

**Policy Name:** Students Participating in Educational Activities Outside Rutgers or Any of its Affiliates

**Approval Authority:** RBHS Chancellor

**Originally Issued:** 04/22/02

**Revisions:** 06/01/11, 04/17/13

1. **Who Should Read This Policy**

All Rutgers University students within Robert Wood Johnson Medical School, School of Health Related Professions, Rutgers School of Dental Medicine, New Jersey Medical School, Graduate School of Biomedical Sciences, School of Public Health, and School of Nursing (former UMDNJ School of Nursing).

2. **Related Documents (refer to [policies.rutgers.edu](http://policies.rutgers.edu) for additional information)**

3. **The Policy**

A. Any **RBHS** student who wishes to participate, as part of an academic program, in an educational activity outside the University or any of its affiliates shall obtain written approval from the School's designated Assistant/Associate Dean. Prior to granting approval, the designated Assistant/Associate Dean shall require the student to submit information documenting the name and location of the facility hosting the activity and written permission for the student's participation from the host facility.

The School's designated Assistant/Associate Dean shall consider the information provided by the student to determine whether the host facility's program and the proposed educational activity is consistent with the educational program in which the student is enrolled. For facilities located outside the United States, the School's designated Assistant/Associate Dean shall also consult the U.S. Department of State Travel Warnings and Alerts and the Centers for Disease Control and Prevention (CDC) Travel Health Warnings and immunization recommendations. If the location in which the proposed activity will take place is subject to a United States Department of State or CDC Travel Health Warning, the designated Assistant/Associate Dean shall not authorize the activity as a University-approved activity. Following approval by the Assistant/Associate Dean, students shall monitor the U.S. Department of State and CDC websites for Travel Warnings, Alerts Travel Health Warnings and advise the Assistant/Associate Dean of the imposition of any such warnings or alerts. Approval for any proposed activity will be revoked if the location becomes subject to a U.S. Department of State or CDC Travel Health Warning, or if concerns regarding safety and security arise prior to the commencement of the activity.

B. If a program of comparable educational value is not available in a location not on a US Department of State's or CDC's Travel Warnings or Alerts, and if the student provides specific, cogent arguments that the educational value of travel to a location subject to a U.S. Department of State Travel Warning or Alert or a CDC Travel Health Warning outweighs safety concerns, or is of the opinion that the Travel Warning, Alert or Travel Health Warning is not pertinent to the specific area of the county to which the student will

be traveling, the student may request an exemption to the denial of travel by submitting a written justification to the appropriate Assistant/Associate Dean.

If the Assistant/Associate Dean supports the student's decision to travel to a location subject to U.S. Department of State Travel Warning or Alert or CDC Travel Health Warning, she/he will forward all pertinent information, including the student's written justification, to the Vice Chancellor for Academic Affairs who will convene an ad hoc committee of that School's Assistant/Associate Dean for Academic Affairs, Student Affairs, or Global Health, as appropriate, a designee from another RBHS school, and a designee from the Office of Academic Affairs. The ad hoc committee will review the pertinent information and consider the educational value of the travel versus the risk of travel. The committee may consult with outside agencies and/or University resources, including the Department of Risk Management, and Insurance, with expertise in study abroad and/or international travel. The decision of the committee is final.

The University's Office of Emergency Management is available to assist the School's designated Assistant/Associate Dean with the risk assessment and management process.

- C. Students must secure health insurance to provide adequate coverage for any injuries or illnesses sustained or experienced while participating in University-approved educational activities outside the University or any of its affiliates. If studying outside the U.S., the insurance policy, or such insurance as described in Exhibit D, must include, but not be limited to, coverage for medical evacuation and repatriation.
- D. Students are required to review the immunization guideline recommendations of the Centers for Disease Control and Prevention for travel to a particular country or region and to consult with the School's Assistant/Associate Dean for Academic Affairs, Student Affairs, or Global Health, as appropriate to review the immunization recommendations.
- E. Students are required to monitor the U.S. Department of State website for recommendations for notifications to local U.S. Embassies of their local contact information and any other suggested data. Travelers are also advised to enroll in the State Department's "Smart Traveler Enrollment Program (STEP)"; information can be found at <https://travelregistration.state.gov/lbrs/ui>. This program allows the traveler to enter information about the trip so the Department of State can assist in an emergency and provide routine information from the nearest U.S. embassy or consulate. In addition, all travelers should have the U.S. Department of State Citizens Emergency Center Assistance to Travelers phone number readily available and accessible to them when in the foreign country: (202) 647-5225.
- F. All students participating in a University-approved educational activity outside the University or any of its affiliates for either a single activity of an extended period of time or for time periods in which they will likely participate in more than one shorter-term activity (e.g., University-sponsored trips to conferences), must sign a "Waiver and Release Agreement" (see EXHIBITS A and B) prior to embarking on the activity. If EXHIBIT B is not signed and on file prior to the activity, then EXHIBIT A must be signed and filed. These forms are available to students at the office of each School's designated Assistant/Associate Dean.
- G. Each School of the University shall include the statement concerning waiver and release (see EXHIBIT C) in its catalog and/or student handbook indicating the requirements for students participating in University-approved educational activities outside of the University or any of its affiliates.

- H. The designated Assistant/Associate Dean shall maintain information concerning all approved educational activities outside Rutgers or any of its affiliates, including identification of the student, the host facility, dates of participation, assurance by the student that required health insurance is in place (included in EXHIBIT A and EXHIBIT B), telephone number or other reliable means of contacting the student and documentation of approval of the activity by the School. The information should be maintained in a manner in which names of host facilities, students and category of educational activity are available for reference.
  
- I. Travel with or Transportation of Research-Related Materials and Data – Students traveling outside the United States must be aware of federal limitations on items that can be carried abroad. All transfers of research materials, software or data must comply with export control and trade sanction regulations. Export controls are federal laws that regulate the export of sensitive technologies, equipment, software, biological agents and related data services. These laws require that licenses be obtained for exports of these sensitive items unless an exemption exists. Trade sanctions against hostile targets, including countries, may prohibit travel, payment or providing anything of value to the sanctioned country, regardless of exemptions. More information regarding export controls can be found at: <http://www.bis.doc.gov/deemedexports/deemedexportsfaq.html>. Questions should be directed to the Office of Legal Management.

VI. EXHIBITS

- A. WAIVER AND RELEASE AGREEMENT FOR USE PRIOR TO PARTICIPATION IN A UNIVERSITY-APPROVED EDUCATIONAL ACTIVITY OUTSIDE RUTGERS OR ITS AFFILIATES FOR AN EXTENDED PERIOD OF TIME
  
- B. WAIVER AND RELEASE AGREEMENT FOR USE PRIOR TO PARTICIPATION IN ONE OR MORE SHORT-TERM UNIVERSITY-APPROVED EDUCATIONAL ACTIVITIES OUTSIDE RUTGERS OR ITS AFFILIATES
  
- C. WAIVER AND RELEASE FOR STUDY OUTSIDE RUTGERS OR ITS AFFILIATES (For Inclusion in Catalog and/or Student Handbook. This Statement Does Not Eliminate the Need for Students to Sign Waiver Forms).
  
- D. INTERNATIONAL TRAVEL INSURANCE

EXHIBIT A

**WAIVER AND RELEASE AGREEMENT FOR USE PRIOR TO PARTICIPATION IN A UNIVERSITY-APPROVED EDUCATIONAL ACTIVITY OUTSIDE RUTGERS OR ITS AFFILIATES FOR AN EXTENDED PERIOD OF TIME**

This is a release of legal rights – read and understand before signing.

I am a student at Rutgers, The State University (“University”) and have asked and been granted permission to participate in a program of study or educationally related experience (“Program”) outside the University or any of its affiliates.

