

EDUCATION ABROAD PRE-DEPARTURE PACKET

ADDRESS INFORMATION

Name _____ OU ID _____ Program _____

E-MAIL** _____ Period of Study _____ / _____
Semester(s) / Year(s)

****Please Note:** You may list any e-mail address you choose but the Education Abroad office will send official notices, updates and announcement **ONLY** to your OU e-mail account.

1) Permanent Address

_____ Tel. (day) _____
Tel. (night) _____

2) Local Address

_____ Tel. (day) _____
el. (night) _____

3) Emergency Contact Information

Name	Relation	Tel. (day)	Tel. (night)	e-mail
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_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
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PASSPORT INFORMATION

Name (as it appears on passport) _____

Passport Number _____ Date Issued _____

Date Expires _____ Nationality _____

PLEASE ATTACH A PHOTOCOPY OF YOUR MAIN PASSPORT PAGE (PHOTO PAGE).

Date Completed _____

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PERMISSION FOR EMERGENCY TREATMENT

On rare occasions students participating in a study abroad program face a health emergency that requires hospitalization or emergency treatment. To prevent dangerous delay in such an emergency, Education Abroad strongly recommends that the student and his/her parent or guardian sign the following statement and that the student carry it with him/her while abroad. If on religious or other grounds the student or parent/guardian is unwilling to sign the form, a written statement to that effect signed by both the student and parent/guardian must be attached and returned to the Education Abroad office.

Permission For Emergency Treatment – Education Abroad Copy



In the event of an emergency, illness, or injury affecting (my son, daughter, ward or myself), _____ (student’s name), the undersigned hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering anesthetic and performing surgery.

Student’s Signature _____
Date

Parent’s Signature (if student is under 18) _____
Date

Person to notify in the U.S. (or home country) in case of emergency, illness or accident.
Name and Address:

_____ Tel. (day) _____
Tel. (night) _____
E-mail _____

Cut here and retain section below for your records..... 

Permission for Emergency Treatment Abroad – Student Copy

In the event of an emergency, illness, or injury affecting (my son, daughter, ward or myself), _____ (student’s name), the undersigned hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering anesthetic and performing surgery.

Student’s Signature _____
Date

Parent’s Signature (if under 18) _____
Date

Person to notify in the U.S. (or home country) in case of emergency, illness or accident.
Name and Address:

_____ Tel. (day) _____
Tel. (night) _____

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MEDICAL INFORMATION

Please help the Education Abroad Office ensure that your study abroad program is the best it can be by taking the time to answer the questions below. The information you provide will be kept in your private file in the office and will not be shared with anyone unless there is an emergency. Your cooperation is sincerely appreciated.

* Are you currently receiving medical treatment? _____ Yes _____ No

If yes, please explain _____

* Are you currently receiving counseling or medication for any psychological or emotional conditions? _____ Yes _____ No

If yes, please explain _____

* Do you have any allergies or physical disabilities that may require medical assistance?

_____ Yes _____ No
If yes, please list _____

* May we provide this information to the international office at the university you will be attending?

_____ Yes _____ No

Name _____

Program _____

Signature _____ Date _____

EDUCATION ABROAD PRE-DEPARTURE PACKET

Contract for University of Oklahoma
Study Abroad Participants

Name (please print)

Program participating in

Academic term(s)

I, _____, understand that:

I will be representing my country during this stay of residence in a foreign country, and that I will be expected to maintain a standard of behavior and decorum that will reflect positively on the United States of America, the University of Oklahoma, and the Education Abroad Office. I further understand that as a student of the University of Oklahoma, I have a responsibility to comply with the rules and regulations of the institution as outlined in the Student Code of Responsibilities and Conduct for the Norman Campus, in addition to all similar regulations held by the host institution. I realize that my failure to comply with these regulations or any actions that jeopardize the future of this program may result in sanctions up to and including dismissal.

