign nationals or government of the host
country. The University is not responsible for providing any assistance under such circumstances.

6. PROGRAM CHANGES: The University has the right to make cancellations, substitutions or changes in
case of emergency or changed conditions or in the interest of the Program. I understand that the University’s
fees and program costs are based on current airfares, lodging rates and travel costs, which are subject to change.
If I leave or am terminated from the Program for any reason, there will be no refund of fees already paid. I
accept all responsibility for loss or additional expenses due to delays or other changes in the means of
transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached
from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my
own expense seek out, contact, and reach the Program group at its next available destination.

7. ASSUMPTION OF RISK AND RELEASE OF CLAIMS: Knowing the risks described above, and in
consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and
personal representative(s), to assume all the risks and responsibilities surrounding my participation in the
Program. I hereby agree to release, hold harmless and indemnify The Curators of the University of Missouri, a
public corporation, its officers, employees, and agents, and the individual members of the Board of Curators,
from and against any present or future claim, loss or liability for injury to person or property which I may
suffer, or for which I may be liable to any other person, during my participation in the Program (including
period in transit to or from any country where the Program is being conducted).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or
written, apart from the foregoing written statement, have been made. This agreement shall define my
responsibilities relating to the Program for which I have qualified at the University of Missouri-St. Louis, and shall
be governed by the laws of Missouri, which shall be the forum for any lawsuits filed under or incident to this
agreement or to the Program.

Name of Applicant: ________________________________________________________________
Date of Birth (MM/ DD/ YYYY): __________________ Study Abroad Program: _______________________

x __________________________________________________ Date ____________________________
Signature of Applicant                                             Date

If Applicant is under 18 years of age, a parent or legal guardian must also read and sign this form
I (A) am the parent or legal guardian of the above Applicant, (B) have read the foregoing Release Form (including such
parts as may subject me to personal financial responsibility), (C) am and will be legally responsible for the obligations and
acts of the Applicant as described in this Release Form, and (D) agree, for myself and for the Applicant, to be bound by its
terms.

x __________________________________________________ Date ____________________________
Signature of Parent/Guardian                                        Date
Statement of Financial Responsibility

By signing this form, I, the student, agree that I am fully responsible for the charges incurred as the result of registration activity and other fees that may get charged to my student account including but not limited to: tuition, course fees, bookstore charges, parking and any other miscellaneous charges. The amount of the debt due will be communicated to the student via monthly billing statements. I further state that I fully understand and agree to the terms and conditions below.

Student name (please print) ___________________________ Year ________ Term _________

Student signature _______________________________ Student ID _______ Date ________

PAYMENT OF FEES: All fees are due and payable to the University and are the student's responsibility to pay as the result of registration or other activity that incurred as charges to the student. A minimum payment option is available. Students with delinquent accounts will NOT be allowed to register in subsequent semesters. All payments received are final, no changes or adjustments allowed to the payment amount once the payment has been processed. Reassessment of fees will still occur based on the established reassessment schedule.

LATE PAYMENT FEES: Student accounts will be subject to a late fee of $10.00 when payment is not received and processed by the scheduled due date as communicated on the student's Monthly Billing Statement.

FINANCE CHARGES: The University will assess a 1% per month finance charge on any account that remains unpaid after the payment due date. A finance charge is always assessed on the unpaid balance that has been billed after the payment due date; therefore, it is to the advantage of the student to avoid finance charges by paying the account in full.

RETURNED CHECKS: Any check not honored by your bank will result in a $20 returned check fee. If the returned check, including e-check payments was attempting to pay a prior term balance, your classes may be canceled.

DELINQUENT INDEBTEDNESS: The University will pursue any and all collection efforts and practices including referring the account to a collection agency and / or attorney and reporting to the credit bureau. The account will be assessed all additional collection charges associated with the collection of the debt including but not limited to: collection agency fees, reasonable attorney's fees, court costs and all other charges allowed by law not to exceed 50% of the total charges.

RIGHT TO MODIFY: The University reserves the right to modify by increase or decrease the fees charged for attendance and other services at the University, including but not limited to educational fees, at any time when in the discretion of the governing board the same is in the best interest of the University, provided that no increases can or will be effective unless approved by the governing board not less than thirty (30) days prior to the beginning of the academic term (semester, etc.) to which the fees are applicable, with all modification of fees to be effective irrespective as to whether fees have or have not been paid by or on behalf of a student prior to the effective date of the modification.

WITHDRAWAL: It is the student's responsibility to formally notify the Registrar's Office and to follow proper procedures when withdrawing from the University. Failure to pay fees, failure to receive financial aid, failure to attend class or refusing financial aid does NOT constitute an official withdrawal from the University of Missouri - St. Louis.

FEES REASSESSMENT FOR DROPPING CLASSES OR WITHDRAWAL FROM SCHOOL: Fees will be reassessed for students who officially withdraw from the University or drop classes. Fees included in this reassessment are the Educational Fee; Student Facility, Activity & Health Fee; Information Technology Fee; Special Course Fee; and Parking Fee (if applicable). Such fees are reassessed and reduced in accordance with the reassessment schedule for each term found on the Cashier's website.

CREDIT CARD USERS: Effective December 29, 2005 credit card payments are ONLY accepted online. A 2.75% service charge applies. (MasterCard and Discover only.)

PERSONAL BANKING ONLINE PAYMENTS: The Cashier's Office cannot guaranty that payments made through personal online banking will be received and processed by the payment due date.

EMAIL AND ONLINE STATEMENTS: Email is the official method of communication by the Cashier's office. It is the student's responsibility to check and responsibly manage their email account so that important information can be received. As billing statements are available online, your failure to receive a billing statement does not constitute
a valid reason for not paying a bill in a timely manner. Actions and charges that result from failure to pay charges on
time or to respond to a Cashier's Office message are the student's responsibility.

