

# Preview of International Group Travel Proposal Application

(\*) Indicates the question is required.

## 1. U of R Responsible On-Campus Officer/On-Site Leader Information

1) Are you a U of R Responsible On-Campus Officer or On-Site Leader? (dropdown menu)

2) U of R Responsible On-Campus Officer/On-Site Leader Name

3) U of R Responsible On-Campus Officer/On-Site Leader Title (\*)

4) School/College/Division (\*) (Dropdown Menu)

1. Advancement & Development Office
2. Alumni & Community Relations
3. Athletics
4. College of Arts and Sciences
5. Division of Student Affairs
6. Enrollment Management and Admissions
7. GST/San Francisco Theological Seminary/SCI
8. Office of the President
9. Outdoor Programs
10. Provost's Office
11. School of Business and Society
12. School of Education
13. Other

5) If you selected "Other", please list the U of R Responsible On-Campus Officer's School/College/Division:

6) U of R Responsible On-Campus Officer/On-Site Leader E-mail (\*)

7) U of R Responsible On-Campus Officer/On-Site Leader Office Phone (\*)

8) U of R Responsible On-Campus Officer/On-Site Leader Cell Phone (\*)

9) Participants will be abroad independent of a U of R employee on-site. (\*)

10) On-Site Program Leader Location Travel Experience (\*)

Indicate the number of times the On-Site Program Leader has visited or lived in the host country, and duration of stay. If no On-Site Leader enter N/A.

11) Which critical incidents has the U of R Responsible On-Campus Officer or On-Site Leader had experience managing during a global program? (\*)

- a) Hospitalization
- b) Sexual assault
- c) Non-violent crime
- d) Violent crime
- e) Hate crime
- f) Drink spiking/drugging
- g) Vandalism of local housing/program facilities by participants
- h) Participant disciplinary issues
- i) Mental health critical situations
- j) Pandemic/health outbreak
- k) Participants missing from program
- l) Jail/legal detention
- m) Terrorist incident
- n) Coup
- o) Death
- p) None

## 2. U of R Responsible On-Campus Officer and On-Site Leader Roles and Responsibilities

### Instructions:

If your International Group Travel Proposal is approved, do you agree to abide by the following University expectations for Faculty/Staff U of R Responsible On-Campus Officers and On-Site Leaders?

1) Single point of contact (\*) I will serve as the single point of contact during the international travel proposal process and am responsible for liaising with others in my area to whom I may have delegated responsibility, such as an on-site program leader. Please select one: Yes / No

2) U of R International Travel Policy I have read the U of R International Travel Policy and related procedures. (\*) Please select one: Yes / No

3) Department and Financial Responsibility (\*) I understand that my department assumes responsibility for the program, including financial responsibility; and that I am responsible for submitting updates for approval in the event of significant changes to the program or itinerary. Additional On-Site Leader specific roles include working with university guidelines on the development of any needed contracts with educational organizations, university partners, transportation companies, etc. needed for travel/activity. On-site leaders will also coordinate all required payments to US and non-US contracted partners. Please select one: Yes / No

4) Program or Itinerary Changes after Approval I understand that, in the event of significant changes to the program or itinerary after approval, my department is responsible for submitting updates for review and approval. Please select one: Yes / No

5) Pre-Departure Orientation (\*) I will organize and/or present a pre-departure orientation for participants that includes full disclosure of the potential risks and dangers of travel in country in keeping with U of R required travel preparation: Please select one: Yes/No

6) University resources to support pre-departure orientation (\*) I am aware of University resources to support pre-departure orientation with participants including, a discussion guide, the Global Guide and Predeparture Orientation PowerPoint: Please select one: Yes/No

7) Health and Safety abroad (\*) I will strongly advise participants about safe practices in local circumstances and will monitor the OSAC and DOS advisories on regular basis. Please select one: Yes / No

8) Health and Safety Information (\*) I will provide essential health and safety information to all program participants including:

[-Department of State Country Advisories](#)

[-Centers for Disease Control Traveler's Health](#)

- Any other relevant advisories

Please select one: Yes / No

9) US Embassy and STEP Registration (\*) In keeping with University policy, I will require that all eligible participants register with the US Embassy abroad via the [US Department of State Smart Travel Enrollment Program \(STEP\)](#) and participants of other nationalities to register with the equivalent entity (if there is one) for their home country. Please select one: Yes / No

