PROMOTING INTERNATIONAL EDUCATION!

The University of Nevada, Reno, the Nevada System of Higher Education and the State of Nevada are committed to the ideals of international education. It is extremely important to offer opportunities to enhance the intercultural skills of students, faculty and staff through overseas experiences by creating a robust international community at our university and by supporting collaboration and cooperation with faculty and students from around the world.
U.S. Exchange Student Admissions Process

Congratulations on your selection as a participant in an International Exchange Program! The following steps should be completed to ensure your exchange program goes smoothly. Please retain a copy of all documents submitted for your personal records. All paperwork must be completed by July 1 for Fall, Jan 1 for Spring and April 1 for summer programs.

? 1. You should work with the University of Nevada, Reno (UNR) Program Administrator (PA) on the application process (documents required for admission) to the partner institution; the PA is the faculty member who administers the exchange program for which you were selected.

? 2. Complete the Notification of U.S. Students Selected for International Exchange form with the PA. Submit the completed notification form and certification of enrollment in Cultural Insurance Services International (CISI) to obtain a signature from Susie Askew, PSA@UNR.EDU, or a representative at the Office of International Students and Scholars (OISS), 120 Fitzgerald Student Services Building (FSSB) in order to be enrolled in the International Exchange Program course at UNR which is listed as 0 credits but charges the equivalent of 12 UNR credits for Fall or Spring semester and 6 credits for Summer session. Take the completed form to:
   ? a. Rebecca Earl at OISS to enroll you in the International Exchange Program course for each semester, fax: 775-327-5845, email: becky@unr.edu.
   ? b. Contact the Student Financial Aid and Scholarships office, 775-784-4666 or email Sean Neary at sneary@unr.edu, to ensure all requirements are met to maintain any financial aid or scholarships you have. If you receive financial aid, complete the Student Financial Aid & Scholarships form (page 5 of this packet) and submit it to Susie Askew, PSA@unr.edu or a representative at the Office of International Students and Scholars (OISS), 120 Fitzgerald Student Services Building (FSSB). Check with OISS to see if a pre-determined budget sheet for your program is available from your host university. Otherwise, you will need to submit the form to your host university to be filled out. Once returned, submit to OISS.

? 3. Complete the Pre-Study Advising Form for U.S. Students Selected for International Exchange form with the Program Advisor and your academic advisor to determine which classes to enroll in at the partner institution. Keep and copy and submit the original to OISS.

? 4. Go to http://www.unr.edu/academic-central/forms-and-policies/forms to complete the Request for Major/College Substitution/AR exception and/or the Request for Core Substitution/AR exception form(s) to ensure that the courses taken at the partner institution are transferable.

? 5. REQUIRED: Students on exchange programs are required to purchase the comprehensive plan coverage from Cultural Insurance Services International (CISI), which includes the security evacuation rider (approximately $51/month, fees subject to change). To purchase the comprehensive plan, go to www.culturalinsurance.com/enroll.asp. Enroll for the duration of your program of study overseas; email confirmation of purchase to Susie Askew at PSA@UNR.EDU.

? 6. Complete the Nevada Waiver, Release and Indemnification Agreement – Return to OISS

? 7. Complete the Health and Safety Form – Return to OISS

? 8. OPTIONAL: University Studies Abroad Consortium (USAC) has invited U.S. students on exchange programs to attend their study abroad orientation, please contact them at 775-784-6569 to check dates and times for pre-departure orientation programs.

*Students must be enrolled in an International Exchange Program course at UNR for each semester of the program (Fall, Spring or Summer) to maintain student status*
NOTIFICATION OF U.S. STUDENTS SELECTED FOR INTERNATIONAL EXCHANGE

Host Institution: ________________________________

Program Dates: (MM/DD/YY) Start: ___ ___/___ ___/___ ___ 
End: ___ ___/___ ___/___ ___

Submit this completed form along with certification of enrollment in CISI to Susan Bender or a representative at the Office of International Students and Scholars (OISS), 120 FSSB, MS 0074. See #2 on the U.S. Exchange Student Admissions Process form for further instructions.

