Faculty-Led Study Abroad Program
Student Agreement

Course Number & Title: __________________________________________________________

Program Dates: ________________________________________________________________

Sponsored by: The Department of ____________________________________________ and
The College of ________________________________________________________________

Student Conduct
During my participation in this program, I understand that I am required to maintain appropriate conduct for the
duration of the program as student representatives of San Francisco State University, the State of California, and
the United States of America. I understand I must exercise good judgment and that I am aware that I am subject
to the laws and customs of _______________________. Furthermore, I understand that the Faculty Leader reserves the
right to exercise appropriate action for violations of misconduct.

Independent Activity and Travel
I understand this program ends on ______________________ and that the Travel Insurance purchased through
SF State Risk Management/College of Extended Learning ends on the last day of the scheduled program. If I choose
to remain overseas after the conclusion of the program, I understand that I can request an additional fourteen days
of insurance coverage, subject to the insurance provider’s review and approval. For any travel outside of the
insurance coverage dates, I am fully responsible for my own independent travel, actions, and insurance. The date
I plan to return to the U.S. on: ____________________.

Possible Dangers
I understand that there are dangers, hazards, and risks inherent in international travel, and the activities included
in the international education program including but not limited to air, land and sea travel, dietary differences,
diseases less common in the United States, differences in legal expectations and protection, building code and other
safety differences, any of which could result in serious or even fatal injuries and property damage. I agree to assume
all the risks and responsibilities surrounding my participation in the international education program, and
understand and agree that the State of California, the Trustees of the California State University, San Francisco
State University and the College of Extended Learning, the Office of International Programs, the Office of Student
Affairs & Enrollment Management and the officers, employees, and agents of each of them cannot and do not
assume responsibility for any such personal injuries or property damage.

Program Changes
The University has the right to make cancellations, substitutions or changes in case of emergency or changed
conditions or in the interest of the Program. If I leave or am expelled from the Program for any reason, there
will be no refund of fees already paid.

I have read and understand the information provided and agree to these terms stated above.

Participant Signature ____________________ Printed Name ____________________ Date _________