MAPÚA UNIVERSITY	DUAL DEGREE PROGRAM AGREEMENT AND LIABILITY WAIVER	Document No. : FM-CS-17-02 Effective Date: August 12, 2019

NAME:	STUDENT NO:	PROGRAM:	PASSPORT NO:
ASSIGNED HOST UNIVERSITY:			
ADVISER:	DEAN:		DATE:

I do hereby voluntarily undergo Dual Degree Program at **UNIVERSITY NAME** hereinafter referred to as the [Host-University] located at **UNIVESITY ADDRESS** under the following terms and conditions:

a. That the total number of years required of/for me to complete my Dual Degree program is ____ (__);

b. That I shall abide by [Host-University] rules and regulations and comply with those imposed for the Dual Degree program, otherwise I shall be excluded from further participation;

c. That in the course of my Dual Degree program, I may have access to information which may be of a confidential nature and proprietary to [Host-University], for which I may be required to execute a confidentiality and non-disclosure agreement as a pre-requisite to my participation in the Dual Degree program;

d. That I shall personally be made answerable for any and all liabilities for damage to property or injury to third person, which may be occasioned by my intentional or negligent acts during the course of my Dual Degree program

e. That I shall likewise hold [Host-University] and Mapua free and harmless from any and all liability and responsibility for any sickness or injury to myself and third parties and damage to property which I may sustain and/or may occur at any time during the Dual Degree program period including time spent in traveling to and from any and all premises and locations where I may be required to go to as part of my Dual Degree program;

f. That [Host-University] reserves the right to discontinue my participation on reasonable grounds upon written notice to MAPUA.

g. That MAPUA may likewise terminate my Dual Degree program and withdraw my participation thereto on reasonable grounds and after a written notice to [Host-University] and to myself;

h. That in addition to my liability under section (e) and for the pre-termination of my Dual Degree program provided for under sections (f) and (g) hereof, I may be subjected further to disciplinary action in accordance with the school's student manual and/or be a ground for disqualification from graduation.

i. That I understand that all information given shall be used by the MAPUA for legitimate purposes, specifically in relation to my participation in Dual-degree program and shall be processed only by authorized personnel of the MAPUA pursuant to the Data Privacy Policy of the Institute.

STUDENT: _____ SIGNATURE: _____ DATE: _____

IN THE WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, ____, in the City of Manila, Philippines.

_____
Student Trainee
(Signature over printed name)

WITH OUR CONSENT:
I am well aware of the conditions that my child has to partake for this program.

_____
Parent/Guardian
(Signature over printed name)

APPROVALS:

_____
Position (Adviser/Program Chair)
School

_____
Dean
School

ENGR. ROSETTE EIRA ESPEJO-CAMUS
Director
Office of International Career and Exchange Programs

STUDENT: _____ SIGNATURE: _____ DATE: _____