

**University Of Wisconsin System Uniform Statement of Responsibility,  
Release, and Authorization to Participate in  
Study Abroad/Away and Exchange Programs**

Revised October 1999

I, \_\_\_\_\_ (name), hereby indicate my desire to participate in a study abroad/away/exchange program \_\_\_\_\_ (write Program name here) sponsored by the University of Wisconsin Oshkosh during the period of \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_. My participation in this Program is completely voluntary.

If and/or when I am offered and accept a place in the University's Program, I:

- 1) assume full legal and financial responsibility for my participation in the Program.
- 2) will be responsible for full Program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the Program for any reason once the Program has commenced, unless otherwise stated in the Program refund policy.
- 3) grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the Program including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.
- 4) realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, that are applicable outside of the United States are required for my participation in a study abroad/exchange Program.
- 5) realize that I am responsible for obtaining appropriate insurance coverage for the duration of the Program. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad/away.
- 6) agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as Program requirements, to insure the best interest, harmony, comfort and welfare of the Program.
- 7) accept termination of my participation in the Program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.
- 8) understand that the University reserves the right to make changes to the Program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to Program participants as a result of such changes.
- 9) agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (Board of Regents) and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the Program, including any travel incident thereto.
- 10) acknowledge that I have read this entire document and understand its terms.

If my parents or guardians have not signed this form, I affirm that I am not a minor.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## University Of Wisconsin Oshkosh Uniform Statement of Responsibility

In addition, I, \_\_\_\_\_(PRINT YOUR NAME CLEARLY),

- 11) understand that I am (**initial** one) \_\_\_\_\_ participating on a faculty-led Program \_\_\_\_\_ traveling independently.
- 12) **have read all the Office of International Education (OIE) materials:** Program information on the web, the Study Abroad/Away guide for my Program (on-line), application packet, Withdrawal & Refund policy, the emails I've received, and all other printed materials received from the OIE. I understand and accept the conditions under which this Program will be conducted, particularly those which apply to the courses, course credit, housing arrangements, travel arrangements, participation in planned events (if any), withdrawal & refund policy, and Program costs. I understand that any Program itinerary provided is subject to change and I agree to adapt to those changes.
- 13) **GROUP PROGRAMS ONLY:** understand that **to receive academic credit**, I must participate in all pre- and post-travel orientations and academic sessions, attend all scheduled events, complete all course requirements and meet the program leader's expectations as a participant.

**ALL OTHER PROGRAMS:** understand that to ensure that I will receive academic credit, I must have my courses pre-approved for transfer before departing for my destination and must follow all rules and regulations at my host institution.

- 14) agree to maintain a **high standard of conduct** throughout the Program, including, but not limited to, obeying all local laws and ordinances, behaving ethically and professionally in my relationship with others and in my approach to coursework, showing up on time for all scheduled events, and complying with the UW Oshkosh student discipline code. Failure to adhere to these standards may result in immediate dismissal per the "University Of Wisconsin System Uniform Statement of Responsibility". If participating on a faculty-led Program, UWO is responsible only for transporting me to the nearest form of public transportation. In all other cases, I am responsible for departing the Program site and making all further arrangements on my own.
- 15) understand it is my responsibility to **obtain and pay for** a passport (Programs outside the U.S. only), report my name exactly as it appears on my passport (international) or driver's license (domestic) via the on-line Study Away Application system (or pay the airline fee for correcting names on tickets if I do not report my name correctly or at all), obtain and pay for a visa (if needed for a destination outside the U.S.), pay for and get all immunizations recommended by the CDC, read about/study the country/state/city and culture of my destination/s, and pay all tuition and fees listed on the Full Cost of Participation Worksheet for my Program and all costs incidental to my study abroad/away experience. If not traveling on a group flight, I understand that it is my responsibility to arrange and pay for all travel to my destination and to arrive at my destination before the Program start date.
- 16) understand that I am traveling to a foreign country (or to a site with a different culture within the U.S.) and will be **expected to adapt to a different culture** and way of doing things and realize I should not expect things to be exactly as I imagine them to be. I understand that I am **participating in this Program at my own risk**, that I am sending myself there and that I will consult with the program leader, on-site director and/or staff in the student office at my host institution if any problems arise during my stay.
- 17) realize that (**initial** one) \_\_\_\_\_ although I am traveling with a group, there will be time for me to spend independent of the group. \_\_\_\_\_ I am traveling independently.

