



**Return to VCU Education Abroad at least 15 business days prior to departure. Students who participate in International Independent Study courses are required to buy the International Student Identification Card. Please include a passport sized photograph and a check for \$22.00 (payable to VCU) to receive your card.**

## *Agreement and Release*

**Program Participation:** I agree to participate in all aspects of the study abroad program (instructional, cultural, and social) that are organized by the program, as defined in the program information. I understand that I must be enrolled in the required course work, and that any deviation from the normal course schedule and/or program design must be approved in advance in writing by the program provider.

**Program Provider Regulations:** I agree to abide by all rules and regulations regarding program participation including authorization for absences from programmed activities, as set out by the program provider, and by all laws, rules, and regulations pertaining to my student status.

**Health and Medical Insurance:** I certify that I am free of medical conditions that would endanger my life, health, or well-being while traveling or living abroad, or that would impede my ability to fully participate in all aspects of the program. Further, I understand that I must disclose any pre-existing conditions which may affect my participation in program activities. I also certify that I have accident and illness insurance for provision of emergency medical care, as recommended by the program provider or medical authorities of my host country, in case of accident or illness during the program.

**Consular Information Sheets and Travel Warnings:** Travel abroad is risky for all Americans at the present time. I certify that I have read all Consular Information Sheets and Travel Warnings provided to me by the program director and/or the Education Abroad Department. I understand that it is my exclusive responsibility to keep informed of any changes in Travel Warnings issued by the Department of State and to decide accordingly on my participation in the Study Abroad Program

**Agreement and Release:** In consideration of permission granted by the Board of Visitors of the Virginia Commonwealth University, I, for myself, my executors, administrators, and successors hereby release and hold harmless the Virginia Commonwealth University, its visitors, officers, employees, and agents from any and all claims and causes for action including, but not limited to, loss or destruction of property and personal injury, including, but not limited to, death, which may be sustained by me whether within or outside of controlled travel or activity related directly or indirectly to the program.

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Name (Please Print)

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Signature of Student

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Date



V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

**INTERNATIONAL STUDENT IDENTIFICATION CARD (ISIC)**

The ISIC is required of all VCU Study Abroad participants. You must submit a passport sized black & white or color photograph (1-1/4" x 1-1/2") with your Application for International Independent Study packet in order to receive the card.

Personal Information (please type or print clearly):

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Postal Code

\_\_\_\_\_  
Telephone

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

**Note: The ISIC carries life insurance. Please indicate a beneficiary below.**

\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship to applicant

**Signature**

I hereby certify that this information is true and I understand that any false statements on my part may result in forfeiture of the benefits associated with this Card.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

**Office Use Only: ISIC#**

**Date Issued:**