



## Completing the ENROLLMENT AGREEMENT

1. In order to reserve your place in the program you must:
  - a. Complete this Agreement, sign it by hand, and return it to Arcadia University, The College of Global Studies, within 10 days of receiving your acceptance to the program, and
  - b. Pay or confirm payment of the \$500 non-refundable program deposit. *(Note: Arcadia has special billing arrangements with many home institutions. Please refer to the Fees & Payments tab in your Arcadia Passport account to see whether your home school will pay your deposit on your behalf. Payments can be made electronically in Passport.)*
2. This document must be **printed**, filled out and signed **by hand** (in ink). When filling out this form, please be sure to include your name, date of birth, email address, home school, program name (i.e. the full name of your specific overseas program) and the term and year you are going abroad. If you are under the age of 18 at the time you are filling out this agreement, please have a parent or legal guardian sign the form.
3. **Both pages** of the agreement should be returned to The College of Global Studies by one of the following methods:
  - a. Scanned\* and uploaded as a single document in your Arcadia Passport account
  - b. Scanned\* and emailed as one or two documents to [auabroad@arcadia.edu](mailto:auabroad@arcadia.edu)
  - c. Mailed to:  
Arcadia University, The College of Global Studies  
450 S. Easton Road  
Glenside, PA 19038
  - d. Faxed to (215) 572-2174

\*If you are scanning your Enrollment Agreement, please ensure that the quality is high enough that the entire document is legible when printed on a letter-sized page.
4. If you have any questions about completing this form, please contact your Program Manager or email [auabroad@arcadia.edu](mailto:auabroad@arcadia.edu).

# ENROLLMENT AGREEMENT



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_ Home School \_\_\_\_\_  
Program \_\_\_\_\_ Term and Year (*i.e. Fall 2019*) \_\_\_\_\_

- 1. University Policies.** I certify that I have read the Arcadia University, The College of Global Studies Student Handbook on the Arcadia University, The College of Global Studies website at [studyabroad.arcadia.edu/policies](http://studyabroad.arcadia.edu/policies). I understand and agree to be subject to the Code of Academic Responsibility, the Code of Conduct, the Housing Policy and all other policies and regulations regarding my participation in an Arcadia program. I expressly acknowledge the right of Arcadia University to require the immediate withdrawal, at any time, of my participation in the program for violation of these policies and/or if my actions or general behavior, in the sole discretion of Arcadia, are determined to interfere with or disrupt the conduct of classes or any other activity of the program.
- 2. Participant Waiver.** In consideration for receiving permission to participate in the program identified above, I hereby release, waive, discharge and covenant not to sue, and agree to hold harmless for any and all purposes Arcadia University, its Board of Trustees, officers, servants, agents, volunteers, or employees (herein referred to as Releasees) from any and all liabilities, claims, demands or injury, including death, that may be sustained by me while participating in such activity, or while on the premises owned or leased by Releasees.
- 3. Arcadia is Not Responsible for Loss, Injury, Damage or Delay.** I understand that there are certain dangers and risks inherent in international travel and study in foreign countries, and that Arcadia University and its employees cannot control these or risks or guarantee my personal health and safety abroad. Neither Arcadia University nor any of its employees nor any other persons, parties, organizations or agencies collaborating with them is or shall be responsible for or liable for injury, loss, damage, deviation, delay or curtailment, however caused, or the consequences thereof which may occur during any of the travel or programs. Additionally, I understand and accept responsibility for loss or additional expenses related to delays or other changes in the means of transportation, other services, or sickness, acts of God, strikes or other unforeseen causes.
- 4. Authorization to Release Information.** I hereby authorize employees, agents and representatives of Arcadia University, my home institution, and my host institution, health care providers and others who, in the sole discretion of Arcadia University, have a need to know said information to share information and materials from my academic and education records with one another, and also to communicate with one another and with my parents or legal guardians concerning any emergency, medical, academic, disciplinary, financial, legal or health-related issue involving or related to me, or to any conduct, misconduct, alleged misconduct, student disciplinary proceeding(s), academic proceeding(s), or legal proceeding(s) involving or relating to me in any manner. I further authorize my student health insurance carrier or its duly authorized subcontractors to release to Arcadia University or designee medical or health information of any nature whatsoever, including medical records or information of mental/nervous disorders, HIV/AIDS or any other physical or psychological condition. The confidentiality of this information will be maintained consistent with the University's need to provide program services.
- 5. Student Certifications.** I certify that the information submitted on the Arcadia University Application for Study Abroad and all subsequent forms and materials is correct. I am in good academic standing at my home institution and agree to notify Arcadia University if my status changes. I understand that my acceptance to participate on the program may be rescinded at any time my status changes and I no longer meet the eligibility requirements; if my acceptance is rescinded for any reason, I remain subject to the Financial and Refund Policies as described below.
- 6. Health Disclosures and Required Additional Documentation.** Arcadia University requires participants to disclose any known medical, mental health conditions, or disabilities that require accommodations to participate in the program so that Arcadia can properly advise you of the resources available in your host country to optimize your health and safety while abroad. In certain circumstances, Arcadia University requires written verification from medical professionals, specific campus officials, or other third parties. If staff from Arcadia University request specific additional documentation for participation, it must be provided by the specified deadline.

