



## INTERNATIONAL STUDENT EXCHANGE PROGRAMS

Dear

Congratulations! International Student Exchange Programs (ISEP) is pleased to offer you an opportunity to study at

In order to accept your placement and to prepare to go abroad, you must complete the steps below.

- 1) **Review all of the information in this packet carefully**  
The *Participant Placement Acceptance Form (PPAF)*, the *Conditions of Placement*, the *Institutional Information Sheet (IIS)* for your host institution, and Part I of the *ISEP Student Handbook* outline the benefits and obligations of your ISEP placement. The *ISEP Student Handbook*, the online *United States Country Handbook*, and the *Health and Safety* information from the online *ISEP Student Handbook* provide valuable information for your preparation for departure and for life in your host country. To download an electronic copy of the student handbook, go to [http://www.isep.org/students/Placed/student\\_handbook.asp](http://www.isep.org/students/Placed/student_handbook.asp).
- 2) **Enroll in the ISEP Student Health Insurance**  
The *Student Health Insurance Enrollment Guide* contained in this packet describes the enrollment process. You are required to purchase ISEP health insurance for the full period of your exchange, including travel before and after your study period. Please read the medical requirements listed on the IIS for your host institution and make sure you have the proper inoculations and records to register. If you arrive without proof of vaccination, you may need to receive the vaccinations before you are allowed to register for classes. The cost for this will not be covered under the health insurance plan.
- 3) **Accept your ISEP Placement**  
Complete, sign, and return the following documents to your ISEP Coordinator: the *Participant Placement Acceptance Form (PPAF)*, the *Conditions of Placement*, and the *Student Self-Assessment Medical Form*. Your Coordinator will sign the PPAF and forward these documents to ISEP.
- 4) **Apply for your Non-Immigrant Visa Status**  
Your DS-2019 Certificate of Eligibility will be sent to your home ISEP Coordinator along with instructions that explain the U.S. visa application process. You may also refer to the *United States Country Handbook* on the ISEP website ([http://www.isep.org/students/Placed/handbook\\_visa.asp?country=41](http://www.isep.org/students/Placed/handbook_visa.asp?country=41)) for detailed information about the visa process. *ISEP urges you to begin your visa application process as early as possible. Note: you should only enter the United States under ISEP's J-1 exchange visitor sponsorship.*
- 5) **Contact your home Coordinator immediately if you have any change in plans.**

We wish you all the best for a productive and rewarding ISEP experience. If you have any further questions, please contact your home or host institution ISEP Coordinator.

Sincerely,

A handwritten signature in black ink that reads "Mary Anne Grant". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Mary Anne Grant  
President



# PARTICIPANT PLACEMENT ACCEPTANCE FORM (PPAF)

## TO ENSURE PLACEMENT, RETURN THIS FORM TO ISEP BY

(Please ensure that the information specific to your placement is pre-printed in the fields below before submitting form.)

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Home Institution: \_\_\_\_\_ Academic Level: \_\_\_\_\_

Host Institution: \_\_\_\_\_

Exchange Period: \_\_\_\_\_ Exchange Equivalent: \_\_\_\_\_

Please carefully read this PPAF and the Conditions of Placement. Complete and sign all forms and return them to your home ISEP Coordinator. Keep a copy for your records. In addition, carefully read the Institutional Information Sheet (IIS) for your host institution, taking note of any special conditions. Before accepting your placement, discuss with your Coordinator the policies of your home institution regarding academic requirements and refunds of your program fee.

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### SECTION I: To be completed by the ISEP Participant

I have received all of the following items. (Contact your Coordinator if any are missing.)

PPAF packet:

Letter of Congratulations                      Health Insurance Enrollment Guide      Self-Assessment Medical Form  
Participant Placement Acceptance Form (PPAF)      Conditions of Placement

I have received the Institutional Information Sheet (IIS) from my Coordinator and I have reviewed the ISEP Student Handbook and the Country Handbook (online).

I have enrolled in the ISEP Student Health Insurance Program. My enrollment number, which can be found next to my name on my BCS Medical ID card, is: \_\_\_\_ \_

I have attached my completed **Conditions of Placement** and **Student Self-Assessment Medical Form**.

#### Check One Statement:

**I accept, understand, and agree** to abide by the conditions outlined in these forms and in the IIS and accept the ISEP placement offered.

