



Student Research & Independent/Academic Travel Form Package & Checklist

All students traveling on university business must submit the following required pre-departure paperwork. All forms are due no later than the Friday of exam week in the semester prior to depart. Required forms are included in this package. Please use the checklist below to keep track of the forms you have filled out. This list is not intended for independent (non-CSU) program participants, exchange or CSU faculty-led program participants.

1. **Copy of ID Page of Passport (and Student Visa)**
Apply for a passport and if necessary, a student visa. Submit a copy to CISP when you turn in your forms.
2. **Assumption of the Risk, Release & Waiver of Liability (Form)**
Read the form, sign and submit to CISP.
3. **Individual Student Research Abroad Risk Management Plan (Form)**
Complete this form which highlights your plans for research abroad and the potential risks. This form also keeps all of the important information, such as contact information, that is key to fixing a problem quickly.
4. **Student Information Sheet for Study Abroad (Form)**
Complete this form which gives us a single place for us to obtain information about yourself, your whereabouts when in and out of the country prior to leaving, and your passport.
5. **Medical Statement (Form)**
Meet with your physician or CSU Health and Wellness Center. Discuss your plans for study abroad and ask them to complete the Medical Statement Form.
6. **Flight/Travel Itinerary (OPTIONAL)**
Keep us in the know! Submit a copy of your flight itinerary with your departure and return date information.

Please submit all forms to our offices either together or separately by the deadline (Friday of exams week in the semester before leaving). Our mailing address is:

Study Abroad, Center for International Services and Programs
2121 Euclid Ave. MC 106
Cleveland State University
Cleveland, OH 44115



Assumption of the Risk, Release & Waiver of Liability

As consideration for the opportunity to participate in the STUDY ABROAD RESEARCH program and related activities sponsored by your academic department, I acknowledge that I have read the following and voluntarily agree to its terms and conditions:

- I am at least 18 years of age. Yes or No (If no, see below**)
- I understand that participation in the STUDY ABROAD RESEARCH program and related activities sponsored by your academic department is strictly voluntary.
- I have the physical ability to participate in these activities as well as traveling to and from these activities.
- I understand that these activities as well as traveling to and from these activities present risk of injury. I understand that the risks involved and I knowingly and voluntarily choose to take these risks in order to participate in these activities as well as traveling to and from these activities.
- In case of emergency, accident, illness, or other incapacity occurring during these activities as well as traveling to and from these activities, I give my permission to be treated by a medical professional and admitted to a hospital if necessary. I agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.
- I understand that medical insurance is my responsibility. I acknowledge that Cleveland State University strongly recommends that I purchase health insurance to cover accidents that may occur during my participation in these activities as well as traveling to and from these activities. I understand that the State of Ohio, Cleveland State University, the board of Trustees, the Department of Student Life, the Center for International Services & Programs, and your academic department do not provide insurance for any injuries which may occur during these activities or during the travel to and from these activities.
- I forever release the State of Ohio, Cleveland State University, the board of Trustees, the Department of Student Life, the Center for International Services & Programs, and your academic department, together with their agents, officers and employees, from any and all claims, suits, or actions of any nature resulting from or arising out of my participation in the STUDY ABROAD RESEARCH program and related activities sponsored by your academic department. I understand that this Waiver of Liability binds my heirs, executors, administrators, and assigns as well as me.

**** IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE, THE PARENT OR
LEGAL GUARDIAN OF THE PARTICIPANT MUST ALSO SIGN BELOW. ****

Participant's Name (Please Print)

Participant's Main Phone Number

Participant's Street Address

City

State

Zip

I have read and fully understand the entire *ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY* and my signature below confirms my full understanding and voluntary acceptance of such *ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY*.

Participant's Signature

Date (MM/DD/YYYY)

Parent/Guardian's Name (Please Print)

Parent/Guardian's Main Phone Number

Parent/Guardian's Street Address

City

State

Zip

**I am the legal guardian of the Participant named above; I have read and understand the foregoing *ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY* (including such parts as may subject me to personal financial responsibility); I am and will be legally responsible for the obligations and acts of the Participant as described above: and I agree, for myself and for the participant, to be bound by these terms.

Parent/Guardian's Signature

Date (MM/DD/YYYY)

Submit form to Center for International Services and Programs, MC 106



Individual Student Research & Independent/Academic Travel Abroad Risk Management Plan

 Name of Student (Last, First Middle)

 Student ID Number

 Supervising Professor

 Supervising Academic Dept.

 Purpose of Activity

 Host University

 Location (City, Country)

 Start Date (M/DD/YYYY)

 End Date (M/DD/YYYY)

 Credits

Travel Issues: Please list the modes of transportation which will be used as a part of activity both to the site and while abroad. Please list both the type and name of the provider.

