

# Global Immersion Programs

## Confirmation Form

CARLSON SCHOOL  
OF MANAGEMENT

UNIVERSITY OF MINNESOTA

	First Name _____ Last Name _____	Fall 2-8 Weeks Year _____
<b>CONFIRMATION</b>	Program Name _____	Fall Semester Year _____
	Country _____ Student ID # _____	Spring Semester Year _____
		Summer Term Year _____
	<p><b>YES</b> – 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.</p> <p><b>NO</b> – I will not participate in this program.</p>	
<b>INSURANCE</b>	<p>U of M Student Health Benefit Plan</p> <p>(Boynton) Other, please indicate: _____</p> <p style="text-align: right;"><i>Name of insurance provider    Policy Number</i></p>	
<b>COURSE REGISTRATION</b>	<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."</p> <p><i>Initial here to signify agreement:</i></p>	
<b>POLICIES</b>	<p>I have read and understand the Cancellation Policy, Student Abroad Code of Conduct, and the University of Minnesota Student Release &amp; Waiver for Education Abroad Opportunities. (These are provided in your confirmation checklist).</p> <p><i>Initial here to signify agreement:</i></p>	
<b>AGREEMENT</b>	<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> <p style="text-align: right;">_____ <i>Date</i></p> <p><i>Electronic Signature</i></p>	