

Global Immersion Programs

Confirmation Form

CARLSON SCHOOL
OF MANAGEMENT

UNIVERSITY OF MINNESOTA

	First Name _____ Last Name _____	<input type="checkbox"/> Fall 2-8 weeks Year ____
CONFIRMATION	Program Name _____	<input type="checkbox"/> Fall Semester Year ____
	Country _____ Student ID # _____	<input type="checkbox"/> Spring Semester Year ____
		<input type="checkbox"/> Summer Term Year ____
	<input type="checkbox"/> YES – I will participate on the education abroad program listed above. I understand once confirmed I am held to the Cancellation Policy for my study abroad program. <input type="checkbox"/> NO – I will not participate in this program.	
INSURANCE	<input type="checkbox"/> U of M Student Health Benefit Plan (Boynton) <input type="checkbox"/> Other, please indicate: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <i>Name of insurance provider</i> <i>Policy Number</i> </div>	
COURSE REGISTRATION	<p>I understand I will register myself for the appropriate IBUS course and corresponding University of Minnesota credits for the term in which I'll be studying abroad." <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). <i>Initial here to signify agreement:</i></p>	
AGREEMENT	<p>By typing my name below, I agree to participate in the Carlson Global Immersion 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> <hr style="border: 0.5px solid black;"/> <div style="display: flex; justify-content: space-between;"> <i>Electronic Signature</i> <i>Date</i> </div>	