STUDENT INFORMATION

Last Name: ________________________________ First Name: ________________________________
Gender: £ Male £ Female Date of Birth: ___ ___/___ ___/___ ___(MM/DD/YY)
Country of Citizenship: ________________________________
NSHE ID: ________________________________ UNR Major: ________________________________
Telephone: ________________________________ Email: ________________________________
Emergency Contact: ________________________________ Relationship: ________________________________
Telephone: ________________________________ Email: ________________________________

I certify that I have enrolled in CISI insurance and will maintain insurance coverage for the duration of my exchange program. I am submitting certification of enrollment in CISI to OISS.

Signature: ________________________________ Date: ________________________________

PROGRAM ADMINISTRATOR

Name of Program Administrator: ________________________________

Signature: ________________________________ Date: ________________________________
Telephone: ________________________________ Email: ________________________________

OFFICE OF INTERNATIONAL STUDENTS AND SCHOLARS (OISS)

I confirm that the above named student has met all the requirements to participate in the aforementioned exchange program and has provided certification of CISI enrollment.

Name of OISS Director or Representative: ________________________________

Signature: ________________________________ Date: ________________________________
**PRE-STUDY ADVISING FORM FOR U.S. STUDENTS SELECTED FOR INTERNATIONAL EXCHANGE**

An approved program of study for the partner institution is to be completed in consultation with your Program Administrator (PA). List approved alternate courses to expedite registration in the event first-choice courses are not available. Complete and turn in the Request for Major/College Substitution/AR exception and/or the Request for Core Substitution/AR exception form(s). Attach a copy of the request form(s) to this sheet. *STUDENTS MUST BE ENROLLED IN AN INTERNATIONAL EXCHANGE PROGRAM COURSE AT UNR FOR EACH SEMESTER OF THE PROGRAM (FALL, SPRING OR SUMMER) TO MAINTAIN STUDENT STATUS*

**Host Institution:** ____________________________________________________________

**Program Dates:** (MM/DD/YY) **Start:** __ __/__ __/__ __ **End:** __ __/__ __/__ __

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<th>Last Name: __________________________</th>
<th>First Name: __________________________</th>
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<td>Gender: £ Male £ Female</td>
<td>Date of Birth (MM/DD/YY): __ <strong>/</strong> <strong>/</strong> __</td>
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<td>NSHE ID: ___________________________</td>
<td>UNR Major: ____________________________</td>
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**Courses for which transfer credit is requested.** Attach additional pages if necessary.

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<thead>
<tr>
<th>Host University Course Number</th>
<th>Host University Course Title</th>
<th>Credits</th>
<th>UNR Course Equivalent</th>
<th>UNR Course Title</th>
<th>Credits</th>
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I have the following: £ Pre-approved course listing for my program  
£ Request for Major/College Substitution/AR exception and/or the Request for Core Substitution/AR exception

I have participated in: £ Major/Minor Advisement  
£ USAC Study Abroad Orientation (optional)

I have purchased student health insurance from CISI: £ Yes £ No

**Student Signature:** ___________________________________________ Date: ____________

**PA Name and Signature:** ___________________________________________ Date: ____________
Student Financial Aid & Scholarships

The student must:
1. Take courses at the Host Institution, which are transferable to their degree program at Nevada.
2. Be enrolled in a degree-seeking program at Nevada, and making satisfactory academic progress.
3. Financial aid will be disbursed to the student no more than 10 days prior to the first day of instruction.
4. Submit grade transcripts from the Host Institution to the Office of Admissions and Records within 30 days of the end of the semester.
5. Report any financial aid from the Host Institution.

To be completed by the Host Institution:
Will the student receive financial aid from your institution: _______ Yes _______ No

Please list any financial assistance:

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<th>TYPE OR SOURCE</th>
<th>FALL</th>
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<th>OR MONTHLY AMOUNT</th>
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Please complete this student budget expense information:

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<th>Tuition and Fees</th>
<th>Room and Board</th>
<th>Books and Supplies</th>
<th>Other Mandatory Costs:</th>
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(An itemized listing of costs on institutional letterhead may be attached)

As the Host Institution we agree to verify the student’s enrollment before any financial aid will be released to the student. We agree to notify Nevada’s Office of Student Financial Aid if the student withdraws from any classes covered by this agreement.

Name (Print) ___________________________________________ Title ___________________________________________

Signature ___________________________________________ Date ___________________________________________

E-mail Address ______________________________________ Phone ________________________________

For information, contact:
Sean Neary, Sr. Financial Aid Advisor
Phone: 775.682.8096
Email: sneary@unr.edu
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT
FOR INTERNATIONAL STUDENT EXCHANGE PROGRAM ("Agreement")

I, ____________________________, being of legal age, am a student at the University of Nevada, Reno (University”), a member institution of the Nevada System of Higher Education ("Nevada”) during the ____________________________ (semester and year) semester. I wish to participate in University’s international student exchange program at ____________________________ in ____________________________ during the ____________________________ (semester and year) semester (the “Program”). As a part of the Program, I will be traveling from Nevada to, from, and within ____________________________. I am not required to participate in this Program. My participation in the Program is wholly voluntary. In consideration of the University’s agreement to permit me to participate in this Program, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1. Academic Requirements.
   a. I am responsible for all academic requirements, including but not limited to class attendance and classroom work, homework assignments, projects, field trips, and exams.
   b. I understand and agree that the University’s Student Code of Conduct applies to my participation in the Program, that my academic standing will be governed by the University rules governing academic records and enrollment, and that I may be suspended or expelled in accordance with the Student Code of Conduct and the University’s rules.

   I am responsible for payment of all tuition, fees, books, travel expenses, room and board, medical expenses, hotels, charges for travel changes, and cancellation fees associated with Program ("Fees"). I understand that a registration hold may be placed on my records if all fees associated with my participation in this Program have not been paid.

3. Cancellation of Participation in Program.
   I understand and agree that if I desire to cancel my participation in this Program, I must provide written notice of cancellation to the Program Director. I understand and agree that I will be provided a refund, if any is due, in accordance with the Program Cancellation, Removal, and Refund Policy. I understand and agree to be bound by the Program Cancellation, Removal, and Refund Policy and agree and understand that I may not be entitled to any refund under that policy even if I provide written notice of cancellation of my participation in the Program.

4. Student Health
   a. I am responsible for working in advance with health care professionals to plan for all my health care needs abroad during the Program.
   b. I am responsible for truthfully completing and submitting to the Program office with my application for admission to the Program a health history on the Program Health History form.
   c. I understand and agree that if I am in need of an accommodation, I am responsible for contacting the University’s Disabilities Resource Center ("DRC"), making a written request for an accommodation, and providing the medical and other documentation necessary and/or requested in order for the DRC to review my request. I acknowledge and understand that an accommodation
may not be available at the international location of the Program and further understand that efforts will be made to provide appropriate alternative accommodation.

d. I understand and acknowledge that in the event I do not make a timely written request for an accommodation or do not timely inform the Program Director of my medical or psychological needs, my participation in the Program may be delayed.

e. I understand and agree that if during the Program the Program Director makes a good faith determination that my continued health, safety, or welfare or the continued health, safety, or welfare of others is jeopardized by my continued participation in the Program, I shall be removed or expelled from the Program, I shall return to the United States, and I may lose credit for the classes in which I was enrolled. In the event of removal or expulsion, I shall be responsible for all Fees and expenses. A refund, if any, shall be determined in accordance with the Program Cancellation, Removal, and Refund Policy.

f. If, during my participation in the Program, I become incapacitated or I am otherwise unable to provide consent to medical treatment, I hereby give consent to medical treatment and medical treatment may be performed when, in the opinion of competent medical personnel, my health, safety, or welfare will be adversely affected by the lack of treatment or delay in treatment. In such an event, I authorized the Program’s designated representative to provide consent on my behalf for my medical treatment.

