International Experience in Energy, Environmental and Chemical Engineering
An Elective Class for Undergraduate Students; E33 EECE 401
VISIT TO BUDAPEST UNIVERSITY OF TECHNOLOGY AND ECONOMICS,
Budapest, Hungary: Summer of 2016
REGISTRATION FOR CLASS IN FALL 2016
Instructors: Mr. Ray Ehrhard and Professor John Fortner

PARENTAL AGREEMENT - DUE WITH PAYMENT BY December 12, 2015

Student’s Last Name: ______________________________________________
First Name: ___________________ Middle Initial: ______

Behavioral and academic standards: Selection for the Program can be denied or rescinded due to behavioral or academic concerns. Disruptive behavior, academic dishonesty, and other improprieties will not be tolerated. Participation in the program may be terminated by WU for violation of these standards, along with forfeiture of program fees and loss of academic credit for the program.

Drug use and other illegal activities: The possession or use of any quantity of marijuana, cocaine, or other illegal substance is strictly prohibited for the duration of the program. The consequences of substance abuse or other illegal activity at any time during the program include immediate expulsion from the program, forfeiture of all program fees, and loss of academic credit for the program. Furthermore, U.S. citizens in a foreign country are subject to the laws of that country. Neither the U.S. Embassy nor WU can obtain release from jail; they can only aid in obtaining legal assistance.

Inherent conditions, hazards, and risks: Washington University acts only to provide the opportunity for foreign visits and does not guarantee satisfaction with the program or a student’s well-being. Students will not be closely supervised while abroad and are responsible for using good judgment to ensure their own health, safety, and welfare. There are certain inherent conditions, hazards, and risks associated with international travel and living abroad for which the University cannot and will not assume responsibility. These include, but are not limited to, inclement weather, natural disasters, labor disputes, riots, terrorism, delays or disruption of travel or accommodations, accidents, and disease. During the period of participation in the program, and during transit to or from the program, WU will not be responsible for any injury or damage or for any personal liability sustained or incurred.

Medical needs and health insurance: You and your student are responsible for assessing medical needs. Physical or emotional problems may be exacerbated by stresses associated with study abroad. A student must be medically able and prepared to participate in the program, including appropriate immunizations. You and your student are responsible for verifying that the student will have adequate health insurance coverage and that it will remain effective for the duration of the program. Students participating in this program are covered by mandatory WU student health insurance, which provides worldwide coverage for partial reimbursement of medical expenses plus the services of Assist America, including medical evacuation and repatriation of remains.
**Authorization for emergency medical treatment:** Washington University representation is not available at all program sites. Nevertheless, by signing the following statement, you are granting permission to WU and any person acting on behalf of the University to authorize emergency medical treatment for your student when deemed necessary, and you are agreeing that neither the University nor the person acting on behalf of the University can be held responsible for any injury or damage that may arise out of or in connection with such authorization.

**Billing:** There will be an additional fee to participate in the program. It will cover expenses for the travel, stay and other aspects of the program. The amount for the program for this year is anticipated to be approximately $3,000. You agree to pay the full amount understanding that this will not be refunded if the student withdraws from the Program.

A check payable to Washington University should be enclosed with this signed Parental Agreement Form.

**Parent/Guardian’s Statement of Consent**

The above named student has my permission to participate in the above listed program(s). I agree to the terms and conditions listed above, and will meet the applicant’s expenses, including all travel and other costs incurred.

________________________________________________________________

Parent’s Signature / Date

________________________________________________________________

Printed Name / Telephone Number

Please sign this form and mail it with a check payable to Washington University in the amount of $3,000 to:

International Experience Program
Attn: Mr. Ray Ehrhard (REHRHARD@WUSTL.EDU)
Brauer 3021
Department of Energy, Environmental and Chemical Engineering
Washington University in St. Louis
Campus Box 1180
One Brookings Drive
St. Louis, MO 63130-4899
Tel: 314-935-8589

(Alternatively you may FAX to 314-935-7211 or send electronically to rehrhard@wustl.edu)