



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 host *Country Handbook*, and the online *Health and Safety* information in the *ISEP Student Handbook* provide valuable information for your preparation for departure and for life in your host country. The handbooks can be found at 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 program, including travel before and after your study period. (If studying in Australia, Austria, Canada-Brock and Laurentian only, Germany, Iceland, New Zealand, or Switzerland, please read the special conditions regarding the purchase of the ISEP Student Health Insurance.)

3) **Transcript Responsibilities of ISEP Participants**

Read carefully this form and any specific transcript information contained in your host institution IIS. It is your responsibility to be familiar with the transcript requirements of your home and host institutions. The *Transcript Responsibilities* form describes how and when to use the *Host Institution Enrollment Form* included in this acceptance packet. Do not lose this form; you will need it while studying at your host institution.

4) **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*, the *Student Self-Assessment Medical Form*, and the *Transcript Responsibilities*. Your Coordinator will sign the PPAF and forward these documents to ISEP.

5) **Apply for your Passport and Visa**

Please refer to the *ISEP Student Handbook* and the online *Country Handbook* for information about visas. It is imperative to begin the application process immediately; the process can take up to four months for some countries. The *Letter of Certification* should be submitted along with your visa application. Some countries require a more detailed letter; see the country handbook for further information. *Remember:* It is *your* responsibility to obtain the necessary documents before your departure from the United States. ISEP has no authority in the issuance of visas or residence permits for entry into another country.

6) **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,

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.

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

Participant Placement Acceptance Form (PPAF)

Conditions of Placement

Transcript Responsibilities Guidelines

Health Insurance Enrollment Guide

Self-Assessment Medical Form

Letter of Certification

Host Institution Enrollment Form

I have received the Institutional Information Sheet (IIS) from my Coordinator and I have reviewed the ISEP Student Handbook and 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, Student Self-Assessment Medical Form, and Transcript Responsibilities Guidelines.**

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

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 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 am responsible for obtaining the necessary documents to apply for a student visa for my host country before departure from the US.
- 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.

Participant's Signature

Date



TRANSCRIPT RESPONSIBILITIES OF ISEP PARTICIPANTS

Before Departure:

- Read and understand #17-Transcript Issuance on the Institutional Information Sheet (IIS) for your host institution. If you are planning to graduate immediately after your exchange period, be aware of the deadline by which your transcript must be received by your home institution. If this deadline conflicts with the host site's date of transcript issuance, seriously consider if you will be able to attend that institution.
- Familiarize yourself with the host institution academic system.
- Get written approval from your home institution for courses to be taken abroad.

While Abroad:

- After registering for courses at your host institution, complete Part 1 of the *Host Institution Enrollment Form*. Have it signed by your host ISEP Coordinator; fax or mail a copy to your home Coordinator, and retain the original until the end of your exchange. NOTE: All ISEP participants should complete this form; in some countries it may be the only written record of the courses taken abroad.
- Inform your home Coordinator or academic advisor of any changes made to your academic program abroad.
- Keep copies of all work done abroad, course outlines/descriptions, and any other materials until you have received a complete and correct transcript from your host institution.
- Know and follow all transcripts procedures at the host institution to ensure that a transcript can be issued on your behalf.

Before Returning Home:

- Complete all required work and exams.
- Complete Part 2 of the *Host Institution Enrollment Form*. Have it signed by your professors and your host ISEP Coordinator. Make a copy for your own records, but leave the original with your host Coordinator—many times the host Coordinator will use this document to generate your transcript.
- Ensure that you have made all necessary arrangements to have your transcript sent to ISEP Central in Arlington, VA, including resolving any outstanding financial obligations.
- Abide by the policy that all transcripts are sent directly to ISEP Central by host institution.

When you receive your transcript from ISEP:

- Review the transcript to ensure all courses and credits are properly listed.
- For assistance with any transcript discrepancies, ask your home Coordinator to contact the Transcript Manager at ISEP Central. Clearly explain any problems or possible errors. With the exception of grade disputes, ISEP will contact the host institution and attempt to obtain a revised transcript as warranted.
- NOTE: ISEP cannot provide students with more than one official transcript. If you anticipate needing additional transcripts at a future date (e.g. for graduate school, job applications), contact the host Coordinator directly for the local procedures.

