

## Alcohol Reimbursement Pre-Approval Form

### KANSAS STATE UNIVERSITY ALCOHOL POLICY FOR STUDY ABROAD PROGRAMS

Kansas State University does not permit the use, possession, or distribution of alcohol during any University-sponsored study abroad program time, unless it is pre-approved by Education Abroad based upon demonstrated educational and cultural benefits to the student(s). Participants shall be allowed to opt out of participation in any such event. Other than these pre-approved events, use, possession, or distribution of alcohol is not permitted during program time and is not a reimbursable expense for the faculty leader. Participants should also inform themselves and abide by the host country's laws and customs related to alcohol consumption.

### PROGRAM INFORMATION

**Main Faculty Leader Name** (please print): \_\_\_\_\_

**Course Title(s):** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Term:** ☐ Fall Semester ☐ Spring Semester ☐ Summer Semester

**Study Tour Departure Date:** \_\_\_\_\_ **Study Tour Return Date:** \_\_\_\_\_

**Host Location(s)** (Cities and Countries): \_\_\_\_\_

### ACADEMIC JUSTIFICATION FOR ALCOHOL EXPENSES

Please attach a separate sheet that lists the locations, dates, and nature of any activities during program time that may involve the use of alcohol. In addition, please describe (in a paragraph) how the use, possession, or distribution of alcohol in these activities demonstrates an educational and cultural benefit to students.

For example, do any of your group meals include alcohol as part of a set menu? Are you going on any site visits to wineries, breweries, or distilleries that may include alcohol? How are these activities essential parts of the program's academic focus?

### ACKNOWLEDGEMENT OF ALCOHOL POLICY

**Faculty Leader Initials:** \_\_\_\_\_ I have read and understand the Kansas State University Education Abroad Alcohol Policy (above) and agree to its terms and conditions. I understand that I may be reimbursed *only* for alcohol expenses that are justified on this form.

### APPROVAL SIGNATURES

**Main Faculty Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OIP Office Use Only:** \_\_\_\_\_

**Faculty-Led Program Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Education Abroad:** \_\_\_\_\_ **Date:** \_\_\_\_\_