COMMUNICATION: At times, it may be necessary to contact students in regards to student financial information. Because email is the official method of communication at the University of Missouri – St. Louis, the Cashier’s Office will attempt to contact students via email. If email communication is deemed to be unsuccessful or the information to be communicated is of high importance or urgency, other methods of communication will be used. Agreement to this Statement of Financial Responsibility authorizes the Cashier’s office to utilize any and all addresses, electronic addresses and phone numbers (including cellular numbers) available when attempting to contact students in regards to student financial information. It is also agreed that the Cashier’s Office may disclose all contact information along with other relevant information to any outside collection agencies used for the collection of student account fees.

BANKRUPTCY: Educational and related fees are generally non-dischargeable in bankruptcy and will survive after the bankruptcy has closed. Except in certain limited situations, this means that a student will still owe the debt to the university after the bankruptcy.

MINIMUM PAYMENT OPTION: All charges incurred by a student will be consolidated into one account. The student will be billed and must make payment by the due date indicated on the bill. An option will be provided on the monthly bill for a minimum payment. The student may elect to make the minimum payment and will then incur a finance charge of 1% per month on the unpaid balance after the due date. TO AVOID CANCELLATION, YOUR FIRST MINIMUM PAYMENT MUST BE RECEIVED AND PROCESSED BY THE DUE DATE.

FINANCIAL HOLDS: If there is a balance due after the last due date, a Financial Hold will be placed on your account. This hold will prevent you from registering for future terms and from getting transcripts or your diploma.

MINIMUM PAYMENTS AND FINANCIAL AID: If you are receiving Financial Aid, a minimum payment may still be due. To determine your MINIMUM payment amount, you first take your total charges minus any anticipated aid. This would give you your current balance due. Then follow the Minimum Payment Amount schedule. This means that unless your Financial Aid is greater than your total charges, you owe a payment.

THIRD PARTY PAYMENTS: Payments from a third party, such as your employer, will be treated in the same manner as Financial Aid when calculating the minimum payment due. If you do not have full sponsorship for all of your fees, you must make at least the minimum payment in order to hold your classes. Vouchers must be turned in no later than one week prior to the due date in order to be considered in the Third Party program.

FINANCIAL AID: Approved financial aid is used to reduce the outstanding balance on a student's account. The entry will appear as 'Anticipated Aid' on the monthly billing statement and will reduce the current term balance due. The balance remaining after application of the anticipated aid will be billed to the student and will be subject to the minimum payment process and finance charge calculation. The student must apply for financial aid in a timely manner. Late applications will result in finance charges and late payment fees being assessed. Financial aid is not considered disbursed and eligible for the refund calculation until it appears in the Current Payments/Credits column of the monthly billing statement. Students that do not apply for aid in a timely manner may be required to make their minimum payment without consideration of aid.

REFUNDS: Student refunds are normally processed and a check sent by mail or by Direct Deposit to the student's valid bank account. Student accounts which have had credit card payments applied which then have excess money to be refunded will have any payment made by credit card returned to the credit card number used for said payments prior to a refund being processed by check or electronic transfer. Charges that are added to a student account after a refund has been processed are the responsibility of the student. Students will not be allowed to register in future terms or get transcripts, until this balance is paid in full. A refund takes up to four (4) weeks processing time after withdrawal, dropped classes, receipt of excess financial aid, or overpayment made on the student's account. Refunds of Parent Loans are refunded to the parent and a check mailed to the address on file for that parent. Deduction will be made for any financial obligation due to the University. To receive a refund of less than $25 a specific request must be made to the Cashier's Office.

PERSONAL CHECKS: Personal checks in payment of fees or other obligations to the University of Missouri will be accepted only when the amount of the check does not exceed the amount due from the student. Checks that indicate payment in full will not be accepted. Communications concerning disputed debts, including any instrument or check tendered as full satisfaction of a debt, must be sent to 285 Millennium Student Center, One University Blvd., St. Louis, MO 63121-4400

http://studyabroad.umsl.edu
Health Information for Study Abroad

Accurate completion of this form enables UMSL Study Abroad to obtain information regarding facilities available for study abroad students who have specific health concerns. The form may be forwarded to either the faculty advisor or host university’s international office to help make arrangements that might be necessary or to be used in case of an emergency. The form is a confidential document and any and all information you provide will be disclosed only as necessary to provide for your health and well-being. The disclosure of medical information will not affect your admission status. Please return the form to the Study Abroad office, 261 MSC.

Name: _______________________________ Student #: ___________ Term(s) Abroad: ______________

1. List any serious or chronic illnesses, surgery or injuries that may affect your health while abroad.

2. List any allergies that you have including hay fever, asthma or food allergies.

3. Do you have a disability or any other condition that might require special accommodation? If yes, please explain the type(s) of services that you might require.

4. Are you presently seeing a counselor or other medical professional for emotional, psychological, or addiction problems that will require on-going treatment overseas? If yes, please list specifically the type of service or professional that is needed.

5. Will participation in full-time academics or other program elements be limited in any way because of health issues or special needs requirements? If so, please explain.

6. List below any prescription medications that you take including the dosage and frequency of medication. Please note that in some countries it is not possible to fill prescriptions written in the U.S. or to receive medications through the mail.

7. Please note here or on the back any other medical concerns you have about study abroad.

I understand that this information will be released to the appropriate overseas contact person or trip leader who is granted permission to use it when, in his or her best judgment, health conditions so warrant.

Signature: _______________________________ Date: __________________

http://studyabroad.umsl.edu