I understand that failure to disclose any known conditions/disabilities or to provide additional documentation could result in my being prohibited from participating in the program.

7. **Non-Refundable Program Deposit.** A deposit must be submitted on behalf of each participant. Arcadia has special billing agreements with many home institutions; please refer to the fee information in your Arcadia Passport account to see whether your home school will pay your deposit. Payments can be made by logging into your online Arcadia account.

My non-refundable deposit of \$500 to reserve my place in the program (Please check the appropriate box):

\_\_\_ is enclosed is/being sent by: \_\_\_ my home school \_\_\_ my parents \_\_\_ other source \_\_\_\_\_ (please specify)

\_\_\_ was sent on \_\_\_\_\_ (date)

\_\_\_ was a credit card payment on \_\_\_\_\_ (date)

8. **Financial and Refund Policies.** I agree to be subject to the financial and refund policies of Arcadia University, The College of Global Studies as published online at <http://studyabroad.arcadia.edu/how-to-apply/whats-included/refund-withdrawal-policies/>. I understand that Arcadia University's financial and refund policies supersede any policies of my overseas program host institution. Additionally, I understand if I am unable to participate on the program after returning this form, I will be financially responsible for any non-refundable deposits or fees paid on my behalf.
9. **Financial Obligations.** I understand my ability to participate in the program requires my account to be in good financial standing before my scheduled program departure date. I also agree to ensure that my account will remain in good financial standing for the duration of my program and understand that failure to submit scheduled or deferred payments when due will result in late payment fees and/or removal from the program.
10. **Arcadia Reserves the Right to Cancel or Amend.** Arcadia University, The College of Global Studies reserves the right to cancel, alter, or amend any part of any program or to increase fees should circumstances make these actions advisable or necessary. I understand that the program calendar dates posted on the Arcadia University, The College of Global Studies website are tentative in nature, and can change at any time. Arcadia University will alert me of any such changes and will work to minimize any disruption to my planning. Arcadia University is not responsible for any accommodation or flight costs associated with changes in the program calendar.
11. **Mandatory Participation in Arcadia Orientation.** I understand that I will be expected to participate in a mandatory orientation given by Arcadia University staff at the beginning of my program. I agree to arrive in my host country by the published program participation date and time.
12. **Proper Travel Documentation.** I agree to be in possession of a valid passport for the duration of my time abroad and for any required amount of time after I return as stipulated by the immigration policy of my host country. I agree to obtain any and all visa and clearances prior to my time abroad and ensure I have obtained the proper authorization to study in my host country. I understand that Arcadia University is not responsible for any decisions made by foreign embassies or consulates regarding approval of visa documentation and/or immigration clearance.
13. **Permission to Use Images.** I permit Arcadia University to use any images of me (such as photos or video) or any submitted testimonials in their marketing, web or pre-departure material.
14. **Reading, Understanding and Acceptance of Terms.** I have read, understood and I accept all of the terms of this Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Program \_\_\_\_\_

Parent or Guardian Signature (If participant is under 18 years old): \_\_\_\_\_

The signature of the parent or legal guardian also constitutes consent for an underage student to participate in all program activities, including field trips.