



WHILE PARTICIPATING IN A STUDY, INTERNSHIP, OR VOLUNTEER PROGRAM, YOU ARE REPRESENTING IEP, YOUR UNIVERSITY, AND YOUR COUNTRY. BY SIGNING THE CODE OF CONDUCT, YOU UNDERSTAND AND AGREE TO THE GUIDELINES DESCRIBED. ANY PARTICIPANT WHO VIOLATES THIS CODE IS SUBJECT TO IMMEDIATE DISCIPLINARY ACTION, INCLUDING THE POSSIBILITY OF PROGRAM DISMISSAL. **PLEASE READ THROUGH THOROUGHLY AND SIGN BACK.**

ALCOHOL & DRUGS

Participants who are of legal age in their host country may consume alcohol in moderation. The consumption of alcohol is prohibited on all official program related activities, including excursions. Abuse of alcohol (public intoxication, consumption in classrooms or on campus, consumption during any part of a program excursion, causing harm or danger to self or others due to intoxication) is grounds for disciplinary action or dismissal. Possession and use of illegal substances is strictly prohibited at all times. Distribution of prescription drugs to others or distributing alcohol to minors is strictly forbidden. By signing this document, I will adhere to all drug and alcohol policies of my host country and IEP.

COST & EXPENSE

I understand that there may be additional program costs including all airport taxes, passport costs, in-country spending money, and any additional food taken beyond the group organized meals. I also understand that IEP, Jacksonville University and my home or host institution are not responsible for the costs incurred for any flight delays, cancellations, or charges.

CRIME

If I am a victim of crime, I agree to notify the resident staff or faculty member. I understand that the on-site staff member will assist me by taking me to the hospital and helping me file the appropriate reports with the local authorities. I understand that I will also be given information on speaking with a counselor.

FINANCIAL RESPONSIBILITY

I agree to assume all financial responsibility for the program. If I do not pay by the program deadline agreed upon with the IEP office, after assessing a late fee, I understand that I am subject to a 2% monthly surcharge until I am paid in full. I understand that if I am using financial aid that I will be subject to a 2% monthly surcharge if I am not paid in full 10 days after receiving my financial aid disbursement from my home university.

HEALTH

I understand that if I fail to inform IEP with accurate and current health information as detailed in the Medical Self Assessment Form and there are related problems during the program that it may result in disciplinary action or even dismissal from the program. I also recognize that I need to specify special needs as they relate to my health or diet and that I will be served the standard menu options as designated for the group. Any variations are my responsibility.

HOUSING

I understand that unless I make a special request, I will be in shared accommodations with other program participants or students. I understand that I may be given a room assignment and must abide by that room assignment for the duration of the program. If I make a legitimate complaint to the resident director within the first 2 weeks of the program, I MAY be able to be placed in alternative accommodations or re-assigned to another room, however I understand that there is no guarantee. Room assignments will not be co-ed and no overnight co-ed guests will be allowed. I understand that I am responsible for any lost deposits due to damage of property and that I am responsible for the charges incurred to replace or repair damaged property in my room, shared living spaces, and homestay.

LAWS

I will make every effort to respect the local culture and follow the laws of the host country and the United States. I understand that I will be held accountable for my actions and am subject to all laws and punishments of the host country and the United States. Additionally, I understand that I will be held accountable for my actions while abroad and that consequences may include judiciary action on my home campus or host institution.

Code of Conduct

PARTICIPATION

I understand that I must participate on all program related scheduled orientations, activities, excursions, meetings and volunteer projects (when applicable) for the entire duration of my program. I am also responsible to adhere to the attendance policies of my host institution. Failure to participate or attend may result in a failed or incomplete grade, or may incur other disciplinary action or dismissal from the program.

PROHIBITED BEHAVIOR

The following behaviors are strictly prohibited: violation of the alcohol & drug policy, criminal behavior, sexual harassment or misconduct as defined by United States law, self-endangerment, abusive language towards staff or other program participants, theft, vandalism, obscene gestures or conduct, participation in political demonstrations or gatherings, property damage, forgery, falsifying records, or participating in any behavior that places yourself or others in danger. Failure to notify an IEP staff member and the appropriate authorities of any criminal matters, pending or otherwise, will result in disciplinary action and/or immediate dismissal from the program.

RIGHTS & PRIVACY ACT

The Family Education Rights & Privacy Act of 1974, as amended, is a federal law, which prohibits institutions from releasing student data to anyone without expressed written permission from the student. If an emergency situation occurs where IEP feels the student's well being, health or safety is in question, IEP would like permission to contact a parent or guardian. All emergency contacts designated on the Emergency Contact Form will be notified first in the event of an emergency situation. By signing this document, I waive the right to the Family Education Rights & Privacy Act of 1974 and give IEP the right to disclose pertinent and related information about me to my parent or guardian, as IEP believes appropriate.

RISK

I understand that there are certain risks inherent with any program and that IEP, Jacksonville University and my home university are not liable or responsible for injury, death, dismemberment, or emotional and psychological distress that may result from international program related travel or independent travel.

DISMISSAL POLICY & PROCEDURE

If a student is asked to leave the program due to disciplinary reasons, no refund will be given and the student will be responsible to pay for all return arrangements, including airfare and all ground transportation. The IEP in-country staff or faculty member will issue the following warnings at their discretion. In the event of severe misconduct, IEP and IEP affiliates reserve the right to dismiss a participant without the verbal or written warning.

1. A verbal warning will be issued to the participant and IEP's office in Jacksonville, Florida will be notified and document the warning.
2. A written warning will be issued to the participant and the IEP office staff will be sent a copy of the warning.
3. Program dismissal. See below for the procedure for dismissal.

- ❖ The IEP in-country staff member will discuss the situation with the participant and go over waivers and pre-departure details with the participant.
- ❖ The IEP in-country staff member will then have the participant sign a document stating they have been asked to depart the program for disciplinary reasons, previously signed on the program waivers.
- ❖ The IEP in-country staff member will contact the IEP emergency phone to inform the IEP staff that the individual will be departing from the program.
- ❖ The IEP staff member on call will inform the rest of the IEP team of the situation and contact the participant's home institution, if participating in a study abroad program.
- ❖ For all JU students, the IEP staff member on call will contact the Vice President's Office at JU to inform them of the situation. In the case of a non-JU student, the IEP staff member will notify the emergency contacts listed by the student.
- ❖ The student is officially off the program and responsible to pay for 100% of the costs of property damages, airfare and all ground transportation.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THIS IEP CODE OF CONDUCT CAREFULLY, UNDERSTAND ITS CONTENTS AND IMPLICATIONS, AND AGREE TO FULLY COMPLY WITH ALL THE POLICIES AND PROCEDURES DESCRIBED IN THIS DOCUMENT.

SIGN _____ DATE ____/____/____