

Form Packet for Participants on OHIO-Affiliated Travel

Office of Education Abroad, Ohio University

PLEASE SUBMIT THIS PACKET, PLUS YOUR FLIGHT ITINERARY AND A COPY OF YOUR PASSPORT, TO 185 LINDLEY AT LEAST 3 WEEKS PRIOR TO DEPARTURE. IF YOU PLAN TO TRAVEL TO A COUNTRY UNDER A CURRENT US DEPARTMENT OF STATE WARNING (WWW.TRAVEL.STATE.GOV), REGARDLESS OF YOUR OWN CITIZENSHIP, YOU MUST ALSO COMPLETE AN ADDITIONAL WAIVER AVAILABLE AT XXXXXXXXX

Personal Information.

Last, First Name

PID (P#####)

Email Address

Travel Information.

Trip Coordinator or Sponsor: _____

Purpose of Trip: _____

Number of Credit Hours to be Received (if applicable): _____

Destination City, Country: _____

Start and End Date of Travel: _____ to _____

Address Abroad (if known): _____

Phone Number Abroad, including country and city codes (if known): _____

If you do not have your foreign address and phone number at the time of completing this form, please email this information to education.abroad@ohio.edu as soon as it becomes available.



OHIO
UNIVERSITY

Center for International Studies

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Personal data.

Name: _____
(Last) (First) (Middle)

Date of Birth (month/day/year): _____ PID: _____

Country of citizenship: _____ Gender: Male Female

Major: _____ Minor (if applicable): _____

College of Enrollment (e.g. Arts & Sciences): _____

Anticipated academic rank when trip begins (circle one): Fr So Jr Sr M.A./M.S. Ph.D.

Local or Campus Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Valid through _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Permanent Telephone: (_____) _____

Emergency Contacts. We strongly recommend that one of your emergency contacts be the holder of a valid passport.

Contact 1: Last, First Name Relationship Email Address

Address Street City State Zip

(_____) (_____) (_____) _____
Home Phone Work Phone Fax

Contact 2: Last, First Name Relationship Email Address

Address Street City State Zip

(_____) (_____) (_____) _____
Home Phone Work Phone Fax

Contact 3: Last, First Name Relationship Email Address

Address Street City State Zip

(_____) (_____) (_____) _____
Home Phone Work Phone Fax

Which of your emergency contacts is the holder of a valid passport? (check all that apply)

- Contact 1** **Contact 2** **Contact 3**

Ethnicity (optional). We want to know if international opportunities are reaching a diversified student population. The following information is optional. Please check all that apply.

- African-American American Indian/Alaska Native Hispanic-American
 Asian-American or Pacific Islander White, non-Hispanic Multi-racial Foreign National
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Confirmation of Embassy Registration

The Office of Education Abroad requires that you register online at the Embassy or Consulate in your host country before you leave. Below are instructions for registering online.

You will need your passport number and an address abroad to register your trip.

- Go to www.travel.state.gov.
- Click on “Registration with Embassies.”
- Read this information describing what Consular Services can do for you. Click on “Travel Registration” at the bottom.
- Follow directions to “Create an Account”.
 - **SPECIAL NOTE on Privacy Information.** Under “I agree to allow the State Department to disclose my information to:” click the box for “Other” and in the comments section please put “Office of Education Abroad, Ohio University”. The Office of Education Abroad plays a key role in crisis management and may be contacted at any time by your parents, your faculty director, coordinators, and others. By allowing the Embassies to speak to us, we will be better prepared to assist in resolving situations concerning your health and safety.
- Once you have completed your profile, click on “Add a trip.” Enter the details of your upcoming trip.
- **For non-US citizens only: Contacted the embassy of your home country to find out about registration and other services offered. If possible, register with your embassy in host country.**

I confirm that I have registered with the Embassy for the duration of my time abroad. _____
initial here

Confirmation of HTH Worldwide Health Insurance Enrollment

The Office of Education Abroad will enroll you in HTH Worldwide study abroad health insurance, the cost of which will be assessed to your student account. The policy provides coverage for your benefit, including health insurance, accidental death and dismemberment, repatriation of remains, and medical evacuation.

I acknowledge my responsibility to understand the conditions and limitations of this coverage and agree that Ohio University is not responsible for any uninsured losses. I understand that I will only be enrolled for the time period indicated below. If I plan to extend my travel abroad, I may choose to extend the period of coverage at my own expense. The cost of coverage is \$8/week (two-week minimum) or \$26.60/month (subject to slight increases on an annual basis).

If you choose to extend your coverage while you are abroad, you must send an e-mail from your OAK account to education.abroad@ohio.edu.

I would like my coverage to include the following dates: _____ to _____
month/day/year month/day/year

Initial Here _____

Conditions of Participation.

I, the undersigned, do hereby accept my participation on this trip and agree to all terms and conditions of the trip. Furthermore, I verify that I am at least eighteen (18) years of age and fully competent to sign this agreement.

1 Personal Conduct. I agree to participate in all aspects of the trip, including orientation, instruction, excursions, and evaluation, as applicable. I understand that Ohio University and its representatives have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the trip. The Student Code of Conduct also applies to me whether I am in the U.S. or abroad. Should I violate stated rules or the Ohio University Student Code of Conduct, demonstrate disruptive behavior, or through my conduct bring the trip or fellow participants into disrepute or legal or physical jeopardy, I may be removed from the program and/or face other sanctions. If I am dismissed from the program, I will lose all academic credit, where applicable, and will remain responsible for all costs incurred on my behalf.

2 Insurance Coverage. I understand that I will be enrolled in the mandatory study abroad health insurance by Ohio University for the duration of the trip. The policy provides coverage for my benefit, including health insurance, accidental death and dismemberment, repatriation of remains, and medical evacuation. I acknowledge my responsibility to understand the conditions and limitations of this coverage and agree that Ohio University is not responsible for any uninsured losses.

3 Medical Treatment. In the event of illness or injury to me, I authorize any official representative of Ohio University to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.

4 Independent Travel. I understand that neither Ohio University nor its staff is responsible for me while I am traveling independently.

5 Permission to Share Information. I give Ohio University and its representatives permission to communicate internally and with my parents, host institution abroad, and/or other emergency contact person (as specified in this form) regarding all issues surrounding my abroad experience. This may include but is not limited to student account information, student conduct issues, health and safety, grades or academics; such contact may occur before, during or after the trip.

6 Photo Release. I give Ohio University and its representatives permission to make use of photographs bearing my image in both print- and web-based program materials for educational, non-commercial promotion.

7 General Release and Waiver. I release Ohio University and its staff from any liability for damage or loss of property, injury, illness or death during the period of the trip, arising on the part of fellow participants, host family members, agencies and education organizations, persons, or groups with which Ohio University contracts for the provision of services for the program, or which have been suggested by program faculty as resources for regional or independent study projects.

I understand that all Ohio University Policies and Procedures are subject to change, and it is my responsibility to be informed of all University policies pertaining to students enrolled at Ohio University. I certify that all responses made on this application are complete, true and accurate, and I will notify the Office of Education Abroad hereafter of all relevant changes that may occur prior to the start of the program. I hereby acknowledge that I have read, fully understood, and agree to the policies as stated above.

Signature

____/____/____
Month Day Year

Name (Please print)

Ohio University does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities.