

Please Print	
Last Name:	First Name:
Social Security #:	University ID:
Program/City:	Home Institution:
Indicate program semester and year: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	

1. I certify that the information on my application is correct and agree to keep it updated as necessary. I understand that in becoming a participant in a Boston University field/research program, I am subject to the program, Division, College, and University rules and regulations regarding conduct, scholarship, and full participation in the program. I understand that if I am found in violation of these rules and regulations, I will be subject to University disciplinary action up to and including expulsion from the University or internship program. In addition, I agree to fully abide by the laws of the host country.
2. I understand that illegal drugs in any form are not tolerated. Laws state that possession or use of illegal drugs is punishable by fine, imprisonment, deportation, and in some countries, capital punishment. I understand that program participants found using or possessing illegal drugs in any form are subject to immediate expulsion.
3. I understand that, due to the special nature of off-campus programs, the on-site directors reserve the right to effect the return to the home campus of any student who is not meeting the standards of scholarship or conduct of the program. I agree to bear the costs of return transportation in this case and to accept the withdrawal policy of the program.
- 4a. I understand that Boston University cannot be held responsible for any injuries, loss, or damage to my person or property. I understand that there are risks associated with study and research abroad in addition to those which relate to cultural differences or other local conditions.
- 4b. I understand that Boston University does not control the conditions relating to transportation to, or the actual conditions at the particular sites where field course/internship programs are held, and that I am encouraged to review the conditions relating to the particular area and to discuss any concerns or needs with the program director.
5. I understand that my parents and my school may be contacted regarding issues that relate to my health and safety or behavior which may arise during and regarding my participation in a study abroad program.
6. For programs with tuition and fees, I accept final responsibility for tuition and fees associated with the program. I agree to pay or make arrangements suitable to Boston University for payment of all fees and charges by the settlement deadline set by Boston University Student Accounting Services. I have read the Boston University Policy on Refunds and agree to abide by its conditions.
7. I understand that Boston University reserves the right to alter or cancel any course or program at any time when deemed appropriate due to unforeseen circumstances.
8. I have read the Boston University Student Handbook and agree to abide by the policies and conditions therein.

Student Signature _____ Date _____

Parent/Guardian Signature (Required if student is under 21) _____ Date _____