10) Inform participants that approval is subject to change (\*)

I understand that University approval is contingent upon the current state of affairs in the country/region and the University reserves the right to change program approval at any time based on changing conditions and I will advise students of this. Please select one: Yes / No

11) Advise participants of immunizations and medications (\*)

I will advise participant(s) of immunizations and medications, required or recommended for the program destination. Please select one: Yes / No

12) Inform participants of required travel visas (\*)

I will advise the participant(s) of visa requirements for the destination in a timely fashion and provide materials to support participants in obtaining appropriate documentation required for the visa, if relevant. Please select one: Yes / No

13) Verify expiration date of passports (\*) I will verify that all participants' passports are valid for six months following anticipated return to the US. Please select one: Yes / No

14) Advise participants of insurance (\*)

I will advise the participant(s) that the U of R requires all participants to have health insurance during the program abroad. Participants will automatically be enrolled in iNext health insurance or a similar policy through a study abroad program provider. Please select one: Yes / No

15) Distribute the relevant undergraduate or graduate U of R Code of Community Standards (\*)  
If the program includes undergraduate CAS student participants, I will distribute the CAS [U of R Code of Community Standards](#) or relevant graduate code of conduct to the participants. Please select one: Yes / No

16) Assure compliance with insurance, health and safety codes of hotels and local transport (\*)

I will make formal arrangements with on-site service providers to assure compliance with insurance, health and safety codes of hotels and local transport. Please select one: Yes / No

17) Make arrangements for telephone communications (\*)

I will make arrangements for emergency telephone/text/WhatsApp communication with all participants during the program. Please select one: Yes / No

18) Emergency Contact (\*)

I will serve as the 24/7 emergency contact during the program. Please select one: Yes / No

19) Information Collection and Distribution (\*)

I will collect from the participants:

-The Release and Waiver of Liability and the Study Away Program Agreement

-The International & Off-Campus Programs Travel Health Self-Report Form (NEED TO UPDATE WITH WHAT WE END UP USING)

-Emergency contact information for each participant

-Copies of the photo page of the inside of the passport for each participant

I will submit the following information to CAS Study Away Office four weeks prior to departure:

-Finalized Program Itinerary including dates, transportation, means of communication and lodging information for travel to, from, and within destination site(s)

-24/7 contact information for U of R Responsible On-Campus Officer/On-Site Leader throughout program

-Finalized list of travel participants

Please select one: Yes / No

21) Exception to the University International Travel Policy (\*) I understand that, if an exception to the University International Travel Policy is approved by the International Travel and Activities Committee, it is a one-time exception and does not apply to possible future programs. Please select one: Yes / No

22) Health and Safety Risks: Undergraduates vs. Graduates (\*)

Institutional responsibility for programs abroad may be greater when programs include non-U of R participants, and institutional responsibility may be greater on programs that include Undergraduate students than Graduate students. This may place increased personal responsibility on me as U of R Responsible On-Campus Officer or On-Site Leader. Please select one: Yes / No

23) Health and Safety Risks: Location & Program Specific

I understand that it is my responsibility to fully disclose to all participants program details and participant expectations that may impact their ability to fully participate in aspects of the program (mobility considerations (infrastructure of program site and locations), program requirements (hiking long distances, etc.) living and working conditions (in remote areas without access to immediate healthcare facilities), etc. Please select one: Yes/No.

23) Electronic Signature (\*)

By entering my full name in the space below, I certify that the information given is complete and accurate to the best of my knowledge.

### **3. Travel Overview, Health & Safety**

1) Travel Description (\*)

Please give a brief description of what type of program this is. Examples include study abroad, faculty-led travel course, internships, research, fellowships, conference, alumni engagement, cabinet travel, admissions, etc.

2) Travel Location: Country/Countries (\*) Please list all countries that you will be traveling to.

3) Travel Locations: Specific towns, cities, and regions (\*)

4) What is the DOS travel advisory? (\*) [Department of State Travel Advisories](#)

Level 1: Exercise normal precautions

Level 2: Exercise increased caution

Level 3: Reconsider travel

Level 4: Do not travel

5) What are the DOS Risk Indicators? List the specific Risk Indicators addressed in the DOS advisory, e.g., Crime, Terrorism, Unrest, Health, etc.

