Department of Student Support Services Policy

ALLIANCE UNIVERSITY

Private University established in Karnataka State by Act No.34 of year 2010
Recognized by the University Grants Commission (UGC), New Delhi

STUDENT SUPPORT SERVICES POLICY

Name of the Policy	Student Support Services Policy
Description of the Policy	Various policies to encourage students' participation in cultural and other extra-curricular activities.
Policy Applicable to	Students at the University
Approval Authority	Academic Council
Approval Date	November 14, 2022
Responsible Office / Department	Department of Student Support Services; & Deans of all Schools

INDEX

S.No.	Name of the Document	Page No.
1.	Informed Consent for Counselling & Psychotherapy	2-4
2.	Intake Form	5
3.	Termination Form	6
4.	Renewal Form	7

REGISTRAR
Alliance University
Chandapura - Anekal Main Road
Bengaluru - 562106

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INFORMED CONSENT FOR COUNSELLING AND PSYCHOTHERAPY

Mental Health Services:

The Center for Counselling & Health Services, Alliance University, recognizes the need for psychological and emotional wellbeing; we hope that with our help you will be better able to understand your situation and feelings and will be able to move toward resolving your difficulties. The therapist will strive to help you grow toward greater health and wholeness by providing counselling services within the context of everyone's beliefs without any attempt to impose a personal ideology.

Therapist

The therapist is a licensed professional engaged in providing mental health care services to clients directly as an employee of Alliance University.

Appointments & Cancellations:

The appointments are made by calling or messaging 6394490647 or by sending an email to sakshi.jauhari@alliance.edu.in. Please call/message or email to book your appointments/cancel or reschedule at least 24 hours in advance. You are getting this facility from the University's end therefore you will not be charged for the session.

Number and Length of Sessions:

The number of sessions needed, and length of the session depends on many factors and therefore will be discussed individually by the therapist.

Relationship:

The relationship with the therapist is a professional and therapeutic relationship. The therapist cares about helping you but is not able to be your friend or to have a personal and social

relationship with you. Gifts, bartering, and trading services are not appropriate and should not be shared between you and the therapist.

Goals, Purposes and Techniques of Therapy:

There may be multiple interventions to effectively treat the problems you are experiencing. It is important for you to discuss any questions you may have regarding the treatment recommended by the therapist and to have input into setting goals for your therapy. As therapy progresses, these may change.

Confidentiality:

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include physical abuse, sexual exploitation, criminal prosecutions, high risk cases like those with suicidal tendencies, self-harm, violence, and aggression.

If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist discuss this matter further.

Duty to Warn:

Although it is the goal of the therapist to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled. If the therapist reasonably believes that the client is a danger, physically or emotionally, to themselves or another person, consent is given for the therapist to warn the person in danger and to contact any person in a position to prevent harm to themselves or another person, including law enforcement, medical personnel, and the University authorities. This authorization shall expire upon the termination of therapy.

After Hour Emergencies:

A mental health professional is on call when the University is closed (evening hours after 5:30 or on off days) and can be reached for emergencies on a 24 hour, seven days per week basis, by calling 6394490637. Emergencies are urgent issues requiring immediate action.

Therapist's incapacity or Death:

In the event the therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of client records. By signing the Informed Consent and Privacy Practices Receipt, you give your consent to another licensed mental health professional at Alliance University to take possession of your files and records and provide you with copies upon request, or to deliver them to a therapist of your choice.

Consent to Treatment:

By signing the Informed Consent and Privacy Practices Receipt, you voluntarily agree to receive mental health assessment, care, treatment, or services and authorize the therapist to provide such care, treatment, or services as are considered necessary and advisable. By signing the Informed Consent, you agree to participate in the planning of your care, treatment, or services. Also, by signing you acknowledge that you have both read and understood all the terms and information contained herein. Ample opportunity has been offered for you to ask questions and seek clarification of anything that remains unclear.

Client's Signature:

Guardian Signature in minor cases:

Therapist's Signature:

Date:

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INTAKE FORM

The information requested on this form will be kept confidential. Please fill out the form as complete as possible.

