

Phoenix College Ireland Study Abroad Agreement Form

As a participant in the **Phoenix College Ireland Study Abroad Program**, I agree to the following:

1. Enroll and pay the MCCC tuition and registration fees prior to departure.
2. Pay the Phoenix College Ireland Study Abroad Program Fees prior to departure.
3. Attend orientation sessions at PC and purchase any needed supplies prior to departure.
4. Update Passport prior to departure.
5. Pass a medical checkup prior to departure if necessary.
6. Pack appropriately prior to departure.
7. Signed the Liability Release & have read and understood the Refund Policy.
8. Arrive at Sky Harbor Airport with sufficient time to pass inspection and meet group at gate.
9. Endure the long journey by airplane and the consequent "jet lag".
10. Walk to nearby shops for groceries and personal supplies while in Ireland.
11. Be in good physical condition to easily accommodate daily outdoor walking and walking on uneven (cobblestone) surfaces.
12. Be an active participant in class activities.
13. Be self motivated and disciplined to follow required daily schedule of classroom instruction, group projects and field trips.
14. Be willing, able and dependable in your interactions with other class participants.
15. Act as a team player and Be respectful of your fellow travelers, staff and class participants.
16. Be responsible for maintaining your part in the group association.
17. Be willing and able to respond to the advice of the group leaders and our Irish hosts.
18. Be willing to accept decisions made to protect your safety and your well being.
19. Be flexible. Understand that our itinerary can be disrupted due to any number of unforeseeable events.
20. Be self sufficient in spending any unsupervised free time in a responsible manner.
21. Be respectful of the Irish culture and abide by all Irish laws.
22. Be open and enthusiastic to meeting new people of various cultural and ethnic backgrounds.
23. Get home from Sky Harbor Airport.

Signed: _____ Date: _____
(Student participant)

Instructor: _____ Date: _____

Department Chair: _____ Date: _____