

CHRISTIAN BROTHERS UNIVERSITY

Flight Responsibility And Outside Travel Waiver

PLEASE INITIAL BY EACH OF THE FOLLOWING AND SIGN AND DATE BELOW

_____ I understand that if I arrive before/after the scheduled arrival date, I will be responsible to get myself to the site of the program.

_____ I will be responsible for all costs incurred if my arrival or departure dates are different than the official program times.

_____ My belongings will be my responsibility.

_____ I will inform my Study Abroad Advisor if changes are made to my personal itinerary.

_____ I understand if I need a visa for this program I will be advised by my adviser: However, I am responsible for obtaining the actual visa.

_____ I will provide a copy of my current passport to the Office of International Initiatives.

_____ I understand any travel outside of the actual program itinerary is at my own expense and the Study Abroad office is not liable for any travel outside of the published itinerary, insurance, or any other expense.

NAME _____ DATE _____

RETURN SIGNED FORM TO:

**Dr. Emily Forsdick BU 346 or
Mrs. Wanda Anderson BU 342**