5. **Student Conduct.**

a. During the Program, I am governed by the University’s Student Code of Conduct. I understand and agree that I may be suspended or expelled or otherwise disciplined in accordance with the Student Code of Conduct for any of my conduct that is in violation of the Student Code of Conduct.

b. I understand and agree to follow all applicable rules, regulations and policies of each institution and location of the Program.

c. I shall not engage in drug use, alcohol abuse, or physical violence during the Program. I understand and agree that if I engage in drug use, alcohol abuse, or physical violence during the Program or if I violate the laws of the country in which I am located or I am arrested, and the Program Director, in his or her sole discretion determines that my health, safety, or welfare is at risk or that the health, safety, or welfare of others is at risk, I may be withdrawn from the Program and I shall return to the United States. I may lose all credit for classes in which I was enrolled. I remain responsible for and shall pay all Fees and expenses.

d. I waive and release all claims against the University and Nevada that are caused by my failure to comply with the University’s Student Code of Conduct and/or the violation of any laws.

6. **Orientation.**

a. I shall attend and participate in the pre-departure orientation meeting(s) and activities of the Program. I shall attend and participate in the orientation meeting(s) and activities of the host institution upon arrival at the international location of the Program.

7. **Insurance.**

a. I understand and acknowledge that the Program will provide for me or will direct me to obtain comprehensive international travel health and accident insurance which provides coverage for injuries and illnesses I sustain or experience while abroad and, more specifically, in the countries where I will be living and/or traveling while on the Program and that such insurance shall include coverage for medical evacuation, repatriation of remains, and security evacuation with adequate limits appropriate to this destination. I am responsible for paying all Fees, costs, and expenses related to medical services obtained abroad, even if those fees, costs, and expenses are not
covered by insurance and that I am responsible for paying for any additional insurance I may obtain for my participation in the Program.

b. I understand and acknowledge that I am responsible for paying for any insurance for whatever nature for periods before and after the Program.

8. **Domestic and International Travel and Travel Risks.**

a. I understand and acknowledge that the University and Nevada assume no responsibility or liability, in whole or in part, and I shall not hold University and/or Nevada responsible for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, or other travel –related circumstances (”Travel-Related Circumstances”) beyond the control of the University and/or Nevada and I am responsible for and shall pay any expenses that may be incurred as a result of Travel-Related Circumstances.

b. I understand and acknowledge that the University and Nevada assume no responsibility or liability, in whole or in part, and I shall not hold University and/or Nevada responsible for thefts of purses, bags, wallets, suitcases, and backpacks, or passports, and the like, criminal scams or other criminal acts, including but not limited to acts of violence.

c. I understand and acknowledge that the University and Nevada assume no responsibility or liability, in whole or in part, and I shall not hold University and/or Nevada responsible for any force majeure, war, quarantine, civil unrest, public health risks, such as altitude sickness and yellow fever, criminal activity, terrorism, expense, accident, injuries or damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier beyond the University’s control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, I am responsible for and shall pay for my hotel, transfers, meal costs or other expenses. My baggage and personal property are transported at my risk entirely.

d. The University reserves the right, in its sole discretion, to cancel the Program or any aspect thereof after departure from the United States, requiring that all participants return to the United States, if the Program Director and/or University determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued. In such an event, I agree to promptly return to the United States.

e. I understand and hereby acknowledge that I have received and reviewed the current U.S. Department of State’s Consular Information Sheet for ___________________ dated ___________________. I have made my own investigation of the travel risks. I am aware of, understand, and accept the risks and dangers of travel to, from, in and around ___________________.

f. I further understand and hereby acknowledge the strict penalties for certain criminal offenses in ___________________, including but not limited to criminal offenses of possession and trafficking in illegal drugs, resulting in long jail sentences and heavy fines. I hereby assume, knowingly and voluntarily, each of the above risks, and all of the other risks, which arise out of or occur during my travel to, in and around ___________________. I will become informed of and will abide by the laws and standards for each country through which I will travel during the Program and accept any consequences for violations of those laws and standards. I understand that University and Nevada are not responsible for providing any assistance, legal or otherwise, in dealing with the laws of the foreign countries through which I will travel during the Program.

g. I understand and agree that the University and Nevada are not responsible for any injury or loss I may suffer when I am traveling independently or otherwise separated or absent from any Program-related activities.
9. Release and Indemnification I hereby release and discharge the Board of Regents of the Nevada System of Higher Education, and its employees, agents, officers, trustees and representatives (in their official and individual capacities) of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expenses I incur while I am abroad.

