

# EDUCATION ABROAD PRE-DEPARTURE PACKET

## ADDRESS AND PASSPORT INFORMATION

Name \_\_\_\_\_ OU ID \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Please Note:** You may list any e-mail address you choose on the line above, but the Education Abroad office will send official notices, updates, etc., **ONLY to your OU e-mail account.** Please check it often.

Program \_\_\_\_\_ Period of Study \_\_\_\_\_

### 1) Permanent Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Tel. (day) \_\_\_\_\_  
Tel. (night) \_\_\_\_\_

### 2) Local Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Tel. (day) \_\_\_\_\_  
Tel. (night) \_\_\_\_\_

### 3) Emergency Contact Information

Name	Relation	Tel. (day)	Tel. (night)	e-mail
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_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
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## PASSPORT INFORMATION

Name (as it appears on passport) \_\_\_\_\_

Passport Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Date Expires \_\_\_\_\_ Nationality \_\_\_\_\_

PLEASE ATTACH A PHOTOCOPY OF YOUR PASSPORT PAGE LISTING THE INFO ABOVE.

# EDUCATION ABROAD PRE-DEPARTURE PACKET

## Contract for University of Oklahoma Study Abroad Participants

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Program participating in

\_\_\_\_\_  
Academic term(s)

I, \_\_\_\_\_, understand that:

I will be representing my country during this stay of residence in a foreign country, and that I will be expected to maintain a standard of behavior and decorum that will reflect positively on the United States of America, the University of Oklahoma, and the Education Abroad office. I further understand that as a student of the University of Oklahoma, I have a responsibility to comply with the rules and regulations of the institution as outlined in the Student Code of Responsibilities and Conduct for the Norman Campus, in addition to all similar regulations held by the host institution. I realize that my failure to comply with these regulations or any actions that jeopardize the future of this program may result in sanctions up to and including dismissal.

I am participating on a reciprocal exchange program and as such I am required to pay OU tuition and all health and facility fees to the University of Oklahoma. I understand I am not required to pay tuition to the host university. I understand that failure to pay all other relevant and required program fees (e.g. housing) to OU or the host institution may result in the withholding of grades or prohibition of future enrollment. It will be solely my responsibility to ensure that all applicable debts are settled while abroad.

This is an academic program and as such I will be judged on my academic progress upon my return. I understand that the University of Oklahoma, after receipt of the official transcripts, certificates, or academic reports from the host institution, has the right to report grades of unsatisfactory on my OU transcript if I do not successfully complete my academic program or if I miss a significant number of classes without an appropriate excuse (Independent travel while classes are in session does not constitute an appropriate excuse). Any host institution exams that must be taken at OU after my return will be administered by an Education Abroad staff, at the time, and in the manner, directed by the host institution. Students taking proxied exams will be charged a ten-dollar fee per exam, plus any express mailing fees if required by the host institution.

## EDUCATION ABROAD PRE-DEPARTURE PACKET

### Contract for University of Oklahoma Study Abroad Participants (continued)

I understand that OU and the Education Abroad office cannot be responsible for the following:

1. The safety of participants or eliminating risk from the study abroad environments.
2. Monitoring or controlling all the daily personal decisions, choices, and activities of individual participants
3. Preventing participants from engaging in illegal, dangerous, or unwise activities.
4. Assuming responsibility for the actions of persons not employed or otherwise engaged by the program sponsor for events that are beyond the control of the sponsor and its subcontractor(s), or for situations which arise due to the failure of a participant to disclose pertinent information.

I hereby authorize the Director, Study Abroad Advisor, or other member of the Education Abroad office professional staff to act on my behalf at the University of Oklahoma in any matter regarding my fees, enrollment, or academic records while I am abroad for the \_\_\_\_\_ period. (Print academic semester[s] and year).

I verify that I am covered by a medical insurance policy and that this insurance provides coverage during my time outside of the U.S., contains sufficient medical evacuation and repatriation benefits, and will be in effect during the entire period of my exchange program.

Insurance Company \_\_\_\_\_  
Name of Insurance Company Policy Number

I waive and release all claims against the University of Oklahoma and the Education Abroad office for any injury, loss, damage, accident, financial obligations, or liabilities that I may personally incur, or any damage or injury to the person or property of others that I may cause while participating on this program.

I acknowledge that I have read, and understand, the above, and that I will abide by these regulations while on this program. If I am unable to attend the Pre-departure orientation, I will make arrangements to view the pre-departure video.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date