**I do not accept** the ISEP placement offered and **do not wish** to be considered for an alternate ISEP placement because:

\_\_\_\_\_

\_\_\_\_\_  
**ISEP Participant Signature**

\_\_\_\_\_  
**Date**

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### SECTION II: To be completed by home institution Coordinator

I give my final approval for the student's participation as described in the PPAF and Conditions of Placement and confirm that all of the above mentioned items have been given to the student. I will keep a copy of these documents for my records and forward the original completed and signed forms to ISEP.

\_\_\_\_\_  
**Coordinator Signature**

\_\_\_\_\_  
**Date**

Participant:

## ISEP CONDITIONS OF PLACEMENT

- I. My exchange placement is limited to the period specified on the PPAF. An extension will only be considered if I secure written approval from my home and host institutions, as well as from ISEP.
- II. I will have the status of non-degree student at my host institution unless another status is indicated on the PPAF.
- III. My exchange placement may be terminated early by ISEP or my host institution if: 1) I fail to remain enrolled full-time at my host institution; 2) I fail to maintain minimum academic standards as defined by my home or host institution; or 3) I am found in violation of the laws or regulations of my host country or institution.
- IV. I will pay to my home institution the designated program fee covering the full period of the exchange placement that is listed on the PPAF. If I withdraw from the program anytime after accepting the placement listed on the PPAF, or if my exchange placement is terminated after I take up placement at my host institution:
  - A. I will still be obligated to pay the ISEP participant placement fee;
  - B. I may still be obligated to pay the full program fee at the discretion of my home institution in collaboration and agreement with ISEP and my host institution;
  - C. I will be obligated to pay any non-recoverable costs incurred by my host institution based on my acceptance;
  - D. I will forfeit my right to receive benefits as an ISEP participant and must reimburse my host institution for any money advanced to me to cover benefits (such as housing and meals) after the date of my withdrawal or termination; and
  - E. I understand that I may lose financial aid or scholarships due to loss of full-time student status.
- V. I will purchase health insurance coverage as required by ISEP.
- VI. I give permission to ISEP to send to my parents or guardians any academic, medical, or financial information deemed appropriate by the Executive and Program staff of ISEP.
- VII. I agree that the official academic records of my work undertaken at my host institution will be released to ISEP for forwarding to my home institution.
- VIII. I will abide by any additional conditions listed on the Institutional Information Sheet, as well as any Special Conditions of Placement.
- IX. ISEP seeks to ensure that benefits and services outlined on the ISEP Terms of Participation for Institutional Members are offered by cooperating institutions, and ISEP shall seek to correct any inadequacies brought to its attention. I understand that ISEP's responsibility to participants does not extend beyond such endeavors and that ISEP is not liable to any participant for benefits not provided by the participant's home or host institution.
- X. I understand that I am subject to the laws of the country or state where I am studying as well as the rules and regulations of my host institution. I also understand that it is my responsibility to be informed about the laws of the country or state and to conduct myself in a manner that complies with those laws.
- XI. I understand that I am responsible for securing all visa documents and making all necessary arrangements to enter the US as explained in the US Country Handbook.
- XII. I understand that course prerequisites at the host institution must be met and that course registration at the host institution is based on the availability of offerings and cannot be guaranteed.
- XIII. I further understand that ISEP and my home institution are not responsible for the possible disruption of studies while I am attending my host institution.
- XIV. I understand that ISEP reserves the right to cancel or alter any placement or amend the conditions of participation should unforeseen circumstances make this advisable. ISEP shall not be liable for any loss resulting from such cancellation or change. ISEP is not responsible for penalties assessed by air carriers that may result from itinerary changes. Any additional expense resulting from itinerary changes or cancellations is the responsibility of the participant.
- XV. I understand that ISEP and my home and host institutions cannot guarantee my health and safety while on exchange. I am responsible for acting prudently and exercising caution and common sense at all times. I also understand that I may be using different forms of transportation to participate in this program. I agree that ISEP as well as my home and host institutions are not responsible for any personal injury, death, and/or loss or damage to property suffered by me during my exchange or during periods of travel with, and independent of, my ISEP exchange.

I have read and accept the Conditions of Placement listed above.

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Participant's Signature

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Date



## STUDENT HEALTH INSURANCE ENROLLMENT GUIDE

**As a condition of placement, all ISEP participants must enroll in the ISEP Student Health Insurance program.\***

### *How do I enroll?*

To enroll, please visit the ISEP Web site at [http://www.isep.org/students/Placed/health\\_insurance7.asp](http://www.isep.org/students/Placed/health_insurance7.asp) and follow the instructions for online enrollment and payment. **After completing payment, you must click on the “Return to ISEP” link in order to ensure that your payment is received by ISEP.** You will be taken to an enrollment confirmation page, which will provide you with your insurance ID cards. Please print these pages. If you encounter difficulties while opening or printing these pages, please email [sgross@isep.org](mailto:sgross@isep.org) (include your name, home and host institutions in your message).

