

GUIDELINES FOR PROGRAM PARTICIPANTS

Participant misconduct

"Participant misconduct" can be defined as any situation in which you jeopardize your own welfare, that of fellow program participants, or of the program; excessive absences from classes or failure to complete course work; abuse of the cultural norms of the community; drug, alcohol, or substance abuse; or violation of the laws of the host country or the regulations governing the host institution. "Participant misconduct" can result in your dismissal from a Washington state Community College Consortium for Study Abroad (WCCCSA) program. Dismissal from a program, whether voluntary or not, shall not release you from your obligation to make any and all payments of the program fees.

Participant Statement of Understanding and Agreement

"I, the undersigned, wish to participate in a study abroad program offered through the WCCCSA. In exchange for the consideration of my application for admission to the WCCCSA study abroad program, I understand and agree to the following:

- 1. I am responsible for timely payment of all program fees and understand that an academic "hold" may be placed on my college records unless and until I make all required payments that are due to my college.
- 2. I am responsible for the completion of all academic requirements of my program, including, but not limited to, classroom work, assignments, projects, field trips, and various assessment and evaluation processes. I understand that this is a 15-credit program (or 5 credits for a short-term program). Students with special circumstances may make arrangements, prior to the start date, to take 10 credits (minimum for WCCCSA quarter-long programs).
- 3. I am subject to the Student Code of Conduct (or its equivalent) of the College through which I have registered for this study abroad program. I understand that if I violate the Student Code of Conduct, I may be dismissed from the program and lose all academic credit for the program, but will remain responsible for full payment of all program fees. I understand that the Student Code of Conduct is primarily designed for on-campus governance, and therefore, where the Student code of Conduct is silent, or where there is an apparent conflict between it and the WCCCSA Student Guidelines, I agree to abide by the Guidelines stated here. I may request a copy of the Student Code of Conduct from my college study abroad advisor.
- 4. I may not manufacture, purchase, possess, and/or use any illegal or unauthorized substance for the duration of the WCCCSA study abroad program, including my free time. I understand that the purchase or possession of illegal substances jeopardizes myself, other program participants, and the program itself. I understand that neither the program, nor the WCCCSA, nor the US Embassy, can obtain my release from custody of local law enforcement authorities. I understand that the violation of this rule of conduct may result in immediate dismissal from the program and the loss of all academic credit for the program. I further understand that I would remain responsible for the full payment of all program fees.
- 5. I am responsible for informing, in writing, the program representatives of any plans to travel away from my living accommodations before, during, and after the period of the program. I understand that the WCCCSA, its staff, agents, and representatives are not responsible in any way for any non-program sponsored travel.
- 6. I am responsible for providing to the WCCCSA a complete and accurate medical history, including psychiatric, learning, physical, and sensory conditions for my own health and safety during the program. The medical form is available from my college study abroad advisor.



- 7. I am responsible for requesting reasonable accommodations related to a documented disability in a reasonable time frame prior to my departure from the USA. I understand that my requested accommodations may not be available at the overseas site, but that every reasonable effort will be made to provide alternative reasonable accommodations whenever possible.
- 8. I understand that if I do not make my need for reasonable accommodations known in writing to the WCCCSA, in a timely manner, that the WCCCSA may delay my participation in the program until reasonable accommodations can be made on my behalf.
- 9. I am responsible for the information contained in the Cancellation and Refund Policy, as well as being responsible for the timely payment of all program fees. If I send a written notice of cancellation, I am responsible for all portions of the program fee corresponding to non-recoverable costs from the date of the postmark on the written notice.
- 10. The WCCCSA, through its industry partners, will provide international study abroad health insurance coverage during the period of the program, which includes major medical health and/or repatriation and/or medical evacuation insurance, and I am responsible for any additional insurance that I may elect.
- 11. In consideration of the opportunity to participate and the insurance provided, I release the WCCCSA, its staff, agents, or representatives from any liability for damage to or loss of property, injury, illness, or death, due to the theft and other crimes committed by persons other than employees or agents of the WCCCSA and its member colleges, political unrest, use of various modes of transportation, or other activities arising on the part of other program participants, host family members, agencies and organizations, persons, or groups with which the WCCCSA contracts or recommends for the provision of program services. This release does not apply to intentional, willful, or wanton acts of employees or agents.
- 12. I authorize the WCCCSA and its authorized agents to secure medical treatment on my behalf in the event of an emergency, illness, or injury, and I accept full financial responsibility for such medical treatment. I also authorize the WCCCSA and its authorized agents to release medical information contained in the WCCCSA Medical Report to a health care provider if it is determined to be necessary in order to support me in case of emergency, illness, or injury, or as needed to provide reasonable accommodations.
- 13. WCCCSA may use statements made by me, photographs and video footage of me for publicity and advertising purposes.

I have read and agree to follow these Guidelines for Program Participants (a.k.a. Student Guidelines):		
Name (printed)	Signature	Date
Parent or Guardian Signature (if under 18)		Date