

**MODERN LANGUAGES AND CULTURES
ADMISSION REPLY FORM
SUMMER 201__**

TO: STUDENTS ACCEPTED FOR THE UNIVERSITY OF ROCHESTER SUMMER STUDY
ABROAD PROGRAMS

FROM: Modern Languages and Cultures Department

PLEASE COMPLETE THE FOLLOWING DEPOSIT AGREEMENT AND RETURN IT TO THE DEPARTMENT OF MODERN LANGUAGES AND CULTURES, LATTIMORE 403, TOGETHER WITH YOUR CONFIRMATION DEPOSIT OF \$300, BY THE DATE SPECIFIED IN THE ACCEPTANCE LETTER FROM THE PROGRAM DIRECTOR.

NAME _____ PASSPORT# _____

NAME OF HOME COLLEGE OR UNIVERSITY _____

STUDENT ID# _____

PLEASE CHECK:

_____ I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS SET FORTH IN THE ACCEPTANCE LETTER.

_____ I HAVE DISCUSSED MY PLANS TO STUDY ABROAD WITH MY PARENT(S) OR GUARDIAN.

_____ I HAVE COMPLETED AND AM RETURNING THE CONFIDENTIAL HEALTH AND SPECIAL NEEDS FORM.

CHECK ONE OF THE FOLLOWING:

_____ I AM A U.S. CITIZEN. I UNDERSTAND THAT I NEED A U.S. PASSPORT THAT IS VALID FOR AT LEAST THE DURATION OF MY STAY. SOME COUNTRIES REQUIRE THAT PASSPORTS BE VALID BEYOND THE LENGTH OF THE VISIT.

_____ I AM NOT A CITIZEN OF THE U.S. AND I UNDERSTAND THAT I MUST DISCUSS MY STUDY ABROAD PLANS WITH AN ADVISOR IN MY INTERNATIONAL SERVICES OFFICE. MY PARTICIPATION MAY BE CONTINGENT ON OBTAINING A VISA FOR THE RELEVANT COUNTRY.

HEALTH INSURANCE: I ACKNOWLEDGE THAT I AM PERSONALLY RESPONSIBLE FOR OBTAINING AND MAINTAINING MY HEALTH INSURANCE, SINCE NONE IS PROVIDED BY THE UR PROGRAM.

LIMITATION OF LIABILITY: THE UNIVERSITY OF ROCHESTER'S LIABILITY TO ME UNDER THE PROGRAM IS LIMITED TO A REFUND OF MY DEPOSIT AND ALL OR PART OF THE PROGRAM FEE. I AM NOT GUARANTEED TO RECEIVE ANY REFUND IF I CANCEL OR WITHDRAW EARLY FROM THE PROGRAM, AND THE AMOUNT OF ANY REFUND THAT I DO RECEIVE WILL BE DETERMINED SOLELY BY MLC BASED ON THE CIRCUMSTANCES OF CANCELLATION OR WITHDRAWAL, INCLUDING THE REASON, DATE, EFFECT ON PROGRAM VIABILITY OR OTHER FACTORS. NON-RECOVERABLE COSTS (TO BE DETERMINED BY MLC) CANNOT BE REFUNDED. THE UNIVERSITY OF ROCHESTER WILL NOT BE LIABLE FOR ANY INDIRECT OR CONSEQUENTIAL COSTS OR EXPENSES THAT I MAY INCUR AS THE RESULT OF A CANCELLATION OR OTHER CHANGE IN THE PROGRAM OR IN MY TRAVEL.

I UNDERSTAND AND AGREE THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE TO ME OR TO ANYONE ELSE FOR ANY PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF MY PARTICIPATION IN THE PROGRAM, EXCEPT TO THE EXTENT SUCH INJURY OR DAMAGE IS PROVED TO BE THE RESULT OF THE UNIVERSITY'S OWN DIRECT AND SOLE NEGLIGENCE.

I UNDERSTAND THE TRAVEL ABROAD CARRIES WITH IT THE RISK OF PERSONAL HARM OR PROPERTY LOSS. THE PROGRAM DIRECTOR HAS PROVIDED TO ME, AND I HAVE READ AND UNDERSTOOD, THE U.S. DEPARTMENT OF STATE'S PUBLIC ANNOUNCEMENT ON WORLDWIDE CAUTION DATED JANUARY 17, 2008, POSTED ON THE U.S. DEPARTMENT OF STATE SITE, http://travel.state.gov/travel/cis_pa_tw/pa/pa_1161.html

PAYMENT: ENCLOSED WITH THIS FORM IS A CHECK MADE OUT TO THE UNIVERSITY OF ROCHESTER FOR THE DEPOSIT OF \$300. I UNDERSTAND THAT HALF THE BALANCE IS DUE APRIL 1 AND THE REMAINING FINAL PAYMENT, LESS ANY BURTON FUNDS OR FINANCIAL AID, IS DUE APRIL 28. I UNDERSTAND THAT IF FULL PAYMENT IS NOT RECEIVED BY THE DUE DATE, I AM RESPONSIBLE FOR LATE FEES AND RISK CANCELLATION.

SIGNATURE _____ DATE _____