### *The ISEP Student Health Insurance Program*

The ISEP Student Health Insurance Program is administered by International Educational Exchange Services, Inc. (IEES) and MEDEX. The insurance covers:

- Basic Medical—100% of the first \$25,000 of covered expenses subject to a \$25 deductible per incident.
- Supplemental Medical—80% of the next \$31,250 of covered expenses (up to a maximum payment of \$25,000)
- Catastrophic Medical—100% of the next \$250,000 of covered expenses
- Total maximum payment for all three categories is \$300,000.
- Prescription medication: 80% for outpatient, 100% for in-patient treatment
- Medical evacuation and repatriation of remains (in the event of death)
- MEDEX for 24-hour worldwide medical and travel assistance *outside the United States*

In the case of doctor visits, minor procedures, and prescriptions, you may have to pay the full amount up-front and be reimbursed after filing your claim with IEES.

Additional information on the health insurance program including coverage, how to submit claims, etc. is available at [http://www.isep.org/students/Placed/health\\_insurance.asp](http://www.isep.org/students/Placed/health_insurance.asp).

The student health insurance program provides coverage for ISEP participants while they are **outside of their home country**. Benefits are not provided for treatment received after you return to your home country (even in the case of medical evacuation). You need to arrange other insurance to take effect upon your return to your home country.

### **\*Exceptions:**

Ghana and Costa Rica: Students from Ghana and Costa Rica will be automatically enrolled in the ISEP Student Health Insurance. There is no need for the student to enroll online.



## STUDENT SELF-ASSESSMENT MEDICAL FORM

Participant: \_\_\_\_\_

Home Institution: \_\_\_\_\_

Host Institution: \_\_\_\_\_

If you are a student entering the United States, you will be asked by your host institution to show proof of various immunizations (for example: diphtheria, tetanus, polio, measles, mumps, rubella). You will either be required to bring documentation (with English translation) and present it upon registration, or you will be asked to complete a health form sent to you by your host university prior to your departure. This information must be signed by a licensed health professional. Be sure to bring copies of medical records (with English translation) of any accompanying family members as well. The cost of immunizations is the student's responsibility.

**Instructions:** Please read and answer the questions below.

- 1) Do you have any pre-existing conditions? YES  NO
- 2) Do you currently receive any treatments or medication on a regular basis? YES  NO
- 3) Do you have any dietary restrictions? YES  NO
- 4) Do you have any allergies to medication, plants, food, animals, insect stings, etc.? YES  NO
- 5) Do you have any physical limitations or disabilities? YES  NO
- 6) Have you ever had a major illness? YES  NO
- 7) Have you ever had a major surgical operation or been advised to have one? YES  NO
- 8) Have you ever been hospitalized? YES  NO
- 9) Have you ever received treatment for drug or alcohol addiction? YES  NO
- 10) Have you ever been treated by a psychiatrist, psychoanalyst, or psychologist for any mental, emotional or nervous disorder? YES  NO
- 11) Have you ever had treatment in a mental institution? YES  NO
- 12) If you have answered YES to any of questions 1 through 11, please explain below, continuing on the reverse if necessary:
- 13) I give permission for ISEP's health insurance provider (International Educational Exchange Service) and assistance services provider (MEDEX Assistance Corporation) to share all of my medical information with Executive and Program staff of ISEP, if necessary, in order to coordinate my medical care in the event of an emergency while I am under ISEP sponsorship. YES  NO
- 14) Are there any concerns regarding your health, family history, or other matters that you would like to discuss with a member of the ISEP staff before you depart? YES  NO

**If yes, please indicate phone number and time when you may be contacted.**

**Daytime Phone Number:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_

- 15) Please provide the name and a daytime telephone number of a parent or guardian who may be contacted in case of an emergency.

Name: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

**By signing below, I certify that the above information is true to the best of my knowledge. I also acknowledge the following:**

I, and my parents or guardians, agree to release and hold harmless ISEP and its employees and agents from any claims arising out of the provision of medical care in my host country.

I understand and agree that this form will be released to my host institution. I also understand and agree that ISEP is not responsible for any decisions, which that institution may make, based upon information it receives from any source about my physical and/or mental condition.

I represent and certify that I am not a minor.

\_\_\_\_\_  
Signature of ISEP Participant

\_\_\_\_\_  
Date