6) Describe any DOS in-country embassy alerts issued in the past three months.

7) How will you address specific risks described in the DOS and CDC advisories? (\*) How will you address the specific DOS Risk Indicators, e.g., what practices will you employ to manage Crime, Terrorism, Unrest, Health, etc.?

8) What is the CDC Travel Health Notice? (\*) (Dropdown Menu)

[Centers for Disease Control \(CDC\)](#)

<https://wwwnc.cdc.gov/travel/notices>

Watch Level 1: Practice usual precautions

Alert Level 2: Practice enhanced precautions

Warning Level 3: Avoid all non-essential travel

None

11) Disability & Accommodation Needs(\*)

These are the skills and physical and technical standards (collectively, “Standards”) that a student needs to meet and demonstrate with or without a reasonable accommodation in order to qualify for this travel program. In compliance with applicable disability law, the admissions process does not require disclosure of a disability. However, all enrolled students must be capable of meeting the Standards for the academic and field education components of this travel program. The standards are necessary for full participation in the curriculum and field work, and it is expected that students will function independently, which generally means, without aid of an intermediary, to achieve proficiency. Applicants and students should review the Standards carefully. A student who has a disability may request reasonable accommodations. If, due to a disability, a student feels they may require reasonable accommodations in order to meet the

Standards, it is essential that they work with ASA ([ASA@redlands.edu](mailto:ASA@redlands.edu)) to discuss possible accommodations.

Please list the skills and physical and technical standards a student would need to meet and demonstrate with or without a reasonable accommodation in order to qualify for this travel program.

12) Immunizations recommended by CDC (\*) What specific immunizations does the [Centers for Disease Control \(CDC\)](#) recommend for: A) All travelers, B) Most travelers, C) Some travelers?

13) Immunization timeline (\*) What is the timeline required for participants to be fully immunized according to CDC recommendations for All Travelers and Most Travelers prior to departure?

14) Medications or health precautions (\*) What additional medications or health precautions are recommended by the CDC, e.g., Zika, COVID?

15) Program Activities Requiring Immunizations (\*) Will participants be engaged in any activities abroad that might require additional traveler precautions from the CDC website?

16) Describe any additional information that you believe is relevant to the University's ability to manage health/safety/risk related to the proposed program. For example:

- Infrastructure for student support on-site including, but not limited to: access to health care facilities, accommodation resources for students, etc.;
- U of R sponsoring department infrastructure including such as involvement of deans, availability of full-time exempt staff for the duration of the program, financial policies and procedures in place to support program adjustments/cancelations, academic policies to address credit;
- Local measures put in place for pandemic such as travel restrictions testing, quarantine, lockdowns;
- Other relevant data

17) Locations with DOS Level 3-4 Advisory - If you are proposing to go to a country or area with a Level 3 or Level 4 advisory have you as U of R Responsible On-Campus Officer or On-Site Leader, made an effort to identify alternative countries/locations that are not subject to heightened travel advisories/restrictions? If yes, what other countries/locations were investigated? Please select one: Yes / No

18) Is this a new proposed international travel or program? (\*) Please select one: Yes / No

19) Do you expect to offer this program repeatedly, i.e., in multiple years or travel regularly to this location? (\*) Please select one: Yes / No

20) Will undergraduate and/or graduate students be participating in this program? Please select one: Yes / No

21) Academic Year of Travel. The academic year starts on the first day of Fall Term classes and runs through the next summer.

2023-24

2024-25

22) U of R Term of Travel

Fall

Winter Break

Intersession (January travel)

Spring

Spring Break

May Term

Summer

Other

23) Proposed travel departure date (\*)

24) Proposed return date of travel (\*)

25) Duration of Travel (insert after start/end)

1. Summer: Less than two weeks
2. Summer: Two to four weeks
3. Intersession
4. Winter Break
5. May Term: Two to Four weeks
6. Less than two weeks during the academic year
7. Spring Break
8. One Semester

26) At the time of submission, dates are: (\*) Please select one: Finalized / Tentative

27) Is this travel associated with an academic course or credit? Please select one: Yes / No

If yes, the participants in a credit-bearing academic course must be a current, registered U of R student. Alumni, friends, companions are not eligible to participate in credit-bearing academic courses.