Name:

Age:

Gender:

Marital Status:

Education:

Occupation:

Local Address:

Permanent Address:

Religion:

Nationality:

Source of Referral:

Reasons for referring:

Contact number (Client):

Contact number (Guardians for the minor cases)

Contact number of the source of referral:

Acknowledgement

Please sign and date this document by attesting that the information you have written on this form is accurate to the best of your knowledge.

Signature:

Client/Parent/Guardian in case of minor

Date:

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TERMINATION FORM

Name:

Reason for termination:

Date of termination:

Progress and Achievements:

Future Recommendations:

Feedback:

Referrals (if required):

Acknowledgement

I hereby confirm that I am aware of the termination of the therapeutic sessions which are occurring for the reasons stated above, and I provide my consent for this decision.

Signature:

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RENEWAL FORM

Name:

Reasons for Renewal:

Current Concerns:

Goals:

Update in the treatment Plan:

Date of Termination of sessions:

Date of Renewal of Sessions:

Acknowledgement

I hereby confirm that I am aware of the termination of the therapeutic sessions which are occurring for the reasons stated above, and I provide my consent for this decision.

Signature:

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Department of
Student Support Services

Parent Undertaking – Student Attendance for External Events (SF)

To,
Department of Student Support Services
Alliance University
Bangalore - 562106

Date:

Place:

I, _____ the parent/guardian of _____ bearing Reg. No. _____ studying _____ in the Department / Area of _____ in Alliance College / School of _____, Alliance University, Bangalore, herewith voluntarily submit this undertaking and hereby grant permission for my ward to participate in _____ organized by _____ from _____ to _____ at _____. I understand that attendance approval of my ward for external events is subject to submission of all pre-event and post-event documents and discretion of authorities of Alliance University.

I also confirm that participation in the said event is with my full acceptance and bearing of all the expenditure incurred for the event/activity. I understand and acknowledge the nature of the event/activity and the potential benefits and risks associated with it. I assure the university that my ward will comply with the rules and regulations set forth by the university and the event organizers and will conduct themselves responsibly throughout the event/activity. I further consent to my ward receiving any necessary medical treatment in case of an emergency during the event/activity.

I shall undertake full responsibility of all the consequences should any other person or body suffer such accidents and / or personal injuries and / or damage to property as a result of negligent act of my ward or any unforeseen incident on account of negligence of a third party during the event/activity.

I hereby acknowledge and confirm that I indemnify Alliance University and its officials, staff members, students, or any other representatives from any liability, claims, damages, or expenses that may arise from any incidents occurring during the event/activity in which my ward is participating.

Sincerely,

Signature :

Relation :

Father's Name	_____	**Mother's Name**	_____
Father's Mob. No.	_____	**Mother's Mob. No.**	_____
Local Guardian's Name	_____	**Local Guardian's Mob. No.**	_____
Family Member Email ID	_____		

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Alliance University Attendance Waiver Policy for Co-Curricular, Extra Curricular and Sports Events

I. **Introduction:** This comprehensive policy is designed to encourage and support student participation in cultural and sports events while maintaining academic rigor at Alliance University.

II. **Waiver Criteria:**

A. **Regional/State Events:** Waiver Percentage: 15%: Students participating in recognized regional/state-level cultural and sports events are eligible for a 15 % attendance waiver.

B. **National Events:** Waiver Percentage: 20%: Students representing the university at the national level in cultural and sports events qualify for a 20% attendance waiver.

C. **International Events:** Waiver Percentage: 30% : Participants in international cultural and sports events endorsed by the university are entitled to a 30% attendance waiver.

D. **Practice sessions:** Waiver Percentage: 10%: Participants in cultural and sports events endorsed by the university are entitled to a 10% attendance waiver for practice sessions after exhausting the above-mentioned waivers.

III. **Missed DSA:**

A. Students who miss DSA due to participation in university-recognized events shall be given an opportunity to make up for the missed assessments.

B. The Department of Student Support Services will work in collaboration with academic departments to provide recommendations for the makeup process, tutorials, ensuring fairness and academic rigor.

C. A detailed process, including timelines and assessment criteria, will be provided by DoSSS and communicated to all eligible students.

IV. **Semester-End Examination Weightage:**

A. Students who have missed semester assessments can achieve 100% weightage in semester-end examinations based on recommendations from DoSSS.

