STAFF INFROMATION

1. Title :
2. Name :
3. Surname :
4. Faculty :
5. Department :
6. Position :

CORRESPONDENCE ADDRESS

8) Home Address:

Phone: E-Mail:

9) Person to be contacted in emergency situations:

Name Surname: Cell Phone:

Address:

I would like to participate in the (Staff Exchange Program) in below host Institution:

|  |  |  |
| --- | --- | --- |
| Host Institution:  (Department, University, Country) | Date | Period to attend the program |
|  |  |  |
|  |  |  |

**Acknowledgment of Responsibilities**

I acknowledge that Ishik University does not warrant that the host country is a safe and suitable country for overseas travel and that my decision to travel to a particular country or region is a personal one. I acknowledge that it is recommended that I should call the Iraq Embassy in that country (or other appropriate body) for the latest travel advice.

Upon arrival in the host country, I acknowledge that I should register with the Iraq Embassy/Consulate nearest to me so that immediate contact can be made if an evacuation or immediate communication is required.

I understand that my participation in this Program and associated travel is my sole responsibility and I assume all financial responsibility, including debt, arising from such circumstance. I acknowledge that I will attend the Pre-Departure briefing offered by Ishik University and agree to follow any relevant directive issued by the Iraq Embassy or High Commission or other Iraq Government representative in the host country

**Staff Declaration and Agreement**

1. I wish to be considered for entry to the International Exchange Program, and declare that all the information submitted on this application form is correct and complete and that I have provided certified copies of the documents indicated in the checklist.

1. I acknowledge that the provision of false or misleading information may result in non-acceptance of this application or immediate exclusion from the International Exchange Program.
2. I understand and accept that I must comply with the academic rules and regulations in place at the Partner Institution and the laws applicable in the host country at all times and that any failure to do so may result in my exclusion from the Partner Institution or expulsion from the host country.
3. I understand that I am responsible for the costs of travel, insurance, living and any additional host university expenses. I understand that I must also pay full tuition fees while I am on exchange.
4. I have obtained and will maintain for the duration of my enrolment with the University adequate health and travel insurance coverage and I agree to indemnify Ishik University for any expenses, losses, damages and costs that I may sustain or incur as a result, whether directly or indirectly, of any action arising from any failure by myself to obtain or maintain adequate health and travel insurance coverage. Where health insurance must be purchased from and is a mandatory component of my enrolment at my host university.
5. I agree that ishik University and its staff are not to be held accountable for any injury or loss I may suffer when I am acting or travelling independently before and/or after the Program. I also agree that I am responsible to ensure that my travel and medical insurance covers me for the total period of my travel including any independent travel before and/or after the Program.
6. I understand that it is my responsibility to negotiate and obtain approval from Ishik University for obtaining academic credit for any course or subjects completed at the Exchange Institution.
7. I understand that the collection of information in this form is for the purposes of the International Exchange Program and is protected by the Privacy and Personal Information Protection. The information collected will be used to determine my eligibility for the International Exchange Program and financial assistance associated therewith. I understand that this information will be stored in the office of the Coordinator, Study Abroad and Exchange and will be kept for the appropriate legal time limit and then destroyed.
8. If accepted for exchange, I expressly consent to Ishik University providing personal information about me to the Exchange Institution at any time including details from this application form and my results or academic transcript in courses or subjects for which I am enrolled.
9. I understand that Ishik University will not be liable in any way for injury, sickness or damage that I may suffer during my participation in the Exchange Program and/or resulting from the travel arrangements and any other related or incidental activities during this program.
10. I have sought and obtained appropriate advice on my responsibilities as set out in this declaration.
11. I understand that this Agreement cannot be modified or amended except in writing by Ishik University.

Signature . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date. . . . . . . .