



Consent to Participate

To be completed by applicant

I, _____, am applying to participate in the OHIO Global Connections Professional Development Initiative in May 2020. The goal of this program is to strengthen university-wide global engagement efforts; promote outbound mobility of students, faculty and staff at OHIO; encourage strong global partnerships and research initiatives; and foster a diverse and inclusive environment for our university community. The Office of Global Affairs and the Office of Global Opportunities are sponsoring the majority of travel costs.

If selected to participate, I will travel to South Africa and Botswana to connect with colleagues at host country universities, learn about the culture and history of the host countries, engage with OHIO alumni and future recruits, and participate in a service project. Travel will take place from May 9 until May 23 (*please note that dates may shift by a day or two. Exact dates will be finalized by November 15, 2019*). Upon return, I will implement an initiative that furthers one or more of the program goals listed above. Implementation is expected to begin by December 15, 2020.

As participant, I agree to the following:

- Obtain a passport that is valid through November 30, 2020 or thereafter;
- Implement an agreed upon initiative following the program that serves to further globalization of the OHIO community;
- Engage in all aspects of the program including:
 - Four orientation sessions prior to travel highlighting OHIO's global connections and opportunities for engagement in addition to program specific information regarding logistics, health and safety.
 - All scheduled on-site activities including meetings, presentations and cultural experiences.
 - Post-travel online evaluation and debrief meeting.

I attest to being a full-time employee of Ohio University.

Signature of applicant: _____

To be completed by supervisor or head of planning unit

If the applicant is selected to participate, I agree to the following:

- Provide \$1,000 to help offset travel costs for the above named individual.
- Consider participation as professional development. Above named individual will not be required to claim paid time off or make up hours for the time out of office associated with orientation sessions and travel.
- Encourage and support the applicant during their implementation of their proposed post-program initiative.

Name of supervisor: _____

Signature of supervisor: _____

Date: _____

***Account to charge:** _____

**Please note that your account will only be charged if the applicant is chosen to participate on the program.*

Contact Catherine Marshall (marshalc@ohio.edu) with any questions regarding this program or form.