** CHEYNEY UNIVERSITY STUDY ABROAD PROGRAM**

**STUDY ABROAD AGREEMENT**

1. I have or will secure health insurance that will adequately cover me while outside of the United States for any injuries or illnesses that I may sustain or experience while participating in the Program, and that covers repatriation of remains if necessary.

2. I will abide by the Student Code of onduct of Cheyney University, as well as the requirements of the program, and understand that the University or the program provider reserves the right to decline to retain me in the Program should my actions or behavior be determined to impede or obstruct the progress of the Program in any way or jeopardize the welfare of myself or others.

3. I understand that Cheyney University, the study abroad provider and their partners reserve the right to make changes to the Program without notice and for any reason.

4. I acknowledge that it is my responsibility to review all official travel notices issued by the United States Department of State including any warnings or restrictions pertaining to those places that are on the program’s itinerary.

5. I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian.

STUDENT OR PARENT(S)/LEGAL GUARDIAN(S) has read this *Study Abroad Agreement*, understands its contents, intending to be legally bound hereby and acknowledges that it is signed freely, voluntarily, and under no compulsion.

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STUDENT (please print)

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STUDENT (signature) Date

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PARENT (If student is under 18 years of age) (please print)

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PARENT (signature) Date