B. DoSSS will assess the student's performance, considering the makeup assessments and overall contribution to the event, and provide necessary documentation to support the recommendation for 100% weightage.

C. Criteria for granting 100% weightage, including the evaluation parameters, will be provided by DoSSS.

V. Event Recognition and Documentation:

A. Events must be recognized by the university to qualify for attendance waivers.
B. Each recognized event must have clearly defined objectives, aims, and an evaluation process.
C. Students must submit documentation, including certificates and event reports, confirming their participation and achievements in the events to the university.
D. d. DoSSS will maintain a record of all recognized events and participating students.
E. Documentation requirements for different levels of events will be communicated by DoSSS.

VI. Implementation:

A. The policy will be implemented by the DoSSS in collaboration with academic departments.
B. Regular workshops and information sessions will be conducted by DoSSS to educate students about the policy and its implementation.

VII. Review: The policy will undergo a biennial review by a committee comprising representatives from academic departments and DoSSS to ensure its effectiveness and relevance.

UNDERTAKING BY PARENTS

Date:

I, _____(Father's full name), and _____(Mother's full name), parent(s) of _____(Student's full name), a student at Alliance University _____(Course & Batch), hereby declare and undertake the following:

We acknowledge that we have been fully informed by the Alliance University's administration and the University's Counselling Psychologist about our child's severe psychological condition.

We are aware that our child's psychological condition requires ongoing care, support, and possibly additional resources beyond the standard academic setting.

Despite being informed about the severity of our child's psychological condition, we believe that the nurturing and supportive environment provided by Alliance University is beneficial for our child's overall growth and development.

We fully understand that our child's academic progress and psychological well-being are interconnected, and we are committed to working closely with both the University and any external mental health professionals involved in our child's care.

We assure that we will continue to monitor our child's condition and promptly communicate any changes, concerns, or updates related to their psychological well-being.

We are fully aware that our child's health and well-being are our foremost priorities, and we understand that the decision to allow our child to continue studying at Alliance University is made in their best interest.

By signing this document, we undertake, agree to indemnify, defend, and hold harmless Alliance University, its faculty, staff, agents, representatives, successors, students, and assigns from and against any and all claims, demands, losses, liabilities, damages, costs, and expenses incurred or suffered by the latter arising out of any situation despite the severe psychological and emotional condition of our child as informed by the University's administration and the Counselling Psychologist.

Parent Name(s)	_____	_____
Signature(s)	_____	_____
Parent Mobile No.s	_____	_____
Student's Name	_____	
Place	_____	
Date	_____	

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GYM CONSENT FORM (Faculty & Staff)

I, _____ bearing Employee ID _____ deputed in the Office / Department of _____, Alliance University acknowledge that I am availing the Gym facility for my fitness.

I understand that fitness activities, including weight training, are potentially risky if done incorrectly and may cause serious physical injury. I have been advised to consult a physician and indulge in only those activities as advised by the physician. I acknowledge that I am fully aware of the risks associated with fitness activities, and I assume complete responsibility for myself.

I agree to follow all the safety guidelines and directions provided by the University and its instructors and understand that failure to do so may result in suitable action by the authorities, including suspension / cancellation of my membership if deemed necessary.

I take complete responsibility to keep Alliance University and its staff indemnified in the event of any claims, damages, or injuries arising from my participation in fitness activities.

By signing below, I acknowledge having read and understood this Consent Form, and agree to the terms of membership.

Name _____

Designation _____ **Department** _____

Email ID _____ **Mobile No.** _____

Signature _____ **Date** _____

GYM TIMINGS

Morning Batches		
5:30 am – 6:30 am	6:30 am – 7:30 am	7:30 am – 9:00 am

Evening Batches			
4:30 pm – 5:30 pm	5:30 pm – 6:30 pm	6:30 pm – 7:30 pm	7:30 pm – 9:00 pm

Note: Gym batch allocations are on first-come-first-serve basis and that of the discretion of the gym instructor.

GENERAL GYM RULES AND REGULATIONS

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BY USING THE GYM, I AGREE

- To obey the coach and respect all users.
- That management is not responsible for my belongings and assumes no liability for injuries or accident.

