

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 _____