I understand that I am **responsible for all of my actions** while abroad/away. I am responsible for knowing about and obeying laws specific to my destination, knowing about any U.S. Department of State travel warnings, impending natural disasters, political unrest, and adapting to cultural differences.

- 18) understand that **if I have a disability that requires reasonable accommodation**, I should consult with disability services on the UW Oshkosh campus at least a few weeks prior to the study abroad/away application deadline. If this isn't possible, I must consult with disability services as far in advance as possible or by the study abroad/away application deadline at the latest. If I am a student on another campus, I understand that I must consult my own disability services office first and then ask that office to contact the UW Oshkosh disability services office at (920) 424-3100.
- 19) **have consulted with a medical doctor** in regard to my personal medical needs and about the location(s) where the Program is to be offered. There are no health-related reasons or problems that preclude or restrict my participation in this Program. I am aware of all applicable personal medical needs. 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. I understand that the supplementary insurance available to me through the UW System policy is available only for study abroad and offers only basic coverage for emergency medical care abroad and repatriation/evacuation during my Program.
- 20) affirm that there are no **mental health**-related reasons or problems that preclude my participation on this Program.

- 21) (This paragraph applies only **if you have consulted with a mental health professional in the past.**) have consulted with a psychiatrist, medical provider and/or mental health professional in regard to my mental health needs. I affirm that I am stable on my current medications and that my doctor is willing to prescribe enough medication to last the duration of my planned Program. I agree to take all prescribed medications exactly as prescribed by my doctor and that I will carry both the original prescription with me and a note from my doctor explaining the situations in which I can self-regulate dosages. I have arranged, through insurance or otherwise, to meet any and all needs for payment of mental health care, if needed, while I participate in the Program. I recognize that neither the University nor my hosts abroad/in the U.S. are obligated to attend to any of my mental health needs, and I assume all risk and responsibility therefor. If I require 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. I understand that the supplementary insurance available to me through the UW System policy is available only for study abroad and may not cover expenses for mental health care. I understand that I will be withdrawn from the Program and required to return home, at my own expense, if I do not take medication as prescribed or if my mental health negatively affects my own stability, other students, my hosts, or, if on a group program, the ability of the group leader/s to teach courses and attend to the group. I understand and agree that the UW Oshkosh "Student at Risk Response Team" will become involved if I exhibit symptoms of mental health problems.
- 22) understand that staff at UW Oshkosh may contact my **emergency contact/s** in the event of an emergency during the Program, in the event that I require hospitalization or medical/mental health care, to inform them of itinerary/accommodation changes, or in the event that staff determine that I am making decisions or behaving in a way that may jeopardize my own safety or mental health or the safety of others. In the event that I require medical or mental health care and cannot make decisions on my own, staff will make every effort to contact my emergency contact/s. If this is not possible, **I authorize representatives of the University of Wisconsin Oshkosh and/or my host institution to make decisions about my medical or mental health on my behalf.** I agree to assume all financial responsibility for such care to the extent that it is not covered by health insurance.
- 23) authorize the University of Wisconsin Oshkosh Dean of Students' Office (or the equivalent office on my home campus for participants who are not UW Oshkosh students) to **disclose information, documents, etc. contained in my education record and pertaining to my conduct on campus, in residence halls and off campus** to the Office of International Education for the purpose of determining my eligibility to participate in a UW Oshkosh-sponsored study abroad/away Program. I understand that information contained in my record may disqualify me from participation on this Program.
- 24) understand that staff at the University of Wisconsin Oshkosh may take **pictures or videos of me** when I am at the University and/or as I participate in University activities. **Initial** one.

I agree to allow UW Oshkosh to use photos and videos (or parts of photos and videos) that I am in for advertising and for other university-related purposes. I understand that the University may make changes to these photos or videos (for example, retouching, tinting, etc.). I understand that the university may copyright these photos or videos.

I do not agree to allow UW Oshkosh to use photos or videos in which I can be identified.

- 25) understand and agree that the following questions must be answered honestly. I understand that falsifying a record can lead to follow up through the normal conduct process at UWO and rescission of acceptance to a program with the withdrawal & refund policy remaining applicable.

Have you ever been convicted of a felony? This includes pleading no-contest or guilty to a felony. **NO YES**  
 (NOTE: Wisconsin State Statute 939.60 defines a felony as a crime punishable by imprisonment. At the federal level, a felony is a crime punishable by at least one year of imprisonment.)

Have you ever been expelled, dismissed, or suspended from a postsecondary institution for a non-academic reason? **NO YES**  
 (NOTE: a postsecondary institution is any institution attended at a level higher than high school.)