ATTIRE AND FOOTWEAR

- All gym users must be properly attired in clean and standard workout clothes.
- Men – T-shirt, gym tracks, shorts.
- Women – T-shirt, gym tracks, shorts.
- Jeans, street clothes, inappropriate attire or revealing clothes are not allowed.
- Outside footwear is strictly prohibited.
- Use dedicated clean footwear to the gym, the treadmills or any other machines.
- Everyone must carry their personal towel.

PROHIBITION

- Bags, food & beverage, mobile phones are not allowed in the workout area.
- No ego lifting.

GYM EQUIPMENT

- All gym users must observe the instructions and safety precautions pertaining to the use of the exercise equipment. If in doubt, gym users are required to consult the trainer.
- Do not leave any equipment around as someone could trip over it.
- Those carrying dumbbells and free weights must stand away from the mirrors.
- Return all gym equipment to the designated area after use.
- Gym users will be held responsible for any damages caused to the gym or equipment.

PHYSICAL CONDITION

- Be sure to always integrate warm-ups, stretching, and cooling-down into your program. This will reduce your risk of injury by increasing your blood flow and preparing your muscles for the workout.
- Please seek medical advice before starting gym if you suffer from any known health conditions.
- All gym users are advised to seek medical consultation in case of any emergency.

I have read all gym rules and regulations and assure to abide by them.

Name _____ **Signature** _____

Date _____ **Gym Official** _____

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GYM CONSENT FORM (Student)

I, _____ S/D/o

_____

studying in the _____ programme of _____ batch

bearing Registration Number _____ at

_____, Alliance University acknowledge that I am

availing the Gym facility for my fitness.

I understand that fitness activities, including weight training, are potentially risky if done incorrectly and may cause serious physical injury. I have been advised to consult a physician and indulge in only those activities as advised by the physician. I acknowledge that I am fully aware of the risks associated with fitness activities, and I assume complete responsibility for myself.

I agree to follow all the safety guidelines and directions provided by the University and its instructors and understand that failure to do so may result in suitable action by the authorities, including suspension / cancellation of my membership if deemed necessary.

I take complete responsibility to keep Alliance University and its staff indemnified in the event of any claims, damages, or injuries arising from my participation in fitness activities.

By signing below, I acknowledge having read and understood this Consent Form, and agree to the terms of membership.

Name _____

Course _____ **Batch** _____

Email ID _____ **Mobile No.** _____

Signature _____ **Date** _____

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GYM FEES STRUCTURE

S.No.	Particulars	Amount
1	One-time Registration Fees (Non-Refundable)	Rs. 650 (Proposed – 750)
2	Quarterly Fees	Rs. 1,000 (Proposed – 1,500)
3	Monthly Fees	Rs. 500 (Proposed – 500)

Note:

1. Gym batches would start only on the 1st and 15th working day of every month.
2. Students may choose to avail any of the above options as per their convenience.

GYM TIMINGS

Morning Batches		
5:30 am – 6:30 am	6:30 am – 7:30 am	7:30 am – 9:00 am

Evening Batches			
4:30 pm – 5:30 pm	5:30 pm – 6:30 pm	6:30 pm – 7:30 pm	7:30 pm – 9:00 pm

Note: Gym batch allocations are on first-come-first-serve basis and that of the discretion of the gym instructor.

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- Do not leave any equipment around as someone could trip over it.
- Those carrying dumbbells and free weights must stand away from the mirrors.
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- Gym users will be held responsible for any damages caused to the gym or equipment.

PHYSICAL CONDITION

- Be sure to always integrate warm-ups, stretching, and cooling-down into your program. This will reduce your risk of injury by increasing your blood flow and preparing your muscles for the workout.
- Please seek medical advice before starting gym if you suffer from any known health conditions.
- All gym users are advised to seek medical consultation in case of any emergency.

I have read all gym rules and regulations and assure to abide by them.

Name _____ **Signature** _____

Date _____ **Gym Official** _____

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EVENT POLICY

Effective Date: 20 March 2018

REFUND:

Applicability: This refund policy is only applicable for the entire team or individual student, who has/have sought prior approval of participation from the Department of Student Support Services, as the case may be. For team events consideration on decision for refund will be as a team collectively, securing FIRST or SECOND place.