28) Proposed Course Title

29) Course Instructor

30) Provide a draft syllabus that includes the following

- a detailed course description and explanation of why the location is ideal for this course.
- proposed daily itinerary. What co-curricular activities will enhance course learning objectives?
- Explanation of how the planned course relates to the departmental and university objectives and goals?

31) Graduate or undergraduate course? Please select one: Graduate/ Undergraduate/Both

32) Has this course gone through curriculum committee? Please select one: Yes/No

33) Course Term(s) Please select one: Fall Semester /Winter Break/Intersession/ Spring Semester /May Term / Summer

34) Academic content and contact hours. This program will receive academic credit on the basis of academic content and contact hours fulfilled during the program abroad. Please select one Yes/ No

35) Pre-session course associated with program? This program is being offered outside of the academic term and is connected to a course taught in the preceding academic term. Please select one Yes/ No

36) Post-session course associated with program? This program is being offered outside of the academic term and is connected to a course taught following the program abroad. Please select one Yes/ No

#### **4.In-Country Contacts or Organizations**

1) Name of on-site organization(s) (\*)

2) Website (\*)

3) Address (\*)

5) Main contact name (\*)

6) Main contact title (\*)

7) Main contact telephone (\*)

8) Main contact email (\*)

9) Is this a University? (\*) Please select one: Yes / No

10) Describe how you have personally worked with this organization in the past: (\*)

### **5a. Housing and Accommodations**

1) Accommodation #1 details (\*) Please list the specific location (town, city, region) and type of accommodation (hotel, homestay, research facility etc.) in which participants will reside. Please include proposed dates for this location as well as contact information, address, and any other information for this accommodation.

2) Will you stay in more than one lodging/accommodation? Please select one: Yes / No If yes,

2.1) Accommodation #2 details (if applicable) Please list the specific location (town, city, region) and type of accommodation (hotel, homestay, research facility etc.) in which participants will reside. Please include proposed dates for this location as well as contact information, address, and any other information for this accommodation.

2.2) Accommodation #3 details (if applicable) Please list the specific location (town, city, region) and type of accommodation (hotel, homestay, research facility etc.) in which participants will reside. Please include proposed dates for this location as well as contact information, address, and any other information for this accommodation.

2.3) Accommodation #4 details (if applicable) Please list the specific location (town, city, region) and type of accommodation (hotel, homestay, research facility etc.) in which participants will reside. Please include proposed dates for this location as well as contact information, address, and any other information for this accommodation.

3) Will there be a place where students may secure valuables in all accommodation locations? (\*) If "no", please detail which accommodation will not meet this requirement. Please select one: Yes / No

4) Will you advise the students in any way regarding housing options for this program? (\*) Please select one: Yes / No

5) **Housing and Accommodations: Homestay (if relevant)** Does this program utilize homestays? Yes No

**If yes, please answer the questions below. If no, skip to section 6. Local Transportation.**

- 1) What is the organization that you will be working with for homestay placements?
- 2) Who is responsible for the homestay placements? Please provide Name, Address, Main Contact Name, Main Contact Phone, Main Contact Email
- 3) What is the organization's mission? Please either type your answer into this field or use the yellow file folder icon to attach details.
- 4) What is the process that the organization uses to vet host families? Please either type your answer into this field or use the yellow file folder icon to attach details.
- 5) Have you, as U of R Responsible On-Campus Officer or On-Site Leader, personally worked with this organization before?

## **6. Local Transportation**

### 1) Transportation Details (\*)

Please use the yellow file folder below to attach proposed transportation details. Include information regarding travel to, travel from, and travel within the destination site. Be sure to describe the transportation used on-site and any transportation to and from airports.

- 2) What is the name of the transportation company, if relevant? (\*)
- 3) What is the name of the insurance company used by the transportation company, if relevant? (\*)
- 4) How does the method of transportation conform to recommendations from the DOS? (\*) For example, traveling at night, taking toll roads, utilizing a bus, etc.? If the local transportation does not conform to expectations of the DOS, please address this.
- 5) How many automobiles will be rented? (\*)

## **7. Program Assistant Information**

All University sponsored faculty-led travel courses must have a course assistant to help in the management of the course. Exceptions can be made for programs that work with an international education provider that has a dedicated staff working with student participants (for example, IES).

1. Program Assistant Name
2. Program Assistant Email
3. Program Assistant position at University (drop down menu)
  - Faculty member
  - Staff member
  - Student

- N/A
  - Other
4. If N/A other was selected above, please provide detailed information on who (if anyone) is the proposed Program Assistant and how they will fulfill the roles of the Program Assistant
5. **Dependents & Companions of On-Site Leaders**

If the on-site leader is proposing to bring a dependent/companion abroad this section needs to be completed.

1. Name(s) (first and last)
2. Relationship(s) to On-Site Leader:
3. Dates of birth of dependent(s):

The On-Site Leader must also agree to abide by these requirements:

- The On-Site Leader understands and agrees that Dependents/Companions are not considered participants of the program. A Dependent/Companion will have no responsibilities on behalf of the University, e.g., monitoring tests, managing program finances, arranging logistics, teaching, grading, etc. (Yes/No)
- The On-Site Leader understands that the University does not assume any liability for Dependents/Companions. The On-Site Leader is responsible for the conduct of their Dependents/Companions. (Yes/No)
- The On-Site Leader understands that Dependents/Companions are responsible for all for their own expenses including but not limited to: passports, insurance, visas, immunizations, transportation, meals, lodging, tickets for entrances to events or activities, and incidentals. Dependents/Companions may share the program leader's accommodation provided this does not result in an increase in costs charged to program expenses. U of R will not reimburse any Dependent/Companion expenses. (Yes/No)
- The On-Site Leader will communicate to all program participants about approved accompanying Dependents/Companions, to confirm that no student/participant fees are subsidizing non-participants. (Yes/No)

## 9. **Program Participants**

1) Who are the primary participants in this travel? (\*)

If both undergraduate and graduate students are participating in this travel, select both options.  
Undergraduate Students

Graduate Students

Non-student Travel (alumni, community members, staff)

2) Number of U of R Faculty Participants not including non-U of R on-site leaders (\*) If none, enter 0.

3) Number of U of R Staff Participants not including non-U of R on-site leaders (\*) If none, enter 0.

4) Number of Undergraduate Participants (Projected) (\*) If none, enter 0.

5) Number of Graduate Participants (Projected)(\*) If none, enter 0.

6) Number of Dependents/Companions (Projected) (\*) If none, enter 0.

## 10. Finances

1) Are there currently Overseas Foreign Assets Control (OFAC) Restrictions for this location? (\*) <https://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx> Please select one Yes/No

2) How do you plan to access money abroad? (\*) You can type your answer in this field or use the yellow file icon button to attach details.

4)How do you plan to transport money abroad? (\*)

## Signature Approvals

- If you are not the U of R Responsible On-Campus Officer, please download the “U of R Responsible On-Campus Officer Role and Responsibilities” signature form and obtain a signature from the U of R Responsible On-Campus Officer.
- Please download the signature form and obtain a signature from your Dean and Academic Chair/Director, if applicable.
- If additional edits to the proposal are requested by signature approvers, you may contact [CASStudyAway@redlands.edu](mailto:CASStudyAway@redlands.edu) with a request to un-submit your questionnaires so that you may edit them yourself.

Questions? Please contact: [CASStudyAway@redlands.edu](mailto:CASStudyAway@redlands.edu)

1) Please upload the Signature Form complete with signatures. (\*)

2) Will you personally fulfill the role and responsibilities of U of R Responsible On-Campus Officer? Please select one: Yes / No

If no:

Please upload the “U of R Responsible On-Campus Officer Role and Responsibilities “complete with signatures.(\*)

3) Department Chair / Director Approver First Name (\*)

If you do not have a Department Chair/Director write N/A.

4) Department Chair / Director Approver Last Name (\*)

If you do not have a Department Chair/Director write N/A.

5) Department Chair / Director's Title(\*) If you do not have a Department Chair/Director write N/A.

6) Dean / Executive Director Signature First Name(\*)

7) Dean / Executive Director Signature Last Name(\*)

8) Dean / Executive Director Signature Title(\*)