Name of Program institution, dates of participation and Program contact information:

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In consideration for being permitted to participate in the Program, I agree to the following:

1. I have secured, or will have secured before commencing the Program, health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. In addition to and separate from the requirement for me to carry health insurance, if studying outside the U.S., I understand that I must be covered by insurance for medical evacuation and repatriation. Medical and repatriation insurance may be provided through my health insurance coverage, by my independently obtained travel insurance or by travel insurance which may be obtained on my behalf by the University. I acknowledge that the University has provided me with information concerning any insurance engaged by the University on my behalf and concerning the availability of such commercial insurance for my purchase. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside of my area of residence or, if applicable, outside the United States, and hereby release the University, its officers, employees, faculty and agents from any responsibility or liability for expenses or damages incurred by me for injuries or illnesses (including death) that I may incur, including any expenses or funds that may be advanced by the University, or by an insurer covering my travel, to facilitate my safety or wellbeing. By way of example, an international travel insurer, such as International SOS, may advance funds to me to allow immediate medical treatment. Those funds may be charged to the University, and I agree to reimburse the University for the full amount. I agree to be personally responsible for seeking any available reimbursement from my health insurance provider and to be solely responsible for any costs not covered by my health insurer due to deductibles, co-payments, uncovered services or any other reason whatsoever. If I am an employee of the University, I agree to allow the University legal authority to withhold from or garnish my future wages in the event of any such costs. (Please consult the Office of Student Affairs for current travel insurance information.)
2. I hereby authorize Rutgers to approve payment by any international travel insurer for overseas medical, dental or other offered services, on my behalf, in the event of an emergency.
3. I understand that the Program institution or agency is an independent operator and not sponsored by or affiliated with the University in any manner. Notwithstanding any agreement by the University to award academic credit for the course of study I undertake, the University has not required me to participate in the Program in any way, and my academic progress at the University will not be adversely affected if I decide not to participate. I understand that the University has not undertaken any kind of control or supervision over the Program institution, my program of study, my itinerary, obtaining/maintaining the appropriate documents (passport/visa) for travel outside of the US, travel arrangements or accommodations.
4. I understand that there are unavoidable risks in travel and living away from home, including the risks of transportation, foreign political, legal, social and economic conditions; different standards of design,

safety and maintenance of buildings, public places and conveyances; local medical and weather conditions and other unanticipated risks. Knowing these risks, and in consideration of being permitted to participate in the Program, I hereby release and waive, on behalf of myself, my family, heirs and personal representative(s), any claims or potential claims whatsoever for any and all liability for harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may accrue to me, arising out of or related to my participating in this Program. I further agree to save and hold harmless the University, its officers, employees, faculty and agents, from any claim made by me or my family or personal representative(s) arising out of and my participation in the Program and any travel I undertake in connection with it.

5. I will become informed of any recommendations or advisories issued by any United States governmental entity as to the risks of travel to and within my Program location. I will enroll in the State Department's "Smart Traveler Enrollment Program (STEP)" at <https://travelregistration.state.gov/ibrs/ui>. This program allows me to enter information about the trip so the Department of State can assist me in an emergency and provide me routine information from the nearest US embassy or consulate. I will have the U.S. Department of State Citizens Emergency Center Assistance to Travelers phone number readily available and accessible when in the foreign country: (202) 647-5225. If notification of the local U.S. Embassy is suggested by the Department of State website, I agree to maintain such notification of my local contact information and any other suggested data.
6. I understand that each state and foreign country has its own laws and standards of acceptable conduct, and recognize that behavior which violates those laws or standards could harm the University, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for the location of the Program and will assume the risk of any legal problems I may encounter with any government or controlling administration. The University is not responsible for providing any assistance under such circumstances.
7. I understand that I am required to monitor the U.S. Department of State and Centers for Disease Control websites for travel warnings, alerts or travel health warnings concerning any location in which I have obtained approval to participate in a Program. If a travel warning, alert or travel health warning is issued, I agree that I will immediately advise the University and that the approval will be revoked.
8. I understand that the University may engage travel insurance coverage which will provide assistance to me related to my safety and security before and during international travel. I agree that I will acquaint myself with the coverage and assistance offered. I agree that, if such travel insurance is in force, I am required to register requested information on the insurer's student travel information form so that the insurer and the University may locate and assist me in case of emergency occurring during my travels.
9. I agree that should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.
10. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this release. I have the right to consult with the advisor or attorney of my choice.
11. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, venue will lie in Essex County, New Jersey and that the laws of the State of New Jersey will govern.
12. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
13. 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 as well as my own.

