



UNIVERSITÀ DI PAVIA Foundation Year Program

DECLARATION OF RISK ASSUMPTION AND DISCLAIMER

I, _____, by signing this form

DECLARE

1) To be aware of being protected by the UnipolSai RCT policy n.178262860 against possible damages held against me/or damages I am civically responsible for, in relation to the institutional activity carried out by me.

2) To be aware that the University of Pavia gives only students waiting for a visa the opportunity to follow the classes online from their home country. In the event of a visa refusal, it will no longer be possible to continue taking classes online and the enrollment will be withdrawn.

3) To be aware that a reimbursement of 75% of the amount paid can be issued only by September 15th 2024. In the event of a voluntary decision to drop out of the program for any reason, no reimbursement or reduction of tuition fees will be permitted after the refund deadline of 15 September 2024.

4) Only and exceptionally in the event of a visa refusal, it will be possible to obtain a refund of 75% of the amount paid even after the 15th of September. The requests for refund due to visa refusal will be accepted by the 31st of January 2025. Subsequent requests will not be refunded. In case of visa rejection, students won't attend classes online and the enrollment will be withdrawn.

5) To be aware that the failure to meet the minimum attendance requirements and failure of final exams will not allow any kind of tuition fee reimbursement or reduction.

6) To be aware that, in case of exacerbation of the Covid-19 pandemic which could lead to restrictions on the in-presence activities, the courses will be held online, without any possibility of tuition fee reimbursement or reduction.

7) To be aware that the inability to attend online classes synchronously due to a critical time zone difference, will not allow any kind of tuition fee reimbursement or reduction.

8) To have suitable insurance coverage underwritten by me against accidents that I may suffer during institutional activities. In the absence of suitable coverage I accept to pay (under penalty of not being able to carry out the mobility period) an insurance premium to the Axa Institutional Student Accident Insurance n.406392448 which will provide me with suitable insurance coverage against accidents that I may suffer during institutional activities, both during my stay in the University premises and in any other places, even outside the University, where I may find myself for study reasons, visits, experiments, and extra-curricular activities, in compliance with the conditions outlined in the Program policy. The insurance premium amounts to 2 euros and must be paid on the PagoPa platform upon arrival.

9) To be aware that the above-mentioned accident policy does not provide coverage for illness and that any viral infections are considered illness.



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10) To be aware that the above-mentioned accident policy does not provide any reimbursement for travel documents.

11) To be aware that the European Health Insurance Card (EHIC) allows all citizens of the European Union, Switzerland, Iceland, and Norway temporarily in another Member State, to direct access the health services of the host country under the same conditions as residents (some services could be provided indirectly, or by paying the relative cost on the spot and receiving a subsequent reimbursement), but does not cover some items, such as medical repatriation, typically covered by some private health policies. It is recommended to check the terms of use and the coverage provided by the EHIC at <https://ec.europa.eu/social/main.jsp?catId=559>

12) To be aware that Non-EU students must register with the " National Health Service ("Servizio Sanitario Nazionale-SSN") to obtain the Health Card ("Tessera Sanitaria") to access public health. The National Health Service will assign you a general practitioner. Subscription to the SSN guarantees reduced rates for medical examinations and treatments. Registration remains open throughout the year, so you can register at any time, but you must renew it at the beginning of the new calendar year.

Finally, I declare that I am informed that, pursuant to and for the purposes of the GDPR 2016/679, the personal data collected and transmitted to others, even electronically, will be exclusively processed in the context of the procedure for which this statement is made. The complete information is available on the website <https://privacy.unipv.it>

Foundation Year Program Director

Date:

Full signature: