



## Faculty Led Study Abroad

### FACULTY FORM

Faculty Member(s) attending:

1. Name: \_\_\_\_\_ Campus ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Campus ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

HU, Sponsoring Institution or Agency: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Check:            Fall semester            Spring semester  
                         Summer semester            Winter semester            Spring break

Academic Year Abroad: \_\_\_\_\_ Credit Award: \_\_\_\_\_ Non Credit: \_\_\_\_\_

Brief summary of activity: \_\_\_\_\_

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#### Faculty Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ HUID #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to faculty: \_\_\_\_\_

Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chancellor and Provost: \_\_\_\_\_ Date: \_\_\_\_\_



**Check List:**

- Itinerary
- Names of Students and Contact Information (Faculty Led SA- Student Forms for each student)
- Responsibility and Assumption of Risk Regarding Study Abroad Programs
- Group Leaders Contact Information
- Verification of Health Coverage (Ask Student Accounts)
- Verification of Medical Clearance (Ask Infirmary)
- Verify each student has an unexpired passport
- Verify student has a valid visa to enter foreign country (only necessary for most International Students)