**UMass Dartmouth Project Abroad Registration Form (non-credit)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Proposed Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travelling alone? Y/N If not, name/description of group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Project/Program/Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of any host organization or affiliated institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of UMD Faculty or Staff Advisor/Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If student group - Name of Asst. Leader (UMD Faculty, Staff, Grad Student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Prior to departure:* Have this form signed and attach the following before submitting to the International Programs Office, LARTS 016:

1. Participant full name/s, passport country/number, emergency contact info, student id number (clearly note any non-student participants).
2. Signed waiver form for each participant (see SAIL Assumption of Risk and Release)
3. Goals of program and brief description
4. Site and facility description
5. Outline of day by day itinerary
6. Accommodations (name, address, contact name, telephone and email)
7. Plan for meals, transportation, health/safety
8. 24/7 telephone number in case of emergency

For one student travelling alone:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

For Leader of student group:   
I accept responsibility for 1) adhering to academic and disciplinary policies of the university and 2) for 24/7 oversight of student support and advising throughout the program dates. Leaders are expected to carry a mobile phone at all times for urgent access by students on-site or university representatives. A signature acknowledges that responsibility:

Leader signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

By signing the Dept. Chair or Faculty/Staff Club Advisor acknowledges review of the attached materials, support for the program concept and design as outlined.

### Chair or Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Asst. Vice Chancellor/other Sr. Administrator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_