I HAVE CAREFULLY READ THIS RELEASE FORM BEFORE SIGNING IT.

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
School Official Signature              Date

\_\_\_\_\_  
School Official Name (printed)

\_\_\_\_\_  
Parent or Guardian Signature      Date  
(if applicable)

\_\_\_\_\_  
Parent or Guardian Name (printed)

## EXHIBIT B

### **WAIVER AND RELEASE AGREEMENT FOR USE PRIOR TO PARTICIPATION IN ONE OR MORE SHORT-TERM UNIVERSITY-APPROVED EDUCATIONAL ACTIVITIES OUTSIDE RUTGERS OR ITS AFFILIATES**

This is a release of legal rights – read and understand before signing.

I am a student at Rutgers, The State University of New Jersey (University”) and may, during my enrollment at the University, participate in one or more educational or other related programs (“Program(s)”) outside the University or its affiliates. In consideration for being permitted to participate in Program(s), I agree to the following:

1. I have secured, or will have secured before commencing the Program, health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. In addition to and separate from the requirement for me to carry health insurance, if studying outside the U.S., I understand that I must be covered by insurance for medical evacuation and repatriation. Medical and repatriation insurance may be provided through my health insurance coverage, by my independently obtained travel insurance or by travel insurance which may be obtained on my behalf by the University. I acknowledge that the University has provided me with information concerning any insurance engaged by the University on my behalf and concerning the availability of such commercial insurance for my purchase. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside of my area of residence or, if applicable, outside the United States, and hereby release the University, its officers, employees, faculty and agents from any responsibility or liability for expenses or damages incurred by me for injuries or illnesses (including death) that I may incur, including any expenses or funds that may be advanced by the University, or by an insurer covering my travel, to facilitate my safety or wellbeing. By way of example, an international travel insurer, such as International SOS, may advance funds to me to allow immediate medical treatment. Those funds may be charged to the University, and I agree to reimburse the University for the full amount. I agree to be personally responsible for seeking any available reimbursement from my health insurance provider and to be solely responsible for any costs not covered by my health insurer due to deductibles, co-payments, uncovered services or any other reason whatsoever. If I am an employee of Rutgers, I agree to allow the University legal authority to withhold from or garnish my future wages in the event of any such costs. (Please consult the Office of Student Affairs for current travel insurance information.)
2. I hereby authorize Rutgers to approve payment by any international travel insurer for overseas medical, dental or other offered services, on my behalf, in the event of an emergency.
3. I understand that all Program(s) institutions or agencies are independent operators and not sponsored by or affiliated with the University in any manner. Notwithstanding any agreement by the University to award academic credit for the course of study I undertake, the University has not required me to participate in the Program(s) in any way, and my academic progress at the University will not be adversely affected if I decide not to participate. I understand that the University has not undertaken any kind of control or supervision over any Program(s) institution, my Program(s) of study, my itinerary, obtaining/maintaining the appropriate documents (passport/visa) for travel outside of the US, travel arrangements or accommodations.
4. I understand that there are unavoidable risks in travel, lodging and living away from home, including the risks of transportation, foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions and other unanticipated risks. Knowing these risks, and in consideration of being permitted to participate in the Program(s), I hereby release and waive, on behalf of myself, my family, heirs and personal representative(s), any claims or potential claims whatsoever for any and all liability for harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may accrue to me, arising out of or

related to my participating in any Program(s). I further agree to save and hold harmless the University, its officers, employees, faculty and agents, from any claim made by me or my family or personal representative(s) arising out of and my participation in any Program(s) and any travel I undertake in connection with it.

