

EDUCATION ABROAD

Accompanying Individuals Information Form

Program: _____ Term: _____
 Resident Director: _____ Email: _____

Accompanying Individuals

Name: _____ Age: _____

Relationship: _____

Full program participation

Other*

Name: _____ Age: _____

Relationship: _____

Full program participation

Other*

Name: _____ Age: _____

Relationship: _____

Full program participation

Other*

*Requests for arrangements for partial arrangements will be reviewed by the Office of International Affairs and approval will be based on feasibility of in-country logistical and payment options and compliance with Ohio State travel policies and State of Ohio Ethics laws.

Notes

1. Please submit this form to the OIA study abroad coordinator for this program by the program application deadline, at the latest.
2. Accompanying individuals must each read the Policy on Accompanying Individuals in the Resident Director's Handbook.
3. Accompanying individuals (or their parent/guardian) must each sign the Acknowledgement of Risk and Release statement and submit it to the OIA study abroad coordinator for this program.
4. Minor children must be accompanied by another responsible adult companion other than the resident director.

All accompanying individuals must directly enroll in the HTH supplemental insurance using the Group Health Insurance Enrollment Form (provided by Dru Simmons, international risk manager, simmons.541@osu.edu).

