

EDUCATION ABROAD

Group International Travel Form

Read the Office of International Affairs Group International Travel guidelines and best practices prior to completing this form. Save this PDF to your computer and email as an attachment to the international risk manager at simmons.541@osu.edu. This form should be completed a minimum of 60 days before intended travel. For travel within 60 days please inquire about the capacity for expediting the process. Individual and group student travel to risk designated countries is by petition only. For further information on the Ohio State protocol on travel risk designated countries, see go.osu.edu/RiskDesignatedTravel or contact Dru Simmons simmons.541@osu.edu.

Program Information

Program or Group Name: _____

Country(ies): _____ City(ies): _____

Name and Website of Host Institution and/or Provider: _____

Program Term

Summer 20 ____ ____

May 20 ____ ____

Winter Break 20 ____ ____

Fall Semester 20 ____ ____

Spring Break 20 ____ ____

Spring Semester 20 ____ ____

Proposed Dates: _____

Sponsoring Unit (e.g. Department, Buck-i-Serv, Student Org) _____

Is the Program Credit-Bearing or a Non-Credit Experience: Credit Non-Credit

Program Leader Information

Name: _____

Ohio State Faculty/Staff led Programs:

Title: _____ Unit: _____

Employee ID: _____ Email: _____

Phone: _____

Dean, Chair or Unit head Name and Email: _____

Student Organization or Student Led Travel:

Student ID: _____ Email: _____

Phone: _____

Faculty/Staff Program Advisor Name and Email: _____

60-days prior to intended travel submit this form with following details:

Attach a supporting statement and include relevant documentation that addresses the following points:

1. Provide a brief overview of the purpose and objectives of the program with detailed information on who is coordinating the travel and details of the organizations (organization name, contact person, number, email) that are providing arrangements.
2. Describe the primary student audience for the proposed program and eligibility requirements. Estimate likely student enrollment. Provide a brief description of the plan to be used for student recruitment and admission.
3. Describe the in-country resources for promoting student health, welfare, safety and security. For each country consult the Department of State Country Description travel.state.gov/content/passports/english/country.html and the Centers for Disease Control information – wwwnc.cdc.gov/travel - to see concerns that may need to be addressed.
4. Schedule an orientation for all travelers, either virtual or in-person, with the international risk manager.
5. Describe program finances including: how program fees will be collected from students and issues to trip providers; if the program or students are receiving any university funding (specify); and will trip leaders carry contingency funds in the event of an emergency?

21-days prior to program start please provide the following details:

1. Finalized dates of travel.
2. Name and contact information for all program leaders.
 - Provide cell phone or other contact number during experience abroad.
3. Roster of all participating students.
 - Name
 - Student id or dot number
4. Flight information
 - If there is a primary flight, please provide the dates, airline, flight number and those included on the flight.
 - If individual participants are booking individual flights, a spreadsheet of flights is preferred but not required.
5. Accommodation information for the group
 - Names of hotels/hostels/dorms including address, contact phone number and website if available.
 - If the group will stay in multiple locations, please list date at each location.
 - If homestays are being used no address is necessary, however please indicate and provide contact information of person coordinating home stays.
6. An emergency contact person in-country.
 - This should be a person who is available via phone 24/7 in case of an emergency.
 - Provide the person's name, phone, and email.
 - Indicate if the contact is proficient in English. If not, please list their native language.

Please submit to simmons.541@osu.edu

All participating students are required to:

- Self-register travel in the Department of State Smart Traveler Enrollment Program (STEP): step.state.gov/step/
- Enroll in the University's international supplemental insurance: go.osu.edu/InternationalInsurance
- Attend or review the scheduled orientation for their group
- Schedule a Travel Medical Consultation at the Wilce Student Health Center or with their personal physician - shs.osu.edu/services/vaccinations/travel-consultation

Program Leaders are required to:

- Attend an Office of International Affairs health, safety and risk orientation for resident directors and program leaders.
- Schedule an orientation for all travelers.
- Self-register travel in the Department of State Smart Traveler Enrollment Program (STEP): step.state.gov/step
- Enroll in the University's international supplemental insurance available through Office of International Affairs coverage go.osu.edu/InternationalInsurance
- Be accessible 24/7 via cell phone while in-country.
- Respond to well-being check-ins or other contact from the international risk manager.