**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. To the maximum extent permitted by law, I release and indemnify the Board of Regents of the University of Wisconsin System, and its officers, employees and agents, 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 periods in transit to or from any country/destination where the Program is being conducted). I have carefully read this Release Form before signing below. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.** This agreement shall become effective only upon receipt of my application by the University and shall be governed by the laws of the state of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

If my parents or guardians have not signed this form, I affirm that I am not a minor.

\_\_\_\_\_  
 Participant's Signature      Date      \_\_\_\_\_      Date      \_\_\_\_\_      Date

# Withdrawal & Refund Policy for UW Oshkosh-Sponsored Study/Teach/Volunteer Abroad/Away

If you have asked the OIE to **HOLD** your application pending Financial Aid, do not return this form to the OIE at the time of application; complete this form to **RELEASE** your HOLD. The OIE will not hold a seat for you without a signed copy of this form.

The following apply without exception:      **Name:** \_\_\_\_\_

1. Participants enrolling in a UW Oshkosh Program through the OIE are enrolling in an academic Program; the UW Oshkosh OIE is not a travel agency and does not offer travel tours. UW Oshkosh reserves the right to make any changes to itineraries, travel arrangements, hotels, excursions, activities or other arrangements. Such changes are not grounds for cancellation of registration.
2. You **must** withdraw your on-line study away application (log in and click on the purple “withdraw” button) AND notify the Office of International Education **in writing** (email is acceptable) if you wish to withdraw. Your withdrawal is effective on the date that the OIE **receives** notification **in writing**. The application fee is refundable only after BOTH steps have been completed.

3. Accepted Participants  
**If you withdraw, or if you are dismissed from your program due to academic suspension, or if you are dismissed from your program due to disciplinary suspension 90 days or more before departure, including before the application deadline**, you will be refunded only that portion of your fee, *excluding the non-refundable application fee*, which has not already been expended by UW Oshkosh on your behalf or which UW Oshkosh is not obligated to expend on your behalf after your withdrawal notice is received.

**If you withdraw, or if you are dismissed from your program due to academic suspension, or if you are dismissed from your program due to disciplinary suspension 89 days or fewer before departure**, you will be refunded only that portion of your fee, *excluding the non-refundable application fee*, which has not already been expended by UW Oshkosh on your behalf or which UW Oshkosh is not obligated to expend on your behalf after your withdrawal notice is received. In addition, you will be assessed a fee equal to a percentage of the group costs (including group transportation, program leader costs, etc.) based on the final number of Program participants and withdrawals.

Any expenses related to the study abroad/away Program which you personally have incurred or which you are obligated to pay remain your responsibility (see the UW Oshkosh Uniform Statement of Responsibility). UW Oshkosh will not assume responsibility for these expenses for you.

Because the OIE runs all Programs on a cost-recovery basis, it is not possible to make exceptions for any reason, including withdrawal for medical reasons, family emergencies or suspension. **To protect yourself, PURCHASE TRIP CANCELLATION INSURANCE.** If you choose not to purchase trip cancellation insurance, or in the case that trip cancellation insurance does not cover, fees assessed by the OIE will be your responsibility regardless of your reason for withdrawing or becoming suspended.

4. Wait List  
You may choose to remain on the wait list until 30 days prior to program departure. During this time, your application fee remains non-refundable. If you are not selected to participate, the application fee will be returned to you. If you decide to withdraw your application from the wait list, follow the instructions for withdrawal above. If you withdraw your application after the OIE has emailed your acceptance letter, the standard withdrawal and refund policy applies.
5. The application fee is 100% non-refundable, unless you are not accepted to participate.
6. If participating in a *full semester-long* Program AND taking an interim course at UW Oshkosh during that same semester, you will be assessed additional tuition fees for the interim course.

7. I have read the Full Estimated Cost of Participation worksheet in the web guide for my Program and understand my financial responsibilities in addition to advertised Program fees. I am confident that I will be able to cover all expenses.

8. **This section is for participants releasing their Financial Aid HOLD only.**

\_\_\_\_\_ (initial) I have reviewed my financial aid package with a financial aid officer and am confident that I will receive enough aid to cover all expenses. Please remove the HOLD from my study abroad/away application.

\_\_\_\_\_ (initial) I have determined that I will not receive enough financial aid. Remove my name from the list of participants.

I read, understand and agree to comply with the withdrawal and refund policy as outlined above. If my parents or guardians have not signed this form, I affirm that I am not a minor.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

