STUDENT AFFAIRS
TRAVEL ABROAD NOTICE

As a graduate student at the Johns Hopkins Bloomberg School of Public Health, you may have an opportunity to supplement your education or conduct research in another country. These opportunities often enrich the academic curriculum, contribute to dissertation research, and allow you to apply the knowledge you obtain in the classroom to the world’s communities. While the School encourages participation in these kinds of experiences, international tensions can be high. Therefore, students should seek information on conditions abroad before traveling.

Any plans for international travel should be carefully considered. Before undertaking any travel, please consult the Department of State Website at http://travel.state.gov. Information on US embassies, travel advisories, and the availability of transportation should the situation in a country deteriorate may be found on this site.

If you are traveling to a less developed part of the world, you should be certain to contact your health care provider or the Johns Hopkins International Travel clinic to learn about recommended immunizations and other matters to guard your health. Located on the East Baltimore campus, you can reach the International Travel Clinic by telephone at 410-955-8931. Further information about recommended immunizations and prophylaxis is available at the CDC Website, http://www.cdc.gov/travel.

International students must contact the Office of International Services (OIS) well in advance of any travel to avoid compliance issues with their visa status. OIS may be contacted at 410-955-3371, or at http://www.hopkinsmedicine.org/intlsvcs.

Students who travel must complete a Graduate Student Study Release and must leave contact information with their departmental office or student coordinator. Copies of the Graduate Student Study Release form may be obtained from your departmental student coordinator or Student Affairs.

November 2004
STUDENT AFFAIRS
GRADUATE STUDENT STUDY RELEASE

As a graduate student at the Johns Hopkins Bloomberg School of Public Health, I am planning on conducting part of my graduate studies abroad as follows:

Purpose of Study: ____________________________________________________________________

Academic Term/Dates: ________________________________________________________________

Location/Country: ____________________________________________________________________

I understand that there are a wide variety of risks associated with any travel to and living in a foreign country, including but not limited to lack of access to health care comparable to that available in the United States, crime, dangers associated with public or private transportation, and the safety of road systems and other means of transportation. I understand that every country has its own laws and culture and that I am responsible for my own actions, activities and behavior while I am outside of the United States. I recognize that I am responsible for all aspects of my living and studying while I am abroad, and understand that I may suffer damages or losses to my person or to my property or both.

I certify that I am covered throughout the travel abroad period and throughout my absence from the United States by a policy of comprehensive health and accident insurance that provides coverage for illnesses or injuries I sustain or experience while abroad. I release Johns Hopkins University from any responsibility and liability for my injuries, illness, medical bills, charges or similar expenses.

I agree to release and hold harmless Johns Hopkins University and its employees and agents from any and all liability and damages or losses I may suffer to my person or my property or both, that arise out of or occur during my participation in the foreign study and research, except if the danger or losses are caused by the gross negligence or willful misconduct of University employees.

I agree that this Student Release is to be construed in accordance with the laws of the State of Maryland, and that if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect. I acknowledge that I have read this entire document, and I agree to its terms.

Signature: ___________________________________________________________________________

Name: ________________________________________ ID Number: ________________________

Department/Degree Program: ___________________________________________________________