



Josef Korbel School of
International Studies

Student Responsibility Statement

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

**As a presenter at the _____
_____ conference, I, _____, confirm on _____, 20____, that I have reviewed and
adhered to the following University of Denver requirements:**

- 1) Registered my emergency contact(s) on Webcentral and will contact the GSA President and/or the Office of Student Affairs' Administrative Assistant with any changes to my conference (international conferences only)**

_____ (Initial)

If anything changes with the internship described within my submitted application including, but not limited to: dates, organization, location, and budget items, I will contact the GSA President and/or the Office of Student Affairs' Administrative Assistant by email or phone immediately following the change. I understand if I do not contact one of these parties, I risk my award being revoked.

- 2) International SOS: I have reviewed the International SOS program and have taken the necessary steps to familiarize myself with this program and its benefits.**

_____ (Initial)

International SOS (see attached brochure)

The University of Denver has contracted with International SOS to provide 24-hour worldwide emergency medical and evacuation assistance to faculty, staff, and students traveling on University-related activities. We strongly encourage all international travelers to create a Personal Travel Record and Emergency Contact Record via the International SOS webpage: www.internationalsos.com. International SOS is NOT a form of medical insurance coverage, but they will coordinate with care providers abroad and your insurance back in the U.S. to help you find the right providers and make sure you have proper proof of payment. International SOS is like a concierge service that will help you get the information and care you need to stay safe and healthy while abroad.

- 3) Health Insurance:** I understand that I must carry health insurance as required by the University of Denver which will provide coverage in international locations and that it is my responsibility to understand how this insurance covers me while I am abroad.

_____ (Initial)

- 4) I have informed my emergency contact(s) to the details of the conference including but not limited to the conference location, dates, methods of transport, health and safety concerns and real and/or perceived risks in presenting at the conference.**

_____ (Initial)

- 5) **International Student Identification Card:** Pursuant to University of Denver requirements, I have secured an International Student Identification Card (international only). I understand that the University of Denver requires that I obtain an International Student ID card and that I will give a photocopy of this ID to GSA or the Office of Student Affairs prior to my departure for the program.

_____ (Initial)

- 6) I understand that I must obtain a valid passport to travel abroad and that I will give GSA or the Office of Student Affairs a photocopy of said passport.

_____ (Initial)

- 7) I understand that it is my responsibility to determine if I am required to obtain a visa to present at the conference and that, if I do need a visa, I will apply for it in a timely manner.

_____ (Initial)

- 8) 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 with the sponsoring conference institution, company, organization or agency well in advance of my arrival.

_____ (Initial)

- 9) I understand that I must attend a pre-departure workshop offered by GSA or the Office of Student Affairs.

_____ (Initial)

- 10) I understand that I can only be reimbursed up to the per diem rate as per the U.S. State Department's Foreign Per Diem rates found at: http://aoprals.state.gov/web920/per_diem.asp.

I have read and understand the above provisions and agree to be bound thereby. By signing, I certify that I am over the age of 18 years old and if not, I will immediately contact the staff member to which I am submitting this form.

Student Participant Signature

Date

Student Participant Printed Name

Student ID #