If a student leaves the host institution before completion of the scheduled placement period, ISEP cannot guarantee that the student will receive a transcript. Please note that transcripts will be withheld if financial obligations to home/host institution or ISEP have not been met.

To be completed by the ISEP participant

I, _____, have read and understand the above Transcript Responsibilities.

Signature of ISEP Participant

Date

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.



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 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 (include your name, home and host institutions in your message).

The ISEP Student Health Insurance Program

The ISEP Student Health Insurance Program is provided 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’s visits, minor procedures, and prescriptions, you may have to pay for services 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.

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.

- **NOTE for ISEP PARTICIPANTS to AUSTRALIA, AUSTRIA, CANADA (Brock and Laurentian only), GERMANY, ICELAND, NEW ZEALAND and SWITZERLAND:** Local law requires that students at these institutions enroll in insurance plans that meet national or provincial specifications.
- ISEP students studying in the countries listed above that require enrollment in national health insurance plans as a condition of matriculation may waive the full ISEP health insurance plan, but they *are required to enroll in a MEDEX supplemental policy* that provides the following benefits:
 - Emergency medical assistance and coordination of benefits
 - Medical evacuation and repatriation.

For more information, see http://www.isep.org/students/Placed/health_insurance2.asp and the online Country Handbook.



STUDENT SELF-ASSESSMENT MEDICAL FORM

Participant: _____

Home Institution: _____

Host Institution: _____

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.

- 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



**INTERNATIONAL STUDENT EXCHANGE PROGRAMS
ISEP LETTER OF CERTIFICATION**

TO WHOM IT MAY CONCERN:

This is to certify that the following student will be studying at the named host institution during the _____ academic year under the terms of an exchange agreement between the host institution and International Student Exchange Programs (ISEP).

Student: _____

Host Institution: _____

According to the terms of the agreement, the following costs associated with the student's period of study abroad will be borne by the named institution:

Sincerely,

A handwritten signature in black ink that reads "Linda Jewell". The signature is written in a cursive, flowing style.

Linda Jewell
Vice President



HOST INSTITUTION ENROLLMENT FORM

Part 1. To be completed by the ISEP Participant and the ISEP host Coordinator upon arrival at host institution and when course registration is finalized. If the Participant needs to provide proof of enrollment for financial aid or other purposes, he/she should fax a copy of Part 1 to the home institution. The ISEP Participant and the host Coordinator should both retain copies of this form. At the end of the program, please complete Part 2 of the form. Please note that in some cases, this form may ultimately be used to generate a transcript.

Participant Name:	Home Institution:
Social Security Number:	Host Institution:
Program Period:	Host Coordinator name:
I, the ISEP Participant listed above, have met with my host Coordinator and confirmed registration in the courses listed below. I agree to notify my home institution immediately if there are any changes to my program of study.	I, the host Coordinator listed above, have verified the Participant's enrollment in the program as described.
_____ Signature of ISEP Participant _____ Date	_____ Signature of ISEP Host Coordinator _____ Date

Course Title	Course Code	# Hours/Week	Total # Weeks	Total # Credits (if applicable)	Signature of Professor **Please obtain <u>upon course completion ONLY</u> – see Part 2**

Attach an additional sheet if necessary.

Part 2. To be completed by the ISEP Participant and the host Coordinator upon course completion, prior to departure:

I, the ISEP Participant, have signed all necessary transcript release forms at the host institution and have paid all outstanding balances incurred at the host institution. I have collected signatures from all the professors of courses I have completed and expect to appear on my transcript.

Signature of ISEP Participant _____ Date

I, the host Coordinator, have met with the ISEP Participant above regarding transcript issuance procedures at this institution.

Signature of ISEP Host Coordinator _____ Date

Please affix host university stamp or seal:

****The ISEP Participant and the host Coordinator should both retain copies of this form upon completion of the program.****