

Faculty-Led Study Abroad Program Form

Predetermined Roster

Academic Year 2024-25

The Faculty-Led Study Abroad Program Form is required for all CWRU credit-bearing, faculty-led study abroad courses with a predetermined roster. This form and the Faculty-Led Agreement Form must be received by the Office of Education Abroad at least six weeks before the program start date. Students cannot register their travel for the program until this process has been completed.

All completed forms should be submitted to Valerie Rambin (var26@case.edu).

If you have any questions, please contact [Valerie Rambin](#) at the Office of Education Abroad.

PROGRAM BASICS

Program Name:

City, Country:

Start Date: End Date:

Is this a new or recurring program? New Recurring, Last Ran:

PROGRAM LEADERSHIP

Faculty/Staff Traveling Abroad:

Title: Department:

Email: Preferred Phone Number:

Have you ever taken students abroad on a university-sponsored program? Yes No

Are you interested in receiving [Terra Dotta](#) training? (yearly refreshers encouraged): Yes No

Faculty/Staff Traveling Abroad (if applicable):

Title: Department:

Email: Preferred Phone Number:

Have you ever taken students abroad on a university-sponsored program? Yes No

Are you interested in receiving [Terra Dotta](#) training? (yearly refreshers encouraged): Yes No

Program Director/Administrator Name (if applicable):

Title: Department:

Email: Preferred Phone Number:

Are you traveling abroad with the program? Yes No

Have you ever taken students abroad on a university-sponsored program? Yes No

Are you interested in receiving [Terra Dotta](#) training? (yearly refreshers encouraged): Yes No

Advising and academic questions about the course should be directed to (check all that apply):

Faculty Program Director/Administrator Other:

Risk management questions about the program should be directed to (check all that apply):

Faculty Program Director/Administrator Other:

PROGRAM LOGISTICS

Who is facilitating/managing the program in-country?

Faculty Department Program Provider (details below) Local University (details below)

Partner Name:

Partner Website:

Main Contact Name:

Email: Phone Number:

Have you used this program provider or worked with this institution before? Yes No
The Office of Procurement requires program providers become foreign vendors with the university. This process takes multiple weeks. Please contact the Office of Procurement for more information.

CRISIS MANAGEMENT

What is the [U.S. Department of State's current travel advisory level](#)?

Next-line drop-down: Level 1: Exercise Normal Precautions, Level 2: Exercise Increased Caution, Level 3: Reconsider Travel, Level 4: Do Not Travel

In the event of an emergency, who will support crisis management issues on site?

Program Provider (information above) Contact at Local University (information above)

Other (Name, contact information and affiliation):

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Please list the best way to contact the program in case of an emergency abroad:

Main Contact Name:

WhatsApp: Cell Phone:

Other:

CWRU faculty/staff traveling abroad must fill out [International Travel Registration for Faculty & Staff](#).

CWRU faculty/staff who are U.S. passport holders are required to register their travel with the [Smart Traveler Enrollment Program \(STEP\)](#), a service of the U.S. Department of State.

I agree to complete required International Travel Registration prior to program start date.

Initials

IN-COUNTRY ACCOMMODATIONS

The Office of Education Abroad recommends all students and accompanying faculty/staff stay at the same facilities in order to mitigate the university's risks and provide appropriate program oversight. If the program is staying at more than two locations, please attach an additional document providing the accommodation information for each location.

Type: (drop-down) Name: Phone Number: Address: Website: Dates of Stay:	Type: (drop-down) Name: Phone Number: Address: Website: Dates of Stay:
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ITINERARY

Dates abroad cannot conflict with the [Academic Calendar](#). Students must be present for all days of instruction abroad and any pre/post course meetings in order to satisfy contact hour requirements.

Date faculty will arrive in country: Date students must arrive in country:

First day of instruction in country: Last day of instruction in country:

Are visas needed to enter this country? (Please see [CWRU's International Travel Resources page.](#))

For domestic students? Yes No

For [international students](#)? Yes No

I agree to submit a finalized, detailed itinerary at least two weeks prior to the program start date.
Initials

Location (City, Country)	Dates (Start - End)

If available, would your group be interested in connecting with CWRU Alumni in country?

Yes No More information requested

REVIEW AND SIGN

Faculty/Staff Signature: Date:

Name of Faculty/Staff:

Faculty/Staff Signature: Date:

Name of Faculty/Staff:

Department Chair Signature: Date:

Name of Department Chair:

Last Updated: 7/16/2024