

## Student Agreement

### Expenses

I agree to pay all expenses associated with my participation in an overseas AMS placement, including but not limited to:

- University of Melbourne HECS or tuition fees, including the Amenities and Services fee. All fees will be at the full-time student rate being charged by The University of Melbourne in the semester in which the program commences, regardless of the amount of credit sought for exchange studies;
- The cost of text books and educational supplies required by the host organisation;
- All travel, visa, accommodation and living expenses associated with my participation in the AMS program;
- All health insurance costs and medical and pharmaceutical expenses incurred for my benefit;
- All costs resulting from the modification or termination of my participation in the AMS program.

### Visas

I agree that I am responsible for obtaining appropriate visa or entry documents prior to my departure.

### Insurance

I agree that I am responsible for obtaining insurance that will provide me with medical and health coverage for the duration of my participation in the AMS program, and I am responsible for travel insurance.

### University Funds

I acknowledge that The University of Melbourne has not undertaken to provide any funds to assist with the payment of any expenses referred to in paragraphs 1, 2 and 3 of this document unless it has agreed to do so in a signed letter addressed to me. Please note that separate conditions apply to Melbourne Abroad Scholarships.

### Disclosure of Personal Information

I consent to the disclosure by The University of Melbourne of any personal information about me, including my academic record, in any or all of the following circumstances:

- If The University of Melbourne believes the disclosure would assist any hospital or other medical provider;
- If The University of Melbourne believes the disclosure would assist in satisfying my immigration or visa requirements during the AMS program or otherwise facilitate my travel;
- If The University of Melbourne believes the disclosure is required to enable or assist me to obtain funds;
- In any other circumstance in which The University of Melbourne believes the disclosure of the personal information is warranted.

### Duration of the Program

I understand that my placement will not impede my ability to commence the following semester of study at The University of Melbourne. I understand that I am required to study full-time for the term of my studies abroad unless on a special faculty approved program.

**Unforeseen Events**

I understand that due to the international aspect of my program, events beyond the control of The University of Melbourne may occur including the outbreak of war, civil unrest or natural disasters and that these may require a modification of my participation in the program. I agree that The University of Melbourne may modify my participation in the AMS program in these circumstances.

**Rules and Regulations**

I understand that I am subject to the rules and regulations of both The University of Melbourne and the host institution and that failing to abide by them could result in the immediate termination of my participation in the program in these circumstances.

**Ambassadorship**

I acknowledge that being a representative of The University of Melbourne and Australia is an important part of the program. I undertake to conduct myself in a manner that will not offend either the laws of the host country or the cultural norms or behaviour pattern of the people of the host country.

I agree that The University of Melbourne may terminate my participation in the overseas program if I fail to maintain what The University of Melbourne considers to be an acceptable standard of public and private conduct.

I will regularly review the University of Melbourne's policy regarding safety off campus and overseas travel (at: [http://www.intranet.mdhs.unimelb.edu.au/ehs/student\\_safety](http://www.intranet.mdhs.unimelb.edu.au/ehs/student_safety)) and the current level of warnings (at: <http://www.smarttraveller.gov.au/zw-cgi/view/Advice/>).

**Ongoing Obligations**

I will keep the AMS Administrator informed of my contact details (email, telephone, facsimile and address) at all times. This includes the period before I leave Australia, whilst away on placement and traveling upon my return to Australia.

I will keep the AMS Administrator informed about my expected date of return to Australia and will let them know when I arrive back in Australia.

**DECLARATION**

I have read and understood the above and agree to abide by the statements declared therein.

Signed: .....

Full Name (please print): .....

Student ID: .....

Date: .....

Submit to: AMS Administrator, Medical Education Unit (MEU), Faculty of Medicine, Dentistry & Health Sciences,  
The University of Melbourne VIC 3010 AUSTRALIA. Fax: + 61 3 8344 0188.