5. I will become informed of any recommendations or advisories issued by any United States governmental entity as to the risks of travel to and within my Program(s) location. I will enroll in the State Department's "Smart Traveler Enrollment Program (STEP)" at <https://travelregistration.state.gov/ibrs/ui>. This program allows me to enter information about the trip so the Department of State can assist me in an emergency and provide me routine information from the nearest US embassy or consulate. I will have the U.S. Department of State Citizens Emergency Center Assistance to Travelers phone number readily available and accessible when in the foreign country: (202) 647-5225. If notification of the local U.S. Embassy is suggested by the Department of State website, I agree to maintain such notification of my local contact information and any other suggested data.
6. I understand that each state and foreign country has its own laws and standards of acceptable conduct, and recognize that behavior which violates those laws or standards could harm the University, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for the location of any Program(s) and will assume the risk of any legal problems I may encounter with any government or controlling administration. The University is not responsible for providing any assistance under such circumstances.
7. I understand that I am required to monitor the U.S. Department of State and Centers for Disease Control websites for travel warnings, alerts or travel health warnings concerning any location in which I have obtained approval to participate in a Program. If a travel warning, alert or travel health warning is issued, I agree that I will immediately advise the University and that the approval will be revoked.
8. I understand that the University may engage travel insurance coverage which will provide assistance to me related to my safety and security while on international travel. I agree that I will acquaint myself with the coverage and assistance offered. I agree that, if such travel insurance is in force, I am required to register requested information on the insurer's student travel information form so that the insurer and the University may locate and assist me in case of emergency occurring during my travels. (Please consult the Office of Student Affairs for current travel insurance information.)
9. I agree that should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.
10. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release, I have the right to consult with the advisor or attorney of my choice.
11. I agree that, should there be any dispute concerning my participation in any Program(s) that would require the adjudication of a court of law, venue will lie in Essex County, New Jersey and that the laws of the State of New Jersey will govern.
12. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in any Program(s), including any number of Program(s) I may undertake during my enrollment, and that it supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
13. 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 as well as my own.



I HAVE CAREFULLY READ THIS RELEASE FORM BEFORE SIGNING IT.

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
School Official Signature              Date

\_\_\_\_\_  
School Official Name (printed)

\_\_\_\_\_  
Parent or Guardian Signature    Date  
(if applicable)

\_\_\_\_\_  
Parent or Guardian Name (printed)

## EXHIBIT C

### WAIVER AND RELEASE FOR STUDY OUTSIDE RUTGERS OR ITS AFFILIATES

(For Inclusion in Catalog and/or Student Handbook. This Statement Does Not Eliminate the Need for Students to Sign Waiver Forms).

Students at Rutgers Biomedical and Health Sciences may request permission to participate in a program of study or other educationally related experiences ("Program") outside the University or its affiliates. In consideration for being permitted to participate in a non-affiliated Program, students accept the following responsibilities and risks:

1. Before commencing the Program, the student must secure health insurance to provide adequate coverage for any injuries or illnesses sustained or experienced while participating in the Program. In addition to and separate from the requirement to carry health insurance, if studying outside the U.S., the insurance policy must include, but not be limited to, coverage for medical evacuation and repatriation. Medical and repatriation insurance may be provided through the student's own health insurance coverage, by independently obtained travel insurance or by travel insurance which may be obtained by the University. The University will provide students with information concerning the availability of such commercial insurance for purchase. Students must confirm that their health care coverage will adequately cover them while outside of their area of residence or, if applicable, outside the United States, and release the University, its officers, employees, faculty and agents from any responsibility or liability for expenses or damages incurred for injuries or illnesses (including death) that may occur, including any expenses or funds that may be advanced by the University, or by an insurer covering travel, to facilitate the student's safety or wellbeing. By way of example, an international travel insurer, such as International SOS, may advance funds to allow immediate medical treatment. Those funds may be charged to the University, and the student must agree to reimburse the University for the full amount. Student must agree to be personally responsible for seeking any available reimbursement from the health insurance provider and to be solely responsible for any costs not covered by the health insurer due to deductibles, co-payments, uncovered services or any other reason whatsoever. If an employee of Rutgers, employee must agree to allow the University legal authority to withhold from or garnish my future wages in the event of any such costs.
2. Student/employee is required to authorize Rutgers to approve payment by any international travel insurer for overseas medical, dental or other offered services in the event of an emergency.
3. Non-affiliated Program institutions or agencies are independent operators and not sponsored or administered by the University in any manner. Notwithstanding any agreement by the University to award academic credit for a course of study, the University does not require students to participate in such Programs in any way, and academic progress at the University will not be adversely affected by a decision not to participate. The University does not undertake any kind of control or supervision over Program institutions, or a student's program of study, itinerary, obtaining/maintaining the appropriate documents (passport/visa) for travel outside of the US, travel arrangements or accommodations.
4. There are unavoidable risks in travel and living away from home, including the risks of transportation, foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions and other unanticipated risks. Knowing these risks, and in consideration of being permitted to participate in the Program, students release and waive, on behalf of them, their family, heirs and personal representative(s), any claims or potential claims whatsoever for any and all liability for harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that they may have or that may accrue to them, arising out of or related to participation in the Program. Students further agree to save and hold harmless the University, its officers, employees, faculty and agents, from any claim made by them or their family or personal

