

Authorization to Release Information



- I hereby waive my right of access to the information in my file including but not limited to reference letters or forms and information obtained from faculty, staff and university offices and ask that it be used in determining my application to the DU Sponsored Study Abroad Program. I certify that all the information I have given is true and complete. I agree to release any and all records to the Study Abroad Office at the University of Denver, as well as to the host university or cooperating agencies, as necessary for my participation in the program.
- I hereby allow the University of Denver to release my transcript to the host institution or program to help determine my acceptance into the program.
- I hereby allow the host university/institution or agency to release my transcript to the DU Study Abroad Office along with any other information or interpretation regarding my academic work in order to facilitate the transfer of the courses back to the University of Denver.
- I hereby acknowledge that the DU Study Abroad Office may send my emergency contact post-acceptance study abroad information, and may contact my emergency contact with further information and communications as deemed appropriate.

Signature _____ Date _____

Student Responsibility Statement

Please initial in the space before each statement to indicate your understanding and willingness to comply with the statement.

___ I understand that I will be allowed to participate in a DU study abroad program as long as I maintain satisfactory academic and judicial records. Acceptance into an individual program, however, is subject to the host program's qualifications and decision.

___ I understand that I must obtain a valid passport to travel abroad. I understand that if I do not have a valid passport, I will apply for one immediately.

___ I understand that whenever possible, I will obtain advance course approvals for the courses I plan to take while abroad.

___ I understand that it is my responsibility to work with the Financial Aid Office to ensure that the financial obligations of the program are understood and that the proper paperwork has been completed prior to my departure for the program.

___ If I wish to claim a disability, I understand that it is my responsibility to submit a request for any accommodations for which I may be eligible while studying abroad through the DU Disability Services Program.

___ Furthermore, I understand I am responsible for working with the appropriate DU staff and study abroad staff to develop an action plan on how I will accommodate my disability while studying abroad.

___ Furthermore, I understand that the legal mandates that protect a person with a disability in the United States do not extend beyond the borders of the United States. I understand that working with the appropriate offices at DU, I should research the programs and services available at the host institution well in advance of my arrival.

___ I understand that it is my responsibility to determine if I am required to obtain a student visa for the country where I will be studying, and that, if I do need a visa, I will apply for it in a timely manner.

___ I understand that I must carry health insurance as required by the University of Denver and that it is my responsibility to understand how this insurance covers me while I am abroad.

___ I understand the cancellation policies and procedures will vary according to my program. It is my responsibility to understand these policies.

___ I understand that I will obtain letter grades from my study abroad program and if I am participating on a DU Program or an affiliated program, these grades will appear on my DU transcript, although these grades will not be calculated into my DU overall GPA. Exception: Regular DU course listings offered within a faculty-led program will be figured into my cumulative GPA. My grade point average will likely be re-figured if I apply to future graduate/professional programs.

Student Participant Signature

Date

Name

Student ID #