For any University-authorized travel outside the United States involving SUU students, faculty program directors must follow these procedures:

1. The faculty program director must ensure that SUU students participating in her/his international program complete the "Student Travel Authorization Request for International Study and Exchange," to which is attached the "Agreement and Release" form and the "Student Medical Information" form.

2. These three forms—"Student Travel Authorization," "Agreement and Release," and "Student Medical Information"—are to be completed and signed by the students, and the faculty program director should forward all of the forms to the Global Engagement Center at least three weeks prior to the departure date.

3. The Global Engagement Center will review, sign, and scan the forms. The GEC will then upload the electronic forms to a Dropbox folder and share that folder with the faculty program director, the SUU Office of Student Services, and the SUU Office of Public Safety so the forms can be accessed by the appropriate parties if the need arises. The Dropbox folder will be deleted after the students have safely returned to the U.S.
SOUTHERN UTAH UNIVERSITY
Student Travel Authorization Request for International Study and Exchange

Due at least 3 weeks prior to departure

Name: ___________________________  T-number: _________  Date: _________
E-mail address (one you will check while abroad): ____________________________

Program type:
☐ SUU Faculty-Led Program
☐ Exchange Program
☐ Study Abroad Program with Affiliated Program Provider

Program Location and Dates:

SUU Faculty-Led Programs:
Sponsoring SUU Department or College: ________________________________
Sponsoring SUU Contact (name and phone number): _________________________

Method of Transportation:
☐ Airplane
   Name of Carrier and Departure City: ________________________________
☐ Other
   Name of Carrier and Departure City: ________________________________

**Please attach a copy of your travel itinerary to this form.

**Please attach the information page of your passport to this form; if you are not a U.S. citizen, please indicate your visa status in the U.S.

Accommodations:
Name and address of the place you will be staying:
☐ Hotel: ________________________________
☐ University: ________________________________
☐ Other: ________________________________
Phone: ________________________________
E-mail and/or website: ________________________________

Contact Information:
Please provide telephone numbers at your host University and the Affiliated Program Provider Headquarters in the U.S. (if applicable).

Host University (Overseas Contact Information)
Contact Name: ________________________________
Phone Number: ________________________________
Affiliated Program Provider (US Contact Information)

Contact Name: _______________________________________________________
Phone Number: _______________________________________________________

Emergency Contact Persons in the US or Home Country:

Name: __________________________________ Relation to you: ______________________
Address: __________________________________ Work Phone: ______________________
                                                    _________________  Home Phone: ______________________
                                                    __________________________________           Cell Phone: ______________________

Name: __________________________________ Relation to you: ______________________
Address: __________________________________ Work Phone: ______________________
                                                    _________________  Home Phone: ______________________
                                                    __________________________________           Cell Phone: ______________________

Approval Signatures:

Student Requesting Travel: ______________________________________________ Date: ______________________

Faculty Program Director: ______________________________________________

Sponsoring Dept Chair (if applicable): _____________________________________

Vice President for Student Services (if applicable): _________________________

Certification by the Sargon Heinrich Global Engagement Center (to be signed by the GEC Director)

As Director of the Global Engagement Center, I hereby certify that I have obtained the proper agreement and release forms for the student(s) indicated above and/or on the attached sheet and that the original documents with signatures are on file in the Global Engagement Center. I also confirm that electronic copies of this form will be provided to the SUU Office of Public Safety at least one day prior to the departure date.

Signature: __________________________________ Date: ______________________

Distribution:
   Faculty Program Director
   Sargon Heinrich Global Engagement Center
   SUU Office of Student Services
   SUU Office of Public Safety

Last Updated 06/25/13
AGREEMENT AND RELEASE (WAIVER OF LIABILITY) for
SUU-SPONSORED INTERNATIONAL STUDY AND EXCHANGE PROGRAMS

This Agreement and Release is made and entered into this ___ day of ____________,
20___, by and between the Board of Trustees on behalf of Southern Utah University, ("SUU"),
and ________________________________ ("STUDENT").

