

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