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: ____________________________________________________________ Reviewed

Provost Signature: ____________________________________________________ Date ______

16sept2015kk