

**HAMPTON UNIVERSITY**  
**International Office**

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Office Location: Phenix Hall, Room 130 \* Phone: 757-728-6914 \* Fax: 757-637-2100  
Email: [internationaloffice@hamptonu.edu](mailto:internationaloffice@hamptonu.edu)

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**Student Agreement on Registration for Study Abroad**

Name: \_\_\_\_\_ HUID: \_\_\_\_\_

I understand that in order to receive financial aid through Hampton University during my period of study abroad, I must maintain a course load equivalent to full-time study at Hampton University, and that I must register (CSRT) concurrently at Hampton University each semester. I recognize that merit scholarships from Hampton University, also called institutional funds, cannot be used or applied to the costs of the Study Abroad Program(s).

When I am enrolled in the Study Abroad Program, I agree to report any course changes immediately to the International Office of Hampton University, and to give that office my foreign address. I will request an official transcript from my Study Abroad Program to be sent to the International Office of Hampton University at the following address:

International Office  
Phenix Hall, Room 130  
Hampton University  
100 East Queen Street  
Hampton, Virginia 23668

I assume complete responsibility for providing my own health, accident, life and repatriation insurance. I understand that my primary resource for this insurance information is my Study Abroad Program.

I further confirm that I currently have no financial holds on my account at Hampton University, and I accept responsibility for all fees due to the Study Abroad Program, and other expenses, not covered by the funds in my account at Hampton University, for the term of my study abroad experience. I acknowledge that failure to pay the balance due to the Study Abroad Program will cause me not to be able to obtain my official transcripts from the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

Email: \_\_\_\_\_