- 1.
- 2.
- 3.
- 4.
- 5.

Important Contacts: Please list contacts for the following fields so that we may contact them, if allowed, in the unlikely event of an emergency.

 Emergency Contact at Home (Last, First Middle)

 Relation to Student

 Street Address

 City State Zip

 Home Phone No.

 Cell No. –or– Email Address

 Name of Travel Agent or Ticket Issuing Co.

 Emergency No.

 Email Address

 Street Address

 City State Zip

 Main Phone No.

 Fax No.

 Name of In-Country Contact (If Applicable)

 Emergency No.

 Email Address

 Street Address

 City State Zip

 Main Phone No.

 Fax No.

 Name of In-Country Hotel/Hostel/Home-Base

 Emergency No.

 Email Address

 Street Address

 City State Zip

 Main Phone No.

 Fax No.

 Name of Research Facility or Company

 Emergency No.

 Email Address

 Street Address

 City State Zip

 Main Phone No.

 Fax No.

Passport Information: Please provide information regarding your passport below. Please attach a copy of passport. If you do not have one, please apply for on immediately.

 Passport Number

 Expiration Date (M/DD/YYYY)

 Name of Foreign Consulate which you will apply for a
 student visa with (if applicable)

 Place of Issue (City, Country)

 Date of Issue (M/DD/YYYY)



Individual Student Research & Independent/Academic Travel Abroad Risk Management Plan (Cont.)

Health & Wellness: Please provide the following information regarding your insurance and health while abroad.

Name of Insurance Provider		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does this insurance provide world-wide coverage?
Group No.	Member No.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does this insurance require you to pay up front for any medical treatment?
Claims Dept. Phone No.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does this insurance require you to submit receipts for reimbursement?
List any required or recommended inoculations for the country or region:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you physically & mentally fit for the nature of research you are pursuing?

Safety Information: Please list any particular safety issues which are apparent either in the proposed activity or the country in which you will travel to. Discuss how you will address these issues. List also any particular concerns that you have. Use another sheet of paper if necessary.

- 1.
- 2.
- 3.
- 4.

Overseas Information: Please fill out the below information about the area in which you are studying abroad.

U.S. Embassy Information

Street Address	City	State	Zip	Main Phone No.	Fax No. –or– Email Address
Name of Closest U.S. Consulate				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.
Name of Closest Doctor or Urgent Care <i>(Must Speak English)</i>				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.
Name of Local Hospital <i>(Staff Must Speak English)</i>				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.
Name of Local Police & Fire Divisions <i>(Must Speak English)</i>				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.

Signature of Student _____ Date _____

Submit form to Center for International Services and Programs, MC 106



Student Information Sheet for Study Abroad Research

Name of Student (Last, First Middle)			Student ID Number		
Gender (Male / Female)	Country of Citizenship		Place of Birth (City, Country)	Date of Birth (M/DD/YYYY)	
Current Street Address	City	State	Zip	Current Phone No.	Current Email Address
Abroad Street Address*	City	Country		Abroad Phone No.*	Abroad Email*

*If known at this time and/or different than current information.

After leaving school and before leaving to study abroad where can you be reached? If different from above, please include:

Street Address	City	State	Zip	Phone No.	Email Address
Arrival Date	Departure Date			Additional Notes:	

Passport Information: Please provide information regarding your passport below. If you do not have one, please apply for one immediately.

Passport Number	Expiration Date (M/DD/YYYY)		
Name of Foreign Consulate which you will apply for a student visa with (if applicable)	Place of Issue (City, Country)	Date of Issue (M/DD/YYYY)	

Study Abroad Program: Please include the following information about your study abroad research program. (If Applicable.)

Name of Program	Location of Program (City, Country)		
Host University & Department (If Applicable)	Begin Date (M/DD/YYYY)	Approx. End Date (M/DD/YYYY)	

Please list addresses/telephone numbers for your foreign accommodations or any friends/relatives living in the host country:

Emergency Contact: Please list an emergency contact that will be informed about emergencies that may occur while abroad.

Name of Contact (Last, First Middle)	Relation to Student				
Street Address	City	State	Zip	Home Phone No.	Cell No. –or– Email Address

Signature of Student _____ Date _____

Submit signed form to Center for International Services and Programs, MC 106



Medical Statement Form

To be completed and signed by student's physician (preferably non-relative).

1. Does the student have allergies to medications? If so, specify.

2. Does the student have other allergies? Please specify.

3. Is the student currently taking prescription medication? If so, specify.

This statement is to verify that _____ is in good health and is able to participate in Study Abroad activities.
(Name of Student)

Name of Physician

Street Address

City State Zip

Telephone No.

Signature

Date

Clinic, Hospital, or Physician's Office Address Stamp