I am participating on a reciprocal exchange program and as such I am required to pay OU tuition and all health and facility fees to the University of Oklahoma. I understand I am not required to pay tuition to the host university. I understand that failure to pay all other relevant and required program fees (e.g. housing) to OU or the host institution may result in the withholding of grades or prohibition of future enrollment. It will be solely my responsibility to ensure that all applicable debts are settled while abroad.

This is an academic program and as such I will be judged on my academic progress upon my return. I understand that the University of Oklahoma, after receipt of the official transcripts, certificates, or academic reports from the host institution, has the right to report grades of unsatisfactory on my OU transcript if I do not successfully complete my academic program or if I miss a significant number of classes without an appropriate excuse (Independent travel while classes are in session does not constitute an appropriate excuse.). Any host institution exams that must be taken at OU after my return will be administered by an Education Abroad staff member, at the time, and in the manner, directed by the host institution. Students taking proctored exams will be charged a ten-dollar fee per exam, plus any express mailing fees if required by the host institution.

EDUCATION ABROAD PRE-DEPARTURE PACKET

Contract for University of Oklahoma
Study Abroad Participants

I understand that OU and the Education Abroad Office cannot be responsible for the following:

1. The safety of participants or eliminating risk from the study abroad environments.
2. Monitoring or controlling all the daily personal decisions, choices, and activities of individual participants.
3. Preventing participants from engaging in illegal, dangerous, or unwise activities.
4. Assuming responsibility for the actions of persons not employed or otherwise engaged by the program sponsor for events that are beyond the control of the sponsor and its subcontractor(s), or for situations which arise due to the failure of a participant to disclose pertinent information.

I hereby authorize the Director, Study Abroad Advisor, or other member of the Education Abroad Office professional staff to act on my behalf at the University of Oklahoma in any matter regarding my fees, enrollment, or academic records while I am abroad for the _____ period. (print academic semester(s) and year).

I verify that I am covered under one of the following insurance programs and that this insurance provides coverage during my time outside of the U.S., contains sufficient medical evacuation and repatriation benefits, and will be in effect during the entire period of my exchange program.

Insurance Company _____
Name of Insurance Company Policy Number

I waive and release all claims against the University of Oklahoma and the Education Abroad Office for any injury, loss, damage, accident, financial obligations, or liabilities that I may personally incur, or any damage or injury to the person or property of others that I may cause while participating on this program.

I acknowledge that I have read, and understand, the above, and that I will abide by these regulations while on this program. If I am unable to attend the Pre-departure orientation, I will make arrangements to view the Pre-departure video in the Education Abroad Office.

Signature

Date

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INSURANCE WHILE YOU ARE ABROAD

Every student traveling abroad needs to have adequate coverage for illness, emergencies and accidents. Your policy must also include coverage for medical evacuation and repatriation. If you have a policy, check with the provider to confirm the details of coverage while you are abroad. If your current company does not offer these benefits, you can purchase travel insurance that is specific to your needs, either as a new all-inclusive policy or as a supplement to your existing coverage. The University of Oklahoma and Education Abroad do not endorse any specific insurance provider. The list below is a reference should you need it.

STA Travel

www.statravel.com

1-800-781-4040 or in the OU Union

Gateway International

www.gatewayplans.com

1-800-282-4495

American College Student Association (ACSA)

www.acsa.com/plans/

1-800-237-0903 (X 6250)

Associated Insurance Plans International (AIP)

www.a-i-p-i.com/international.htm

1-800-452-5772

Cultural Insurance Services International (CISI)

www.aifs.com/cisi/

1-800-303-8120

CMI Insurance Specialists

www.studyabroadinsurance.com/

410-583-2595

HTH Worldwide Insurance Services

www.hthstudents.com/voluntary.cfm

1-800-242-4178

International SOS Assistance

www.internationalsos.com/buymembership/

1-800-505-5450

International Student Insurance

www.internationalStudentInsurance.com

1-800-877-328-1565

International Medical Group (IMG)

www.istudentinsurance.com

1-800-628-4664

MEDEX Assistance Corporation

www.medexassist.com/indiv_travmed_intl.cfm

1-800-732-5309