



# Off Campus Study Statement of Authorization and Consent

2500 E. Nutwood Ave.  
Fullerton, CA 92831 USA  
(714) 879-3901 ext. 1411  
Email: [isp@hiu.edu](mailto:isp@hiu.edu)

Student's Full Name \_\_\_\_\_

Program Title/Site \_\_\_\_\_

The following agreements are designed to protect all participants in HIU-administered or HIU-partnership programs: the students, the faculty, Hope International University, its board/trustees, officers, agents and employees, and the agencies and individuals cooperating with the University. Hope International University requires that all students and their parents (*if the student is under 18 years of age*) sign this form to indicate their agreement and permission. HIU Off Campus Study Statement of Authorization and Consent must be submitted **no later than 90 days prior to the initial date of the off campus study program.**

Hope International University does not discriminate against individuals who have had physical, emotional or mental disorders. A medical examination is required for those programs which are physically arduous and/or when it is a requirement of the hosting institution. **However, if a student has a history of any medical or psychiatric problems during the previous two years, the University strongly advises that the student consult with a medical professional in this country before departure to discuss the potential stress and difficulty of Off Campus Study.**

1. We understand that participation in the program is entirely voluntary and that any program of travel involves some element of risk. We agree that in partial consideration of Hope International University's sponsoring this activity and permitting the student to participate, we will not attempt to hold Hope International University, its board/trustees, officers, agents and employees liable in damages for any injury or loss to person or property the student might sustain while so participating; and we hereby release Hope International University, its board/trustees, officers, agents and employees from any liability whatsoever for any personal injury or property damage arising from participation in the program.
2. We understand that Hope International University or the sponsoring institution reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the interest of the group. Should Hope International University cancel the program, full refunds will be made unless the cancellation is due to political, natural, technological or other catastrophes beyond its control in which case Hope International University will be able to refund only uncommitted and recoverable funds. Should another sponsoring institution cancel its program, its refund policy, if any, will apply.

In addition, we understand that the program's costs are based on airfares, lodging rates, exchange rates, and other costs expected to be in force, and are subject to increase.

We also understand that any deposit made for a HIU-administered program is non-refundable. Other HIU-partnership sponsors/institutions have their own refund policies, which we understand will be followed. An HIU student who receives financial aid for a HIU-administered program should understand that by signing this agreement and the Agreement to Participate (*in some HIU programs*) upon admission to the program, he or she is committed to pay the program fees and that charges will be put on the student's account.

3. Students are expected to comply fully with the laws and regulations of the host country regarding required travel documents such as student visas and study permits. Obtaining the necessary permission to enter or remain in a country is the sole responsibility of the student.
4. All students who need to terminate their period of Off Campus Study for any reason must notify and receive approval from the appropriate Dean, Academic Advisor, and the Director of Student Financial Services.

5. We understand that the student, as a participant in the program, is a representative of Hope International University and the United States and by signing this agreement pledges to deport himself or herself in a manner that reflects favorably on both and upholds the Hope Community Standard.
6. We understand that in addition to regular classes, the program may include planned lectures and field trips which are germane to the educational experience, and that the student agrees to participate willingly in such activities in addition to attending regular class sessions.
7. Hope International University and/or the sponsoring institution may discipline a student or dismiss him or her from the program for behavior detrimental to the program. A dismissed student will receive no refund and may be compelled to return home early at their own expense.
8. We understand that Hope International University requires that appropriate sickness and accident insurance cover all students for the duration of the program and that they be financially responsible for all medical expenses. In addition, we understand that payment for medical expenses customarily will have to be advanced and reimbursement sought later from the insurance carrier.

The student named above is insured under policy or group/member/ID number \_\_\_\_\_ with \_\_\_\_\_  
 \_\_\_\_\_ (*company*) for sickness and accident insurance. Date of expiration \_\_\_\_\_ (*list N/A if  
 not applicable*); in addition, the student hereby assumes responsibility for all medical expenses incurred by and on behalf  
 of the student while participating in the program.

10. In the event (I) (we) cannot be reached to give (my) (our) consent, (I) (we) the parent(s) of the above named student, hereby authorize Hope International University's representative to consent for (me) (us) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed necessary or advisable by a licensed physician during the period the student is enrolled in the Hope program. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Hope International University to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

### Parent/Guardian

I certify that I am the parent or legal guardian of the student named above; that I have read the entire preceding agreement and I join in all the articles of the agreement without reservation, granting my consent to all actions provided for herein.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

Area Code Phone Number

**Signature of student** **Date**