   I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and agree to indemnify, defend and hold harmless the Board of Regents of the Nevada System of Higher Education, its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney's fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorney's fees, which arise out of, occur during, or are in any way connected with my participation in the Program or any travel incident thereto.

10. Video/Photo/Likeness Release.

   a. I hereby grant permission to the University to use my video/photo/likelihood in any official University print or online publication. I understand and agree that the University may crop or display the video/photo/likelihood in its discretion.


   a. This Agreement shall be construed under the laws of the State of Nevada, U.S.A., including the provisions of the Nevada Revised Statutes Chapter 41. Any lawsuit filed under or incident to this Agreement shall be filed only in the courts located in Washoe County, Nevada.

   b. To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against the University of Nevada, Reno and the Board of Regents of the Nevada System of Higher Education and/or any of their employees, agents, officers, trustees and representatives (in their official or individual capacities), I agree that this Waiver, Release and Indemnification Agreement For International Student Exchange Program is to be construed under the laws of the State of Nevada, U.S.A., including the provisions of the Nevada Revised Statutes Chapter 41. I understand and agree that if any portion of this Agreement is held invalid, the remainder of the Agreement shall continue in full legal force and effect. In signing this Agreement, I hereby acknowledge that I have read this entire Agreement, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

12. I hereby acknowledge that I have read, understand, agree to and shall abide by each of the terms and conditions of this Agreement. No representations, statements, or oral or written inducements have been made.

Printed Name: ___________________________ Date: ______________________

Signature: _______________________________
Health and Safety Questionnaire
International Exchange Programs

The purpose of this form is to help the University of Nevada, Reno be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the university and our contacts abroad be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with staff, faculty, or appropriate professionals only if pertinent to your own well-being. The University of Nevada, Reno may not be able to accommodate all individual needs or circumstances.

Participant Information:

Name: __________________________ Gender: __________________________

Date of birth (mo/day/year): __________________________

Lack of requested information is basis for rescinding our approval of your application.

Medical History:

1. Are you generally in good physical condition? If no, explain below. Please circle: YES NO

2. Have you ever been treated or are you currently being treated for any psychological, emotional, alcohol or substance abuse problems? If yes, explain below.

   YES NO

3. Do you have any allergies to drugs or foods? If yes, explain below.

   YES NO

4. Are you taking any medications? If yes, explain below.

   YES NO

   NOTE: Certain prescription medications may not be available or allowed in some countries; research and plan ahead.

5. Have you had any major injuries, diseases or ailments in the past five years? If yes, explain below.

   YES NO

6. Are you a vegetarian or are you on a restricted diet? If yes, explain below.

   YES NO

7. Is there any additional information (concerning medical conditions or mental, learning, or physical disabilities) that would require accommodation** or be helpful for the host institution to be aware of during your study abroad experience? If yes, explain below.

   YES NO

8. Have you ever been charged and/or convicted of a misdemeanor, gross misdemeanor or felony? Have you ever been under disciplinary action on campus? If yes, explain below, including date(s), time(s), circumstance(s), and any conditions of your parole or probation.

   YES NO
Explanation:

Medical Treatment Release:
Although Participant understands that, whenever possible, advance consent of Participant or Participant’s family will be sought for necessary emergency treatment, Participant agrees that medical, psychiatric treatment or surgery may be performed in the event Participant is incapacitated or otherwise unable to provide consent to such treatment and, in the opinion of competent medical authorities, the health or welfare of Participant will be adversely affected by any delay. Participant hereby authorizes the University of Nevada, Reno and the designated representative thereof to grant permission for necessary medical treatment of Participant in the program;

Notification of Changes:
Participant will notify the University of Nevada, Reno of any relevant changes in health, including medications, that occur prior to the start of the program. Participant will also notify the university/Exchange Program Director of any disciplinary action on campus or misdemeanor, gross misdemeanor, or felony convictions.

Release of Information:
Participant understands that, in the event of an emergency abroad, the University of Nevada, Reno reserves the right to notify Participant’s parent(s), guardian or emergency contact designee.

Certification:
I certify that I have completed the Health Questionnaire and read the information contained above. All responses on this form are accurate to the best of my knowledge, and I agree to the terms and conditions specified in this form.

Signature:

Date: