

Global Enrichment Programs

Confirmation Form

CARLSON SCHOOL
OF MANAGEMENT

UNIVERSITY OF MINNESOTA

Upload to your confirmation checklist within **three weeks** of admission notice.

Please refer to your acceptance email to correctly list program name, track, and term

	First Name: _____ Last Name: _____	Year & Term Year: Winter Break (Fall on Campus Course) May Session (Spring on Campus Course) Spring Break
	Student ID #: _____	
CONFIRMATION	Program Name: _____	
	Track Name: _____	
	<p>YES – I will participate on the education abroad program listed above. I understand that once confirmed I am held to the Cancellation Policy for my study abroad program.</p> <p>NO – I will not participate in this program.</p>	
INSURANCE	<p>U of M Student Health Benefit Plan (Boynton)</p> <p>Other, please indicate: _____ <i>Name of insurance provider</i> <i>Policy Number</i></p>	
COURSE REGISTRATION	<p>I understand that the Carlson Global Institute will register me for the number of credits based on my program for the term in which I will be studying abroad.</p> <p><i>Initial here to signify agreement:</i></p>	
POLICIES	<p>I have read and understand the Cancellation Policy, Student Abroad Code of Conduct, and the University of Minnesota Student Release & Waiver for Education Abroad Opportunities. (These are provided in your confirmation checklist).</p> <p><i>Initial here to signify agreement:</i></p>	
AGREEMENT	<p>By signing, I agree to participate in the Carlson Global Enrichment Program as outlined above. I understand that a space will be reserved for me, and I will be responsible for all program fees according to the Carlson Global Institute Cancellation/Refund policy.</p> <p>_____ <i>Date</i></p> <p><i>Electronic Signature</i></p>	

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