

FACULTY ASSURANCE AND PARTICIPATION GUIDELINES

Please return form to: Office of International Education, Division of International Programs, Texas A&M International University. Tel. (956) 326 2565.

As a Texas A&M International University (TAMIU) faculty member directing a Faculty-Led Study Abroad Program, I do hereby certify that:

1. All students participating in the travel portion of the class will be enrolled in one of my classes.
2. No alumni, former students, nor persons other than students enrolled in my classes will be participating in the travel portion of my class.
3. Any additional full-time TAMIU faculty member or administrator who will be participating in the travel portion of the class is assuming a supervisory role that is clearly understood by TAMIU Administration, by the TAMIU faculty member or administrator, and by me (see attached a job description).

Name of additional TAMIU faculty member of administrator:

TAMIU Telephone _____ Email: _____@tamiu.edu

4. I understand that I have absolute and sole discretion to discipline students under the guidelines governing TAMIU student study abroad, including revoking approval to enroll in the travel portion of the class, or terminating the student's travel participation at the student's cost at any time before or during the travel portion of the program.
5. A current schedule of activities and details on contacting me while I am abroad will be submitted to my academic dean and to the Office of International Education 15 days before travel departure. I understand that I am the person responsible for developing an appropriate activity program for my class during the study abroad duration.
6. I agree that all relevant forms to be signed by any person participating in the travel portion of the class for which I am responsible will be signed and submitted to the appropriate TAMIU persons/departments thirty days before departure.
7. I agree to attend and participate in the pre-departure orientation meetings conducted by the Office of International Education.
8. I agree to complete all forms required during the planning cycle.
9. I agree to abide by all TAMIU guidelines in all phases of the program planning and execution.

Faculty Signature

Date

THE TEXAS A&M UNIVERSITY SYSTEM REQUEST FOR APPROVAL OF FOREIGN TRAVEL

For travel outside of North America only. Please complete form and submit for appropriate signatures. **Requests must be submitted to the Board of Regents Office at least 30 days prior to proposed travel dates.**

Agency Name: _____

Name of Traveler (s)

Title/Department

Account Number: _____

Account Name: _____

Date Departing: _____

Destination: _____

Date Returning: _____

Cost of trip: _____

Purpose of Trip:

Approval Recommended:

Department Head

Vice President/Vice Chancellor

Dean

CEO

APPROVED:

Board of Regents

Submit Original Form to:

The Texas A&M University System
Office of the Board of Regents
MSC Suite 153 TAMUS 1123
College Station, TX 77844-9021

Distribution of Approved form:

Original: Board of Regents

Copies:

1. Attention: _____

Agency Name: _____

Fax No. _____

2. System Office of Budgets & Accounting

Attention: Audra Wilkinson

Fax No: (979) 458-6101

TEXAS HIGHER COORDINATING BOARD

Annotated list of Out-of-Country Study Abroad Courses

Institution			Date
Course Number & Title			Destination and State/Country Code
Length of Course in Number of weeks	Approx Dates of Travel	SCH	Contact Hours
Objectives of Course			
Rationale for Travel			
Course Number & Title			Destination and State/Country Code
Length of Course in Number of weeks	Approx Dates of Travel	SCH	Contact Hours
Objectives of Course			
Rationale for Travel			
Course Number & Title			Destination and State/Country Code
Length of Course in Number of weeks	Approx Dates of Travel	SCH	Contact Hours
Objectives of Course			
Rationale for Travel			

**TRAVEL FUND FORMS
PROGRAM DIRECTOR
CUSTODIAN CONTRACT**

Please return forms with supporting documentation to: Office of International Education, Division of International Programs, Texas A&M International University. Tel. (956) 326 2565.

