



Center for International Services and Programs

2121 Euclid Avenue, MC 106

Cleveland, OH 44115

p 216.687.3910 f 216.687.3965

educationabroad@csuohio.edu

Group Travel Paperwork Checklist

Please read all the attached materials and provide accurate and complete information as requested. If a signature is requested on a document, you must physically sign the form. The Education Abroad Office will not accept any electronic signatures, though a signed document may be scanned and emailed or faxed. Documents may also be mailed or handed in at the appropriate office. If you have any questions or concerns regarding this paperwork, please contact Hannah Sandham at the Education Abroad Office, located in the Center for International Services and Programs (CISP).

- **Student Information Sheet**
- **Photocopy of passport**
- **International Student Identity Card form** Complete form. The card is valid for a year after the date it is issued.
- **Statement of Health Insurance with International Coverage form and proof of enrollment in health insurance plan** All students are required to have health insurance with international coverage. If you have health insurance, but are unaware if you are covered internationally, check your policy or contact your insurance company's customer service. It is also useful to find out how your insurance company handles international coverage; the majority of companies make you pay up front in country for all medical expenses, and then submit receipts for reimbursement when you return to the United States. Information on health insurance specifically for education abroad can be requested from the Education Abroad office if you do not already have health insurance, or your health insurance does not have international coverage.
- **Health Information and Clearance form** All information submitted on the Health Information portion of the form is voluntary and provided by the student. The Health Clearance portion is not voluntary, and must be filled out by a medical professional. If you do not currently have a doctor, you can make an appointment at CSU Health Services at (216) 687-3649. A full physical exam takes one hour and costs \$30. We recommend that all students traveling abroad have a current tetanus vaccination.
- **Assumption of Risk & Release form** The primary legal document for education abroad programs – all education abroad students must fill out this form. Provide your name, CSU ID number, birth date, program name, and sponsoring institution (CSU) on the front page and sign and date the back page.
- **Independent Travel Waiver form (if applicable)** If your air travel for this program deviates from the flight purchased for the group, you must fill out the form and provide a copy of your deviating flight itinerary.



Student Information Sheet

Personal Data

Name _____ CSU ID _____

Phone (please circle one: cell, home, or work) _____

E-mail address you regularly check _____

Program Information

CSU Program name _____

Dates of travel _____

Location of travel _____

Passport Information (include a clear photocopy of your passport)

What country issued your passport? _____ Birth date _____

Passport Number _____ Expiration Date _____

Emergency Contact Information

Name of Contact No. 1

Relationship

Street Address

City State Zip

Main Telephone No.

Optional Telephone No. – and/or – Email Address

Name of Contact No. 2

Relationship

Street Address

City State Zip

Main Telephone No.

Optional Telephone No. – and/or – Email Address

CONSENT TO CONTACT EMERGENCY CONTACTS I, the understated, give permission to the staff of the Center for International Services and Programs and the CSU Program Director to contact the above emergency contacts in case of emergency.

Signature _____ Date _____



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Student Information Sheet (cont.)

RELEASE OF INFORMATION WAIVER I hereby give the Office of Judicial Affairs at Cleveland State University, located in the Department of Student Life, permission to discuss any disciplinary records or provide any information regarding any disciplinary proceedings against me, and/or the outcome of Student Conduct Hearings, with the Center for International Services and Programs. I understand that the information discussed will be for the purposes of the Study Abroad Program. By signing this form, I also understand that I have waived my right to information that is considered confidential under the Family Education Rights and Privacy Act (FERPA). This permission is valid from the time I submit this signed document to the Center for International Services and Programs through a period of one semester or until my program abroad ends.

Signature

Date

Additional comments or concerns that you wish the study abroad staff to be made aware of regarding your participation:



International Student Identity Card

The International Student Identity Card (ISIC) is the most widely accepted proof of international student identification; the card helps save hundreds of dollars at home and abroad with incredible discounts only available to ISIC holders! ISIC also comes with a comprehensive travel insurance policy and ISICConnect, a complete communication tool with both calling card and cell phone options, all for the price of just \$22!

Instructions

1. Complete the information below and sign. **Type or write legibly in pen to ensure there are no typos transferred to your card.**
2. Submit a color photo to educationabroad@csuohio.edu. You must be looking forward, and the background of the photo must be blank.
3. Attach a receipt of payment. To pay for the card, go to the Cashier's counter on the First Floor of the Main Classroom building and let the Cashier know you are paying for an International Student Identification Card. The Cashier will give you a receipt for your payment. **Students going on CSU programs may not need to pay for the card at the Cashier's counter nor attach a receipt of payment to this form, because the ISIC cost may already included in the program fees. Contact an Education Abroad advisor to find out if you must pay the fee.**
4. Non-CSU students should supply a proof of enrollment, such as a valid University ID card or current transcript/report card. Teachers should supply a proof of employment, such as a valid University ID card or a letter on school stationery from a school official verifying faculty status.

Name of Applicant

Date of Birth (Month Day, Year)

Street Address

City State Zip

Email Address

Phone No.

Name of Home University

Indicate which card you are applying for:

- International Student Identification Card
- International Teacher Identification Card

Begin/End Dates (Month Day, Year)

I would like to:

- Pick up my card at the International Center. Please call me when it is ready.
- Pick up my card at the International Center. Please Email me when ready
- Mail the card to the mailing address provided.
- I am on a faculty-led program and will receive my card at the last pre-departure meeting.

I hereby certify that this information is true and understand that any false statements on my part may result in the forfeiture of any benefits associated with the card.

Signature of Applicant

Date

For Office Use Only:

ISIC Number

Issue Date

Issuer Initials



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Statement of Health Insurance with International Coverage

Each student that goes abroad with CSU must hold health insurance with international coverage. Students are also required to purchase the ISIC card which provides evacuation and repatriation insurance only. Students on CSU faculty-led programs receive the ISIC card as part of their program fees. Please include photocopy of insurance card or other proof of enrollment in an appropriate health insurance program.

The undersigned certifies that he/she has health and hospitalization insurance which is applicable overseas.

Name _____ ID # _____

Signature _____ Date _____

Parent's signature (if student is under 18) _____



Health Information and Clearance Form

Health Information (optional)

The purpose of this form is to help Cleveland State be of assistance to you should the need arise during your study abroad experience. Mild physical or psychological conditions can become more serious under the stresses of life while traveling abroad. Moreover, the system of US health care is unlikely to be replicated in your host country. It is therefore *extremely* important that we be made aware of any medical or psychological/psychiatric conditions, previous or current, that you may (have) suffer(ed) from so that the faculty director abroad will be better able to respond appropriately should any such condition become exacerbated in a foreign study context.

Please answer the following questions as honestly and completely as possible. Providing the information requested by this form is not absolutely mandatory, but given the particular stresses and risks involved in study abroad, your refusing to do so could hinder your success in the program or that of others. The information will only be used in circumstances where it is judged by the faculty director to be essential to your well-being. Please indicate "N/A" if the question is not applicable to you.

I, the understated, consent to sharing my medical history information with the staff of CISP and the faculty-director of my above named CSU program abroad.

Name of Student

Student ID Number

Signature

Date

Parent/Guardian's Signature (If Under 18 Years of Age)

Date

1. Please describe any chronic conditions (such as asthma, diabetes, epilepsy, depression, bi-polar disorder, etc.) that you may suffer from, even if currently controlled by medication:
2. Please give details of any hospitalizations within the past three years:
3. If you are currently receiving, or have received in the past three years, counseling for the treatment of any emotional problem, drug addiction, alcoholism, psychiatric condition, or eating disorder, please describe:
4. Please describe any other physical or mental health conditions or concerns you may have:
5. Please list any prescription or over-the-counter medications you are currently taking. If possible, include the generic name of the drug. (Be sure to take a sufficient supply of critical, prescription medications to last for the duration of your stay abroad.)
6. Please list all allergies (including drug allergies)

Please use a second page if necessary to complete your answers.



Health Information and Clearance Form (cont.)

Health Clearance (not optional)

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 education abroad activities.
(Name of Student)

Name of Physician

Signature

Street Address

Date

City State Zip

Telephone No.

Clinic, Hospital, or Physician's Office Address Stamp



Assumption of Risk and Release

Name of Applicant

Student ID Number

Name of Parent/Legal Guardian (If Under 18)

Date of Birth

Program

Sponsoring Institution

I hereby agree as follows:

1. **Risk of Study Abroad:** I understand that participation in the Cleveland State University Study Abroad Program, herein referred to as "the Program" and as specified above, involves risk not found in study at the University. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places and conveyances; local medical services; local weather conditions; and other matters described on a separate Program Risk Advisory which I have received, reviewed, and initiated, and which is incorporated by reference in this Release Form. I have made my own investigation and am willing to accept these risks.
2. **Institutional Arrangements:** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of or any such matters.
3. **Independent Activity:** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.
4. **Health and Safety:**
 - a. I have consulted with a medical doctor with regard to my personal medical condition and needs. There are no health related reasons or problems which preclude or restrict my participation in this Program.
 - b. I am aware of all the applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the US during the Program, the University is not responsible for the cost or quality of such treatment or care.
 - c. The University is not obligated to but may take any actions it considers warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.
5. **Standards of Conduct:**
 - a. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug and alcohol use, and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards in each country to or through which I will travel during the Program.
 - b. I also will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under such direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
 - c. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the program, for violation of these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, and other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing, and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.
 - d. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.



Assumption of Risk and Release (cont.)

6. **Program Changes:** The University has the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the Program may be cancelled due to insufficient number of students and that conditions may force a change in itinerary, schedules, and programs. I understand that the University's fees and program changes are based on current airfares, lodging rates, and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane or train or become sick or injured, I will, at my own expense, seek out, contact, and reach the Program group at its next available destination.
7. **Assumption of Risk and Release of Claims:** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify Ohio, Cleveland State University and its trustees, officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted.)
8. I understand that future Study Abroad Program promotional materials may include statements and /or photographs of participants, and I consent to the use of my comments and/or photographs.

I carefully have read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application by Cleveland State University at its offices in Cleveland, Ohio and shall be governed by the laws of the State of Ohio, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

Signature of Applicant

Date

If Student is under 18 years of age, please continue.

I a) am the parent or legal guardian of the above Applicant; b) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility; c) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release Form; and d) agree, for myself and for the Applicant, to be bound by these terms.

Signature of Parent/Legal Guardian

Date



Independent Travel Waiver

I, _____, am aware that international transportation is included in my CSU program abroad. I am voluntarily opting out of this group transportation and will arrange my own travel to and/or from the program site. I will assume all risks, dangers, hazards and liabilities with my plans for independent travel. I freely accept and fully assume all such risks, dangers, hazards and liabilities including the risks of injury, death, property damage, loss, expense or inconvenience resulting therefrom.

In consideration of CLEVELAND STATE accepting my flight opt-out for the CSU faculty-led program, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS, whether in contract or in negligence, that I have or may in future have against CLEVELAND STATE and their directors, officers, professors, instructors, employees, agents, support personnel and other representatives (all of whom are hereinafter collectively referred to as 'the Releasees') as a result of my participation in my CSU program abroad;
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury (including death) or expense that I may suffer or that my next of kin may suffer as a result of my participation in the program, due to any cause whatsoever, INCLUDING BREACH OF CONTRACT OR NEGLIGENCE ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS, DEFEND AND INDEMNIFY THE RELEASEES from any and all liability for any loss, damage, injury (including death) or expense to any third party, resulting from my participation in the CSU program;
4. THAT THIS AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.
5. THE LAWS OF THE STATE OF OHIO govern this agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, I AM NINETEEN YEARS OF AGE OR OLDER AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20__.

Participant's Signature

Participant's Name (print clearly)