

**University of California
Education Abroad Program – Reciprocal Exchanges
Nomination and Authorization for
Release of Academic Records and Information**

Name: _____

Home University: _____

Home University Department: _____

Degree program in which you are *currently enrolled*: _____

Date when you anticipate receiving the above degree: _____

Degree program in which you will be enrolled at your home university *while a Reciprocal Exchange student* (If different from above): _____

Date when you anticipate receiving your degree for the above degree program: _____

I understand that if accepted by a University of California (UC) campus as a Reciprocal Exchange student, there may be certain limitations as to the courses in which I may enroll. Further, I understand that credits toward a University of California degree cannot be earned while I am an Education Abroad Program (EAP) non-degree student, as a waiver of UC fees and non-resident tuition is contingent upon EAP non-degree status.

Any withdrawal or unauthorized leave of absence shall automatically terminate my participation in the Education Abroad Reciprocal Exchanges Program.

I understand that I will be automatically enrolled in a UC-sponsored student health insurance plan and that I will be responsible for payment of the cost of that insurance during each term of enrollment at UC. I understand that I may submit a request for exemption (waiver) from the UC required plan which will be subject to the approval of my host UC. It is further understood that EAP cannot guarantee that my request for waiver, should I choose to submit one, will be approved.

If accepted as a Reciprocal Exchange student, I hereby authorize the release of information and academic records generated during my attendance at the University of California to the Education Abroad Program and my home university, as deemed necessary by this Program.

In the event of a medical or other crisis, the University of California may release any necessary information to my home university and my emergency contact.

I authorize the University of California to release to my school or college counselor/counseling office (or sponsoring agency) information regarding my application, including test scores, transcripts and other supporting documents, as they relate to my admission and scholarship status.

I understand that the Education Abroad Program reserves the right to deny or revoke my acceptance into EAP if I violate University of California rules, or am dishonest in dealing with EAP or other University personnel, or I engage in behavior reflecting a serious lack of judgment or integrity, to the extent that it calls into question my ability to participate successfully in EAP.

I certify the information given on this application to be complete and correct and I agree to abide by all the rules, regulations, and requirements of the University of California and the Education Abroad Program.

I understand these conditions and limitations of my application to the University of California and accept them as written.

Applicant's Signature: _____ **Date:** _____

Home University Authorization: _____ **Date:** _____
(Official of Applicant's Home University)