

California State University, Chico  
Office of International Education – Study Abroad & International Exchange  
**Direct International Exchange**  
**PROGRAM AGREEMENT**

I, \_\_\_\_\_, a student at California State University, Chico (“University”) have voluntarily  
(Full Name)  
agreed to participate in the \_\_\_\_\_ Direct International Exchange Program (“Program”) in \_\_\_\_\_  
(Host University) (Country of Study)  
from \_\_\_\_\_ until \_\_\_\_\_. In consideration for being permitted to participate in the Direct  
(Program start date) (Program end date)  
International Exchange Program, I hereby agree and represent that:

**1. Standards of Conduct:**

- A. \_\_\_ I understand that \_\_\_\_\_ (*Country of Study*) has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior that violates those laws or standards could harm the University’s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for \_\_\_\_\_ (*Country of Study*) and for any other country to or through which I will travel during the Program.
- B. \_\_\_ I will attend to any legal problems I encounter with any foreign national or government of the host country. The University is not responsible for providing any assistance under such circumstances.
- C. \_\_\_ I understand that while I am participating in a Study Abroad program, I am still considered a current student at CSU, Chico and will be held accountable for any violations on my part of the Code of Student Rights and Responsibilities and Title 5, California Code of Regulations, <http://www.csuchico.edu/sjd/discipline/studentRights.html>. In addition, I am bound by the rules and regulations set forth by the host institution.
- D. \_\_\_ I understand that the University and/or host institution reserve the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the University and/or host institution, be determined to impede or obstruct the progress of the Program in any way. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the campus do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

**2. Program Changes:**

- \_\_\_ I understand that, although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the State of California, nor the University, or the employees and agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

**3. Academic Credit Abroad:**

- \_\_\_ I understand that it is my responsibility to obtain signatures from my advisors for my major, minor, G.E. and/or Upper Division Pathway Coordinator authorizing all course substitutions for my Program and that **every** course taken abroad will be automatically be reflected on my CSU, Chico transcript as elective credit **unless** a Course Substitution or Upper Division Pathway form is submitted.
- \_\_\_ I understand that I am required to maintain full time enrollment while abroad and all courses taken abroad, regardless of grades received, will be reflected on my CSU, Chico transcript Credit/No Credit.
- \_\_\_ I understand and acknowledge that all courses approved may not be available once my Program begins and it is my responsibility to obtain approval for any alternative course options.

\_\_\_\_\_ Furthermore, I understand the conversion of foreign credits to American units (see chart), and that I must complete the equivalent of at least 12 CSU, Chico units per semester if an undergraduate student and 9 CSU, Chico units if a graduate student.

DIRECT EXCHANGES			
Host University			CSU, Chico
Brazil (UFMG)	1 Credit	=	1 Unit
England (Essex)	1 Credit	=	1 Unit
France (Euromed - Marseille)	2 ECTS	=	1 Unit
Germany (Mainz) ART	1 Credit	=	1 Unit
Germany (Mainz) LIT	2 ECTS	=	1 Unit
Germany (Pforzheim)	2 ECTS	=	1 Unit
Germany (Zeppelin)	2 ECTS	=	1 Unit
HES (Amsterdam)	2 ECTS	=	1 Unit
Italy (Florence)	2 ECTS	=	1 Unit
Japan (Chukyo)	1 Credit	=	.75 Unit
Japan (Kansai Gaidai)	1 Credit	=	1 Unit
Sweden (Kalmar)	2 ECTS	=	1 Unit

4. **Accommodations Abroad:**

\_\_\_\_\_ The host institution will assist me in finding accommodations; however if I do not accept Program located housing, I assume the responsibility of locating my own lodging at my own discretion and expense. Regardless of which housing option I choose, I understand that I am financially responsible for all academic and personal living expenses associated with the Program, including, but not limited to textbooks, academic supplies, room and board, travel, and entertainment.

5. **Authorization of Release:** *(initial only one)*

\_\_\_\_\_ I understand there may be circumstances where the University may need to discuss a variety of matters with my emergency contacts (which I have listed below) regarding all issues involving my study abroad experience. This may include, but is not limited to; account information, conduct issues, health and safety, and academics. I expressly waive any privacy rights I may otherwise have under **FERPA** and **HIPAA**. Such information may only be shared during the program. *Attach additional page(s) for any additional parents/guardian information you wish to provide.*

Name(s)	Relationship to You		
Street Address	City	State	Zip
Home Phone	Work Phone		
Cell Phone	E-mail Address		

\_\_\_\_\_ I do not wish to waive my privacy rights under FERPA and HIPAA. I understand that if I do not provide this information the University and its constituents may be unable to assist me in certain circumstances while I am abroad.

6. **Consent to Disclose E-mail Address to Fellow Students:** *(initial only one)*

- \_\_\_\_\_ The University **has** my permission to share my e-mail address with other students.
- \_\_\_\_\_ The University **does not** have my permission to share my e-mail address with other.

**7. Student Obligation to Purchase International Health Insurance:**

- A. \_\_\_\_ I agree to be covered by the CSU Foreign Travel Insurance plan for the duration of my study abroad program, as per the dates indicated at the beginning of this Agreement. I agree to furnish the Study Abroad Office with the payment before I leave for the host country.
- B. \_\_\_\_ I understand it is strongly discouraged to discontinue my private health insurance while I am abroad, as it is not always easy to re-enroll upon return to the U.S., and some illnesses or injuries incurred abroad may not be covered upon my return unless I maintain continuous coverage.
- C. \_\_\_\_ If I am required to purchase health insurance from the Host University or government while abroad, I must purchase both policies (CSU and the overseas policy). While some coverages offered by the two policies may overlap, there will be important features of the CSU policy which will not be offered by the host's policy.
- D. \_\_\_\_ If I continue my stay after the program ends, I will extend my coverage or research other options for travel insurance. Directions on how to extend coverage are located in the Direct International Exchange Handbook. It is important that I am covered not only while studying, but also during my travels before and after my semester of study takes place.
- E. \_\_\_\_ The cost of the CSU Foreign Travel Insurance is \$300.00 per semester of coverage, which I will pay in full on the day of the CSU, Chico Study Abroad Pre-departure Orientation (the last Saturday before finals week of the semester prior to departure).

**IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT**

This agreement represents my complete understanding with the University concerning the University's responsibility and liability to and for me in the Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without the other party's written concurrence.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Name of participant (type or print)

\_\_\_\_\_  
Signature of Participant (and of parent if under 18)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date (Month/Day/Year)

\_\_\_\_\_  
Student ID #