

**Kosciuszko Foundation's Rules and Regulations
for Summer Study Abroad Participants**

Name _____ Date ____/____/____

Name of Host University _____ Session _____

As a participant in The Kosciuszko Foundation's Summer Study Abroad program you are expected to observe local laws and customs and act in an appropriate manner. The Kosciuszko Foundation and/or the representatives of your host university (Jagiellonian University in Krakow; John Paul II Catholic University in Lublin) reserve the right to require any student to leave the program for reasons of personal behavior or academic standing.

1. As a participant in the program you are required to attend classes and maintain an adequate academic standard.
2. Inappropriate behavior such as violence, disorderly conduct or indecent behavior of any kind is prohibited and may result in suspension, expulsion, ejection and/or arrest by civil authorities.
3. Illegal drugs in any form will not be tolerated and any student dependent on their use should not participate in the program. As a participant in a Kosciuszko Foundation Summer Study Abroad program in Poland you will be subject to the laws of Poland. Possession of any illegal drug may be punishable by fine, imprisonment, and/or deportation. Participants found to be using illegal drugs in any form may be subject to suspension, expulsion, ejection, and/or arrest by the civil authorities in Poland.
4. Theft from or damage to host University or dormitory premises or property, or theft of or damage to property of any person on University and or dormitory premises is prohibited.

Any student engaging in any manner of conduct prohibited above shall be subject to the following range of sanctions: admonition, warning, censure, disciplinary probation, restitution, suspension, expulsion, ejection, and/or arrest by the civil authorities.

I have read these rules and I agree to obey them during the time of my participation in the Summer Study Abroad program. I understand that violation of these rules may lead to probation or suspension. I understand that if for any reason I leave the program, I am responsible for all financial arrangements for my care and for transportation home.

_____/____/____
Signature Date