PARENT/GUARDIAN ACKNOWLEDGEMENT OF STUDENT'S INTENTION TO STUDY ABROAD

Student's Name __________________________________________

(please print)

I, __________________________________________, am the parent or legal guardian of the above-named student. He or she is a matriculated student at the University of Rochester, and plans to participate in a study abroad program.

I have been advised of his or her plans to study abroad during the fall, 2014 semester. The University of Rochester's Center for Study Abroad (CSA) has provided me with the most recent Worldwide Caution from the United States Department of State, and I have read and understood it. I have also been referred by CSA to the State Department's website for further information on travel risks in particular countries. I have been advised to seek further information on my own about the risks of travel and study abroad, and ways to reduce them.

I understand that CSA has made available to my student information on health insurance for study abroad. I have encouraged my son or daughter to acquire appropriate coverage.

I have read and understood the Parent Handbook which contains detailed information regarding health, safety, and financial information that affects UR students who study abroad. I have read and understood the Finances section of the Parent Handbook which contains information on bills, financial aid policies, and study abroad costs. I have also been encouraged to read the pre-departure booklet, Money Matters, given to my son or daughter.

I understand that upon final selection of his or her overseas program, my son or daughter will register online for the study abroad semester or year. This will ensure the completion of all necessary administrative action by The College.

I understand that the country in which my son or daughter plans to study may be on the US State Department’s Travel Warning list. My son or daughter believes that his or her educational objectives and goals can best be met by studying in this particular country, and in the location chosen. He or she was not solicited or encouraged to study in this location by a member of the staff of the CSA.

With full knowledge and understanding of the risks of personal harm and property loss associated with travel and study abroad, I hereby acknowledge that the Student plans to study abroad. I hereby agree to release and discharge the University of Rochester, its employees and Trustees from any and all claims, losses, liabilities and expenses thereof (including legal fees) arising from any accident, injury or loss suffered by the above-named student in connection with participation in the program.

Signature __________________________ Date ____________________

Return by May 1, 2014

University of Rochester / Center for Study Abroad
Dewey 2-147
Box 270376
Rochester, NY 14627-0376
Fax# (585) 473-6494

This form also available online at http://www.rochester.edu/College/abroad/families/handouts.html Rev. 3/14