**STUDENT WAIVER FOR INTERNATIONAL STUDENT MOBILITY**

To Whom It May Concern:

I am <<your full name>>, \_\_\_\_\_ years old and a <<year of study>> student of the faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_, majoring in\_\_\_\_\_\_\_\_\_\_\_ at <<full name of your university>>.

I have applied for the **9th Batch of Pre-Service Student Teacher Exchange (SEA-Teacher Project)** and will undergo international internship / academic immersion / exchange programme / study visit / skills enhancement) at the **<<full name of receiving institution>>** from <<DD MM YYYY>> to <<DD MM YYYY>>.

In relation to the said program:

1. I believe that it is my responsibility to take the necessary precautions to avoid or get involved in any incident that could cause loss, damage or injury to my own person or that of another;
2. I understand that I am accountable to fully ascertain, if necessary with the help of a medical professional, my physical and mental fitness to join such activity;
3. I must submit the institutional documentary requirements as prescribed by **<<full name of receiving institution>>** and guarantee that I have secured a personal travel and health insurance covering the duration of my internship;
4. I must ensure that I am sufficiently healthy or free from any medical condition that may be aggravated by participation in this activity. Should I be diagnosed of any medical condition during the program, I commit to immediately report the same in writing to the assigned faculty coordinator in my home university and to my field supervisor/mentor/ host institution;
5. I hereby declare that I pledge to strictly observe the rules of the institution on security and confidentiality of information and other regulations that may be implemented.
6. I have properly informed my parents or the person(s) exercising parental authority over my person of the nature of my participation and had secured their consent for my participation. I likewise secured their advice on the measures which I am to undertake for my personal safety and security.
7. I hereby agree to waive any responsibility on the part of **<<full name of receiving institution>>** in relation to any untoward incident which may happen to me during the said internship training, unless the said loss, damage, injury or accident arose from the direct act or gross negligence of **<<full name of receiving institution>>.**

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(Student’s Name and Signature)

**Attested:**

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| **Name and Signature** | **Designation** | **Date** |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Director*  *Office of International Affairs* |  |