I. RECITALS
WHEREAS, SUU desires to provide educational opportunities abroad for its students;
and
WHEREAS, STUDENT desires to participate in the _______________________
international program in _______________________________________ ("Program") under the
terms and conditions hereinafter set forth;

NOW, THEREFORE, in consideration hereof, the parties agree as follows:

II. STUDENT'S OBLIGATIONS
1. STUDENT shall pay the fees set forth for the program in a timely manner.
2. STUDENT shall obtain and maintain health insurance which is satisfactory to SUU
   and provides, at a minimum, coverage for the time period of the Program.
3. STUDENT shall consult with his/her physician in regard to necessary immunizations
   and any other medical matters relating to STUDENT'S participation in the Program.
4. If, during his/her participation in the Program, STUDENT becomes incapacitated or
   otherwise unable to provide consent to medical treatment and advance consent cannot be
   obtained from STUDENT'S family, STUDENT agrees that medical treatment may be performed
   when, in the opinion of competent medical personnel, the health or welfare of STUDENT will be
   adversely affected by any delay. In such event, STUDENT authorizes SUU's designated
   representative to grant permission for the necessary medical treatment of STUDENT.
5. STUDENT understands that SUU cannot guarantee his/her health and safety while
   participating in the Program. STUDENT is responsible for acting prudently and exercising
   caution and common sense at all times.
6. STUDENT agrees that SUU is not responsible for any personal injury or loss or
   damage to property suffered by STUDENT during periods of travel independent of the Program.
7. STUDENT shall abide by all applicable laws of the country hosting the Program.
   STUDENT shall also conform to all applicable rules, regulations, and policies of the institutions
   hosting the Program and agrees that failure to so conform may result in the termination of
   his/her participation in the Program.
8. By participating in the Program, STUDENT specifically waives any and all claims and
   causes of action, present and future, against the Board of Trustees of the University, Southern
   Utah University, and their officers, agents or employees arising out of STUDENT's participation
   in the Program and resulting in the death, dismemberment, disability, physical or mental illness
   or the loss or destruction of the personal property of STUDENT, or the detention of STUDENT
   by governing authorities or any other person. STUDENT acknowledges that this waiver is made
   freely, voluntarily, and under no compulsion.
9. STUDENT agrees to indemnify and hold SUU harmless for any financial liability and
   obligation which he/she personally incurs, and for any injury, loss, damage, liability, cost or
   expense to the person or property of another which is caused or contributed to by STUDENT
   during his/her participation in the Program.

III. SUU'S OBLIGATIONS
1. SUU will enroll students who meet the eligibility requirements of SUU and the
   Program and who have paid the appropriate fees in a timely manner.
2. SUU will facilitate STUDENT's participation in the Program by processing the documentation necessary for enrollment at SUU and in the Program and by acting as liaison with the institution or organization hosting the Program.
3. SUU will provide the personnel and/or resources required by the Program.
4. Upon satisfactory completion of the Program, SUU will grant STUDENT the credits earned for participation in the Program.

IV. MISCELLANEOUS PROVISIONS

1. All lawsuits brought by one party hereto against the other and which are in regard to this Agreement and Release or in any way relating to STUDENT's participation in the Program shall be filed and litigated in a court of competent jurisdiction in the State of Utah.
2. This Agreement and Release and all claims and causes of action brought by one party hereto against the other and in any way relating to STUDENT's participation in the Program shall be governed by the laws of the State of Utah.

Signature of Student

Date: __________

President, Southern Utah University

Date: __________
Student Medical Information Form

Name: __________________________________ Phone #: __________________________ 
(Please Print)

Are you covered under a health care or medical insurance plan? Yes [ ] No [ ]

If “yes,” please include a copy of your insurance card. If “no,” please purchase international insurance through the SUU Global Engagement Center.

Are there any medical conditions or special needs that we should know about? If so, what are they, and do they require special accommodations?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Are you under a doctor’s orders for any medication? Yes [ ] No [ ]
If so, what are they and what special needs do we need to know about?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

IN CASE OF EMERGENCY, CONTACT:

Name: ____________________________ Phone: ______________________
Name: ____________________________ Phone: ______________________

I authorize the Faculty Program Director or her/his authorized representative to consent to any x-ray, examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and hospital care to be rendered to me under the general or special supervision and advice of any dentist, physician, or surgeon licensed to practice in the country/countries where I am traveling, when the need for such treatment is immediate, and when efforts to contact next of kin are unsuccessful.

I agree to pay all charges incurred for the treatment of my illness or injury. I understand that I have primary responsibility for the payment of all charges, whether or not I am covered by health or medical insurance.

Signature: ____________________________ Date: ______________________
Address: ____________________________ (Street) ____________ (City/State) ____________ (Zip Code)