UMass Dartmouth Project Abroad Registration Form (non-credit)  
Revised 08 2019 CB

Please print

Name: ___________________________________________  Academic Department: ________________

Dates of Proposed Travel: ____________________________________________________________

Travelling alone? ___ If not, name/description of group*: ___________________________________

Description of Project/Program/Conference: ___________________________________________

Name of Host Organization: __________________________________________________________

Name of UMD Faculty or Staff Advisor/Coordinator: _______________________________________

*If student group must have 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 no later than 3 weeks prior to intended travel start date

1) Participants full name/s, passport country/number, emergency contact info, student id number (clearly note any non-student participants). Please provide in spreadsheet format.

2) Signed waiver form for each participant (see SAIL Assumption of Risk and Release).

3) University of Massachusetts Release of Liability for High Risk Destinations

4) Goals of program and brief description.

5) Site and facility description.

6) Outline of day by day (approximate hour to hour within the day) itinerary.

7) Accommodations (name, address, contact name, telephone and email).

8) Plan for meals, transportation, and health/safety.

9) Emergency Plan (medical or otherwise).

10) 24/7 telephone number in case of emergency.

11) Copy of passport biographical page (and any required entry visas for each individual when acquired)

12) Name of “leader of student group” and their emergency mobile phone number

13) Flight information for all Again send these when available.

For one student travelling alone:

Student Name: ______________________________________________________________

Student 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 Name: _________________________________________________________________

Leader signature ___________________________________________________________  Date

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

Chair Advisor Name: ____________________________________________________________

Chair/Advisor Signature: _______________________________________________________  Date

Approved Submission to IAC Review Committee and Provost Office Signature ☐ IAC Reviewed

Provost Office Name: ____________________________________________________________

Provost Office Signature: ______________________________________________________  Date