

Student Code of Conduct Agreement for International Study

California State University, Fresno

FRESNO STATE

Discovery. Diversity. Distinction.

Please initial each item, print your name, sign and date the document. Return signed document to IBP.

- I understand that I am responsible for my own conduct, and that my conduct will be a reflection on the group as a whole. I also understand that **I will be an ambassador for Fresno State and for my country.**
- I understand that laws in the host country are different from those in the USA and I will **obey** all host country laws.
- I understand that possession or use of **illegal drugs** is strictly **prohibited**.
- I understand that **excessive drinking** is also **prohibited**.
- I understand that **driving a motorized vehicle is prohibited** for the duration of this program, unless it is a requirement of an internship.
- I will be **responsible** and **respectful** when dealing with fellow students, faculty, staff, and local citizens.
- I understand that disorderly, disruptive, threatening, or intimidating behavior or gestures or actions that endanger the emotional well-being, health, or safety of any person are prohibited, both in and outside the classroom. This includes, but is not limited to, unwanted sexual contact, physical abuse, assault and/or battery, harassment, or threats to or intimidation of any person, instructor, student, or staff member involved in this program.
- I will refrain from use of social networking sites or any other format to bully, harass, or intimidate any person, student, faculty or staff member involved in this Fresno State program.
- I understand that **theft or vandalism to property is not allowed** and that I will be **held accountable** and made to pay for any damages before and/or after the end of the program.
- I understand that **class attendance is expected** and failure to attend will have a negative effect on my grade and **may result in my termination from the program.**
- I understand that I am required to be on time for class sessions, tours, excursions and all group activities.
- I understand that the policies on discipline and academic honesty of Fresno State still apply while I'm on this program.
- I understand that I am required to abide by the Code of Conduct required by the study abroad program in which I participate.
- I agree to abide by all additional requirements in Appendix A.
- I understand that if my instructor or the Fresno State program administrator/supervisor determines, after informing me of an alleged violation and discusses it with me, that I have violated a student conduct regulation, the instructor or supervisor may terminate me from the program. I will be sent home at my own expense, and forfeit all privileges such as program instruction, lodging, meals, excursions, and other organized events and activities. In these circumstances, no refunds will be given for any fees paid and any scholarships granted by Fresno State.
- I confirm that I have been made aware of the above issues** in order to make my study abroad experience and that of the entire group, a positive, life-changing, and empowering experience.

Student signature _____

Print complete name of student _____ Date _____

Appendix A
One-On-One Exchange Program
Pre-departure Package

Check-list:

- Pre-departure Orientation Statement of Understanding

- Student Information Form

- Emergency Contact Information

- Visual/Audio Image Release Form

- Insurance Information Form

- Release of Liability, Promise not to sue, Assumption of Risk and Agreement to pay claims

****PLEASE MAKE SURE YOU COMPLETED AND SUBMITTED THIS PACKAGE BEFORE YOUR DEPARTURE.****

STUDENT INFORMATION FORM

Student ID #: _____

Last Name: _____ First Name: _____
(Please print) *(Please print)*

Date of Birth: _____ Country of citizenship: _____
(MM/DD/YYYY)

Address: _____
Street City State Zip

Cell phone *(with area code)*: _____ Home phone *(with area code)*: _____

E-mail: _____@mail.fresnostate.edu

2nd E-mail: _____

Do you have a passport valid 6 months after the program end date? Yes No

Passport Number: _____ Expiration Date: _____

EMERGENCY CONTACT INFORMATION

Student Name _____ Student ID# _____

Study Abroad Destination _____
City _____ Country _____

In case of accident or illness contact:

Name _____ Relationship _____

Email _____ Phone _____

(Emergency contact must have an email address)

Medical Information:

Do you have medical information that may be pertinent to you in the case of an emergency (i.e.: diabetic, allergic to specific medications, etc.)? If yes, please explain:

De you have any allergic reactions to food/drink or any special dietary requirements (e.g.: vegetarian, no beef, etc.) for the organized lunch or dinner? If yes, please specify:

PLEASE NOTE: Completing the medication information section of this form is voluntary. It will be referred to ONLY in case of a critical injury or emergency situation. In the instance that you are unable to provide medical information to an attending physician or hospital, we would be able to provide it for you with your consent by signing below.

Please select one:

I give the International Business Programs at Fresno State permission to communicate with my emergency contacts listed above regarding all issues surrounding my study abroad experience. This information may include, but is not limited to, student account information, student conduct issues, health and safety issues, emergency situations, or academics.

I give the International Business Programs at Fresno State permission to communicate with my emergency contact in the case of an emergency only.

Signature _____ Date _____

VISUAL/AUDIO IMAGE RELEASE FORM

I grant permission to California State University, Fresno (Fresno State), its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Fresno State will not materially alter the original images. I agree that Fresno State owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release Fresno State and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents and I freely accept the terms.

Student's Name _____
(Please print)

Signature _____ Date _____

INSURANCE INFORMATION

In conformity with directives of the Office of the Chancellor of the California State University and Colleges, Foreign Study Procedures, Executive Order No. 165, November 10, 1972, Section 3.6 A-(2).

(2) Health and accident covering foreign travel.

Participant's name: _____
(Please print)

Enrolled in a California State University, Fresno Travel Study Program, hereby certifies that he/she has the minimum health and accident insurance coverage required to participate in this Travel Study Program.

Policy Number: _____

Carrier: _____

Signature _____ Date _____

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Fresno, The California State University Association, Inc., and all of said entities' employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in the Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

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.*

Participant Signature _____

Participant Name (print) _____ Date _____