representative(s) arising out of participation in the Program and any travel undertaken in connection with it.

5. Students are required to become informed of any recommendations or advisories issued by any United States governmental entity as to the risks of travel to and within Program locations. Students are also required to monitor the U.S. Department of State and Centers for Disease Control websites for travel warnings, alerts or travel health warnings concerning any location in which they have obtained approval to participate in a Program. If a travel warning, alert or travel health warning is issued, students are required to immediately advise the University and that the approval will be revoked. Travelers will enroll in the State Department's "Smart Traveler Enrollment Program (STEP)" at <https://travelregistration.state.gov/ibrs/ui>. This program allows the traveler to enter information about the trip so the Department of State can assist in an emergency and provide routine information from the nearest US embassy or consulate. In addition, all travelers should have the U.S. Department of State Citizens Emergency Center Assistance to Travelers phone number readily available and accessible to them when in the foreign country: (202) 647-5225. If notification of the local U.S. Embassy is suggested by the Department of State website, students agree to maintain such notification of their local contact information and any other suggested data.
6. The University may engage travel insurance coverage which will provide assistance to students related to their safety and security while on international travel. Students are required to acquaint themselves with the coverage and assistance offered and are required to register requested information on the insurer's student travel information form so that the insurer and the University may locate and assist the student in case of emergency occurring during international travels. (Please consult the Office of Student Affairs for current travel insurance information.)
7. Students must recognize that each state and foreign country has its own laws and standards of acceptable conduct, and recognize that behavior which violates those laws or standards could harm the University, as well as the student's own health and safety. Students are required to become informed of, and will abide by, all such laws and standards for the location of the Program and will assume the risk of any legal problems encountered with any government or controlling administration. The University is not responsible for providing any assistance under such circumstances.

ANY STUDENT WHO PARTICIPATES IN A PROGRAM OUTSIDE THE UNIVERSITY OR ITS AFFILIATES ACCEPTS THE ABOVE LIMITATIONS AND REQUIREMENTS AND ANY OTHER RELATED PROCEDURES ESTABLISHED BY THE UNIVERSITY.

## EXHIBIT D

### INTERNATIONAL SOS TRAVEL INSURANCE

Effective March 1, 2011 the University has engaged International SOS to provide travel assistance and insurance for University students traveling internationally on University approved activities. Please go to [www.internationalsos.com](http://www.internationalsos.com) for a full program description and coverage information.

Students who are approved by the University to engage in international travel are required to review the International SOS website and program description and to complete the online Personal Travel Record prior to departure. The Personal Travel Record calls for travel and destination information so that a student's itinerary and other information can be accessed by International SOS or by the University, should a student need to be located in the event of an emergency.

International SOS is NOT Health Insurance. Obtaining medical treatment and hospital care abroad can be expensive and medical insurance is often not accepted outside of the United States or your country of residence. Prior to traveling students should check with their health insurance carrier to determine what medical services are covered abroad. In most instances, medical expenses incurred abroad will have to be paid out of pocket and reimbursed later from the insurance carrier. Please review the International SOS program description regarding how ISOS will provide medical assistance, including medical and dental referrals and claims assistance. ISOS can guarantee and pay the out of pocket costs associated with a student's medical care overseas, however the student must reimburse the University for any costs or additional fees charged to the University for these services.