Division of International Education

Non-UNO Program Study Abroad Information

Personal Information			Date:	
Name:			UNO Student II	
Last	First	M.I.		
Address:				
Number and Street		City	State Zip Code	
Primary Phone:	Secondary Phone:			
UNO E-mail: @uno.edu Alternate E-mail:				
Classification: Freshman Sophomore Junior Senior Graduate				
Major: Co	llege:]		
Academic advisor:	E-mail:	@uno	.edu	
Name of program: Short-term	UNO partner: Program dates: Program location			
Name of host or credit-granting ins				
Program contact person:	Co	ntact e-mail:		
Contact address:				
Contact phone number, including country code:				
Courses enrolled in:				
Amount and type of credit expected to be earned: Hours (US) ECTS Non-credit Other				
Financial aid needed? Yes No				

I, understand that I am responsible upon completion of this program, for requesting transcripts from this program, and turning those transcripts over to the University of New Orleans (UNO) for evaluation. I understand that UNO has the right to deny credit for academic work done on this program. I understand that it is my responsibility to provide my academic advisor and the UNO Division of International Education with any information about this program they require, including course and module descriptions, and any other information they request in a timely manner. I agree to hold harmless the University of New Orleans, the Division of International Education, and the staff of the University of New Orleans from any liability to me as a result of my participation in the above described program.

In view of the points mentioned in the "Student Agreement and Liability Waiver", and relative to my participation as a student on this international study program. I also acknowledge that there are certain risks in foreign study programs; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local medical and weather conditions. I acknowledge that all risks cannot be prevented and I assume those beyond the control of the university staff. I represent that I am physically able, with or without accommodations, to participate in this program. I understand that accommodation means reasonable accommodation. I am aware that I am subject to disciplinary action that could include expulsion from the programs as well as other sanctions mentioned in this document but not limited to those sanctions. No refund will be given to me if I leave the program voluntarily or if I am asked to leave for any reason. I understand that I am required to vacate the program on a schedule set by UNO. I understand and agree that if my parent or guardian calls to discuss program issues with UNO, UNO can disclose to them information from disciplinary records, medical information, disability information and any other pertinent information necessary in those discussions. Parents may receive a copy of this document, titled: Student Agreement and Liability Waiver for International Programs from UNO-ISEP Outgoing Students website.

I AGREE to these terms under the Student Agreement and Liability Waiver for International Programs.

Signature of Student:__

Name:

Date:

Please print this form when completed, sign and return to the UNO International Student Exchange Program office. In person: UNO International Center Room 124 By mail: UNO ISEP 2000 Lakeshore Dr. Int'l Center, New Orleans LA 70148 By Fax: 504-280-7317 By scanned copy in e-mail: isep@uno.edu