

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 2012 semester or Full 2012-13 Academic Year. 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 student to acquire appropriate coverage.

I understand that upon final selection of his or her overseas program, my student will register on-line 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 2, 2012*

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