

**Washington University - College of Arts and Sciences Overseas Programs  
Summer Study Abroad Application for WU Approved Programs**

**PARENTAL AGREEMENT**

Student's Last Name: _____	First Name: _____	M.I.: _____
Program student is applying to: Summer 20 _____	Country _____	Foreign Institution or Program Name _____

**Behavioral and academic standards:** Admission to study abroad may be denied or rescinded due to behavioral or academic concerns. Disruptive behavior, academic dishonesty, and other improprieties will not be tolerated. Participation in the program may be terminated by WU for violation of these standards, along with forfeiture of program fees and loss of academic credit for the program.

**Drug use and other illegal activities:** The possession or use of any quantity of marijuana, cocaine, or other illegal substance is strictly prohibited for the duration of the program. The consequences of substance abuse or other illegal activity at any time during the program include immediate expulsion from the program, forfeiture of all program fees, and loss of academic credit for the program. Furthermore, U.S. citizens in a foreign country are subject to the laws of that country. Neither the U.S. Embassy nor WU can obtain release from jail; they can only aid in obtaining legal assistance.

**Inherent conditions, hazards, and risks:** Washington University acts only to provide the opportunity for foreign study and does not guarantee satisfaction with the program or a student's well-being. Students will not be closely supervised while abroad and are responsible for using good judgment to ensure their own health, safety, and welfare. There are certain inherent conditions, hazards, and risks associated with international travel and living abroad for which the University cannot and will not assume responsibility. These include, but are not limited to, inclement weather, natural disasters, labor disputes, riots, terrorism, delays or disruption of travel or accommodations, accidents, and disease. During the period of participation in the program, and during transit to or from the program, WU will not be responsible for any injury or damage or for any personal liability sustained or incurred.

**Medical needs and health insurance:** You and your student are responsible for assessing medical needs. Physical or emotional problems may be exacerbated by stresses associated with study abroad. A student must be medically able and prepared to participate in the program, including appropriate immunizations. You and your student are responsible for verifying that the student will have adequate health insurance coverage and that it will remain effective for the duration of the program. Students participating in summer study abroad programs are covered by mandatory WU student health insurance, which provides worldwide coverage for partial reimbursement of medical expenses plus the services of Assist America, including medical evacuation and repatriation of remains.

**Authorization for emergency medical treatment:** Washington University representation is not available at all program sites. Nevertheless, by signing the following statement, you are granting permission to WU and any person acting on behalf of the University to authorize emergency medical treatment for your student when deemed necessary, and you are agreeing that neither the University nor the person acting on behalf of the University can be held responsible for any injury or damage that may arise out of or in connection with such authorization.

**Billing:** For the majority of summer study abroad programs, bills will be sent from the sponsoring institution or program abroad directly to the parent/guardian and paid directly to the program or institution abroad. For students participating in WU-operated summer programs or for any student wishing to take out supplemental loans through the WU Office of Student Financial Services, charges will be posted to the WU student account and paid to WU.

**Parent/Guardian's Statement of Consent**

The above named student has my permission to participate in the above listed program(s). I agree to the terms and conditions listed above, and will meet the applicant's expenses, including all program costs and fees, on the same terms as if the student were taking courses on the Washington University home campus.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Telephone Number

Please sign this form and send it to: African and African American Studies, Washington University, St. Louis, MO 63130. Alternatively, you may fax it to 314-935-9390.