

Annex

**Approved**

by HSE Directive

No. \_\_\_\_\_, dated \_\_\_\_\_

## Student's Consent Form for Outgoing Academic Mobility

I, \_\_\_\_\_,  
(last name, first name, middle name/patronymic (if available) in full)  
\_\_\_\_\_  
(student/doctoral student, faculty/institute, programme, year and level of study)  
passport no. \_\_\_\_\_, issued on " \_\_ " \_\_\_\_\_  
by the following authority \_\_\_\_\_,  
residing at the following address: \_\_\_\_\_

\_\_\_\_\_, tel.: \_\_\_\_\_,  
hereby CONFIRM that I have been fully INFORMED and UNDERSTAND that, in the course of the international academic mobility (hereinafter, "mobility" or the "mobility programme"),

from " \_\_ " \_\_\_\_\_ 20\_\_ until " \_\_ " \_\_\_\_\_ 20\_\_,  
(term of mobility)

\_\_\_\_\_  
(name of mobility programme)  
in the following country \_\_\_\_\_, at the following address:  
\_\_\_\_\_  
(legal address of the host institution)

at the host institution \_\_\_\_\_,  
\_\_\_\_\_,  
the following may take place: natural and/or manmade disasters, acts of god, military or armed conflicts, terroristic acts, accidents and other events, during which my life and health may be placed in danger (hereinafter, "force majeure circumstances").

I hereby CONFIRM that the decision to take part in this mobility programme is mine alone and done so on a voluntary basis. My participation in the mobility programme is undertaken under my own accountability. I hereby agree that I bear responsibility for my life and health while *away from HSE's campus /outside of the territory of the Russian Federation*.

I have been INFORMED in regards to the terms and rules for staying with the host institution, immigration rules, and rules of conduct at the host institution, as well as recommendations for Russian citizens going abroad from the Ministry of Foreign Affairs of the Russian Federation – for Russian citizens or a similar state body – for citizens of other countries; and the procedures for obtaining consular registration.

I UNDERSTAND that should I violate any of the aforementioned rules, my participation in the mobility programme may be terminated at an earlier date as per the decision of the host institution or the relevant local authorities.

I CONFIRM that I have acquired or plan to acquire medical insurance, which is valid for the ENTIRE PERIOD of the mobility programme, and that it meets ALL of the

requirements of the host institution and shall at least cover expenses for emergency medical assistance, including in-patient visits, transportation of the insured person to their place of permanent residence, and repatriation of the deceased's remains.

I AM FULLY AWARE that, during the period of the mobility programme, the Outgoing Mobility Coordinator on behalf of HSE (hereinafter, the "HSE Coordinator") is:

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(last name, first name, middle name/patronymic (if available) in full)

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(position, e-mail address, telephone contact)

I am hereby OBLIGED:

- within 10 days upon the date of my arrival to take part in the mobility programme, to send an e-mail to the HSE Coordinator with a Confirmation of Attendance (Part A) (see Appendix 1), signed by the appropriate person and with the seal of the partner institution/university (if possible);
- within 5 working days upon returning to HSE, to send an e-mail to the HSE Coordinator with a Confirmation of Attendance (Part B), signed by the appropriate person and with the seal of the partner institution/university (if possible).

Should force majeure circumstances arise:

I hereby RECOGNIZE the need to closely follow all instructions from authorized persons of the host institution, present any necessary documents and carry out all activities or refrain from activities as per the current legislation of the country of the host institution, as well as its internal regulations;

I am OBLIGED, by any means accessible during the occurrence of force majeure circumstances, to inform the following persons about the given situation and my status:

- the appointed coordinator of the host institution (name, telephone contact, e-mail – I shall Cc all e-mail communications to the HSE Coordinator);
- the nearest Consulate/Embassy of the Russian Federation;
- the HSE Coordinator.

I hereby CONFIRM that, with this consent, I hereby bestow HSE the right to inform the following persons about ALL circumstances, which I have communicated or that HSE has learned about in regards to a force majeure situation, which may take place during my participation in the mobility programme:

1) \_\_\_\_\_

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(FULL NAME, relationship (if a family member), contact info)

2) \_\_\_\_\_

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(FULL NAME, relationship (if a family member), contact info)

3) (add points if necessary)

I CONFIRM that should I need to immediately leave the city (*country*) where the mobility programme is taking place owing to force majeure circumstances, I am hereby OBLIGED to do the following:

- within 5 days from the date when communication was established with the HSE Coordinator, make a decision on my departure from the city (*country*), where the mobility programme is taking place, or remain there;
- if a decision to leave the city (*country*) is made, acquire a travel document AT MY OWN EXPENSE.

The cost of the travel document shall be reimbursed by HSE after a written request is submitted to the appropriate subdivision. At the same time, I hereby CONSENT that HSE retains the right to assess the grounds for using funds to acquire a travel document and cover its costs at a value deemed appropriate for the given situation.

Should I not possess the funds to acquire a travel document necessary for leaving the host country, I hereby UNDERSTAND that HSE may decide to purchase a travel document on my behalf or send me the funds necessary, if technically feasible and within a reasonable timeframe.

I FULLY UNDERSTAND THE RULES STATED IN THIS CONSENT FORM AND HEREBY AGREE TO ITS CONTENTS.

\_\_\_\_\_/\_\_\_\_\_"\_\_"\_\_\_\_ 20\_\_  
(signature) (FULL NAME) (date)



NATIONAL RESEARCH  
UNIVERSITY

## CONFIRMATION OF ATTENDANCE

*This document shall be completed by any person in an administrative position at the International Office of the Host Institution.*

<b>Academic year</b> _____/_____	<input type="checkbox"/> FALL/WINTER TERM <input type="checkbox"/> FULL ACADEMIC YEAR <input type="checkbox"/> SPRING/SUMMER TERM
<b>Student's name</b>	

is registered as an exchange student at \_\_\_\_\_  
(name of host institution)

### PART A:

*The student must send it to the SIMO-Student International Mobility Office by e-mail at [studyabroad@hse.ru](mailto:studyabroad@hse.ru) within 10 working days from their arrival date.*

**DATE OF ARRIVAL** (dd/mm/yyyy) \_\_\_\_\_

**Name of person in charge:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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

Seal

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### PART B:

*The student must send it to the SIMO-Student International Mobility Office by e-mail at [studyabroad@hse.ru](mailto:studyabroad@hse.ru) within 5 working days after returning to HSE.*

**DATE OF DEPARTURE** (dd/mm/yyyy) \_\_\_\_\_

**Name of person in charge:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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

Seal