



ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE OF LIABILITY FORM

If a student is under the age of 18, parent/legal guardian signature is required in all signature fields.

Student First Name _____ Student Last Name _____

I, as a student of John Cabot University, hereby understand and adhere to the following:

1. I understand that I must make payment of all fees and charges on or before the date upon which such payment is due. Students who are delinquent in their payments will have their Student ID confiscated, barring them from accessing campus grounds. Students whose IDs have been confiscated are allowed one week to make arrangements with the Finance Office. If they fail to do so, they may be administratively withdrawn from classes without any refund.
I understand and accept that if the fees and charges I owe to JCU are not paid in full, notwithstanding anything to the contrary, JCU will put a hold on my transcripts.
2. I shall abide by all the rules, regulations and policies of JCU currently in force and as amended and introduced from time to time. These are found on the JCU website, in the Academic Catalog, Student Code of Conduct and Student Handbook of the University. I understand that it is my responsibility to abide by the deadlines set on the academic calendar for drop/add, withdrawal, and to remain available until the end of the final exam period.
3. I understand that the University retains full authority to terminate my enrollment for violations of the University policy. I understand that in case of evidence of risk of danger to myself or others of serious psychological distress that might require hospitalization or intensive treatment, my family will be asked to arrange for me to be returned home. I understand that if I am dismissed by the University prior to the end of the term for which I am enrolled, I shall not be entitled to any refunds for tuition, room and board, or travel expenses; I shall be liable for all expenses incurred in connection with such termination (including, but not limited to, immediate withdrawal from University housing) and in arranging for my return transportation to my home country. In such case, my Student ID will be confiscated and I will not have access to university property.
4. I understand that my consent to be a student at JCU will constitute a bar to any recovery by me and/or my sponsors/guardians in any suit or action against John Cabot University (herein, the "University") for any injury, hurt, loss, expense, or damage incurred to me. I am aware of the rights, responsibilities and risks related to my participation as a student at JCU and assume all responsibility for any injury, hurt, loss, expense, or damage I incur or cause to others. I hereby release from any liability of every nature the University, its agents, employees and all other persons acting on its behalf
5. **PROPERTY:** I understand that John Cabot University is not responsible for personal property loss or damage, whether it is in JCU housing, on the school campus or on my person.
6. **IMMIGRATION:** I understand that in order to receive a visa letter to obtain an Italian study visa I must pay in full or have approved financial aid arrangements with the Financial Aid Office and Finance Office. I understand that I must hold a valid document throughout the duration of my studies at JCU. This includes, but is not limited to, possession of proof of EU citizenship, a valid student Visa and/or Permit to stay. If I am a student who requires a study visa, I understand that it is my responsibility to obtain one by orientation. JCU reserves the right to withhold services, such as housing or participation in any university-sponsored activities, if the student does not meet the necessary legal requirements.
7. **HEALTH INSURANCE:** I understand that in order to be enrolled at JCU I must always have a health insurance policy valid in Italy at all times.

I authorize John Cabot University to contact my home university and/or my parents for any reason the JCU administration deems necessary (within the limits of the FERPA) and I authorize the release of information in these cases. I understand that in case of evidence of any emergencies related to health or other type (including being reported missing for over 24 hours), I authorize the University to contact the Emergency Contact Person stated below.

EMERGENCY CONTACT

Name of contact:	Relationship:
Phone/Home:	Cell:

Student Signature: _____

Date: _____

Parent/Legal Guardian Signature (if under 18): _____

Date: _____

By signing the above document I give the JCU Administration my consent to process any personal data required (Privacy: Italian legislative decree n. 196 dated 30 June 2003)



ITALIAN IMMIGRATION ACKNOWLEDGEMENT FORM

Name _____ Last Name _____ Date _____

If a student is under the age of 18, parent/legal guardian signature is required in all signature fields.

1. This section must be signed by all students:

All students must present a valid identification document and health insurance at Orientation:

- During Summer Sessions visiting students must sign the declaration of presence
- Italian and European students must present a valid national ID card or passport.
- Students with a diplomatic document released by the Ministry of Foreign Affairs should present their diplomatic ID card.
- Non-European students must enter Italy with an Italian study visa and present it when applying for the Permit to Stay (please read and sign section below)

Signature _____

Date _____

Parent/Legal Guardian Signature (if under 18) _____ Date _____

2. This section must be signed by Fall/Spring semester Non-European Citizens only:

Non-European Union citizens must obtain a student visa, issued by the Italian Consulate in their country of origin and apply for a Permit to Stay.

The Permit to Stay must be requested within 8 days of arrival in Italy.

Students who require a Permit to Stay will be held responsible for completing the necessary steps and maintaining their legal status throughout their enrollment at John Cabot University.

Students must provide a valid email address where notices and reminders may be sent.

Failure to comply with the Permit to Stay will result in one or all of the following:

1. Student will not be allowed to register for classes
2. Student will be administratively dropped from classes
3. Student's Transcripts will be withheld
4. Student will be subject to a fine in Euros
5. Student will be at risk of being deported by the Italian Authorities

I, _____, am aware that I am responsible for obtaining and maintaining my legal authorization to study in Italy and complying with Italian Immigration Laws, which may include completing the Permit to Stay (*Permesso di Soggiorno*) process.

I am aware that failure to comply with these requirements may result in a block being placed on my record or in fines. I also understand that failure to comply with Italian Immigration Laws places me at risk of being deported from Italy by the Italian authorities.

I also understand that during the week of Orientation, Eduservices representatives are present at John Cabot University and that appointments are available as listed on the 'Permit to Stay (Appointments)' schedule in order to ensure compliance with the Permit to Stay process.

Furthermore, I acknowledge that should I require an appointment after completion of Orientation, I will be subject to a fine of 100 Euro. Also, due to the nature of the process, I will not be reimbursed or refunded by Eduservices should I fail to complete the process with them, and will be responsible for completing the entire process on my own.

Signature _____

Date _____

Parent/Legal Guardian Signature (if under 18) _____ Date _____

By signing the above document I give the JCU Administration my consent to process any personal data required (Privacy: Italian legislative decree n. 196 dated 30 June 2003)