Particulars	Bangalore	Out-station
Registration	1st place – 100% 2nd place – 50%	1st place – 100% 2nd place – 50%
Travel	Arranged by Alliance University (*subject to availability)	Train AC Tier 3 1st place – 100% 2nd place – 50% *Internal transportation must be borne by students
Food	Should be borne by students	1st & 2nd place Rs. 300 per diem
Accommodation	Not applicable	Tier 1 cities – Rs. 1000 per diem Tier 2/3 – Rs. 750 per diem 1st place – 100% 2nd place – 50%

All participants MUST wear their Alliance University ID cards during events, at all times.

DISCLAIMER: The above refund policy is applicable for all co-curricular, extra-curricular and sports events, across all clubs and individual student(s) who wish to represent Alliance University, in other events.

The aforementioned reimbursements are subject to the following conditions:

- Clean disciplinary issue(s) track record
- Attendance – min. 80%
- Overall academic performance percentage (during the program) – 55% for extra-curricular competitions and 70% for co-curricular, unless recommended by the Dean of the Department
- **All approvals for refund are subject to the discretion of the Department of Student Support Services**
- All decision(s) taken by the Department of Student Support Services is FINAL

- No appeal on the decision(s) taken by the Department of Student Support Services will be tolerated under any circumstances, by the Department itself and/or any other department

NOTE: Students who wish to travel out of India, for any event and/or competition, will have to contact the Department of Student Support Services. The decision(s) of approval will be dealt with on a case-to-case basis, subject to the complete discretion of the department.

Issued by:
The Department of Student Support Services

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Department of
Student Support Services

Parent(s) Undertaking

To,
Department of Student Support Services
Alliance University
Bengaluru - 562106

Date:

Place:

I,_____the parent of_____bearing Reg. No._____studying_____in the Department / Area of_____in Alliance College / School of_____, Alliance University, Bengaluru, herewith voluntarily submit this undertaking and hereby grant permission for my ward to participate in _____ organized by Alliance University from_____to_____. I understand that attendance approval of my ward for external events is subject to submission of all pre-event and post-event documents and discretion of authorities of Alliance University.

I also confirm that participation in the said event is with my full acceptance and bearing of all the expenditure incurred for the event/activity. I understand and acknowledge the nature of the event/activity and the potential benefits and risks associated with it. I assure the university that my ward will comply with the rules and regulations set forth by the university and the event organizers and will conduct themselves responsibly throughout the event/activity. I further consent to my ward receiving any necessary medical treatment in case of an emergency during the event/activity.

I shall undertake full responsibility of all the consequences should any other person or body suffer such accidents and / or personal injuries and / or damage to property as a result of negligent act of my ward or any unforeseen incident on account of negligence of a third party during the event/activity.

I hereby acknowledge and confirm that I indemnify Alliance University and its officials, staff members, students, or any other representatives from any liability, claims, damages, or expenses that may arise from any incidents occurring during the event / activity in which my ward is participating.

Sincerely,

Signature :

Relation :

Father's Name		**Mother's Name**	
Father's Mob. No.		**Mother's Mob. No.**	
Family Member Email ID			

ACTIVITY POINTS - PROPOSED

Particulars	Points	Internal Events	External Events		
			Inter University / State Level	National	International
Participation in Events					
Participation / Event		1	2	3	4
Winners (Sports and Co-Ex)					
Third		5	7	12	14
Second		8	10	16	18
First		10	12	20	22
Volunteering					
Per Event		1	2	3	4
Attendance in Club Activities			**Community Service**		
More than 75%		3	Community Service per Activity		5
Between 75 and 89%		4			
More than 90%		5			
Student Council Members			**Club Office Bearers**		
President	30		Club Chief		15
VP	25		Deputy Chief		15
Secretary	25		Club Coordinator		15
			Treasurer		15

NOTE: A Student can earn maximum of **120 points per year. 80 points for Co/Extracurricular, Sports and Community Service Activities** and **40 points for Academic Activities** such as Start ups, Industrial Training, Conference, Seminars, Professional Societies, Technical Certification Course, English Proficiency Certification, Aptitude Proficiency Certification, Foreign Languages, Research Publications.