FACULTY-LED PROGRAM SERVICES CONTRACT

IT IS HEREBY AGREED THAT I, _____, will serve as Program Director for a Faculty-Led Study Abroad Program to _____ from _____, and will provide the following services:

- Student Room & Board
- Instructional Facilities
- Communication (telephone/fax)
- Field trips
- Incidentals

I am requesting a travel fund of \$ _____ from account _____ in the form of a check. I would appreciate the check at your earliest convenience, but no later than _____. This money is to be used for field trips and other activities related to the Study Abroad Program. Receipts and all other documentation will be submitted to the International Programs Office on or before _____.

Signature of Program Director Date

SSN or Federal ID Number

International Education Director Date

Provost and VP Academic Affairs Date

Institutional Approval- President Date

ATTACHED: BUDGET

TRAVEL FUND FORMS

CASHIER'S RECEIPT

Please return forms with supporting documentation to: Office of International Education, Division of International Programs, Texas A&M International University. Tel. (956) 326 2565.

TEXAS A&M INTERNATIONAL UNIVERSITY FACULTY-LED STUDY ABROAD PROGRAMS TRAVEL ACCOUNT

CUSTODIAL RECEIPT

I hereby acknowledge receipt of and responsibility for the travel account funds described below. As fund custodian, I understand and accept the fact that I am personally responsible for all funds entrusted to me. I also understand that a complete accounting of all expenditures, supported with receipts, will be made and that these funds are to be used only for the purpose as specified in the Faculty-Led Program Handbook. Use of these funds for any other purpose is forbidden.

ACCOUNT #:	AMOUNT:	CHECK #:

Name, Fund Custodian

SSN, Fund Custodian

Signature, Fund Custodian Date

FACULTY WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

Please return forms with supporting documentation to: Office of International Education, Division of International Programs, Texas A&M International University. Tel. (956) 326 2565. **Deadline is April 15.**

I am a faculty member at Texas A&M International University and have agreed to direct a Faculty-Led Program traveling to

_____ from _____ to _____. My participation in this Faculty-Led Program is wholly voluntary. As a faculty member of Texas A&M International University, I understand that I am subject to all rules governing the faculty as defined in the faculty handbook. Furthermore, I understand that I will be subject to disciplinary action in accordance with these rules.

In consideration with receiving permission to direct this Faculty-Led Program (herein referred to as ACTIVITY) which is sponsored by Texas A&M International University (herein referred to as SPONSOR), a component member of the Texas A&M University System, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS, for any and all purposes SPONSOR, the Texas A&M University System, the Board of Regents for the Texas A&M University System, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURE, INCLUDING DEATH, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to risks involved in traveling to and within, and returning from, one or more foreign countries; I understand that such travel may be by plane, train, hired bus/van, or other mode of transportation that may not be owned or under the control of Texas A&M International University. As a participant in ACTIVITY, I voluntarily choose to travel by these conveyances. Other risks associated with ACTIVITY include but are not limited to those risks associated with foreign political, legal, social and economic conditions, different standards of design, safety and maintenance of buildings, public places and conveyances; and risks with local medical and weather conditions. I have made my own investigation of these risks, and I choose to voluntarily participate in said activity with full knowledge that said ACTIVITY may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of participating in said activity. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees, that may occur as a result of my participation in said activity.

I agree to assume full responsibility for my safety and the safety of my property at all times including the time that I am in transit to and from the ACTIVITY site. I understand that I may be sometimes traveling in areas having higher than average rates for crime, especially theft of property. I further agree to assume full responsibility for my own safety and the safety of my property at all times while participating in said ACTIVITY. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read this entire document, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Signed, this _____ day of _____

Program director (printed name): _____ Signature _____

Witness (printed name): _____ Signature _____

TRAVEL FUND FORMS

STUDENT REIMBURSEMENTS

Please return forms with supporting documentation to: Office of International Education, Division of International Programs, Texas A&M International University. Tel. (956) 326 2565.

The Program Director/Fund Custodian is responsible for having this form with him/her at time of reimbursement and have the students sign for any money given to them (a student cannot sign for another student!). This form must be returned together with receipts and the ledger.

Program Director _____

Program Name/Dates _____

Rate of Exchange: _____ Date: _____

Name:	Signature:	Amount (USD):	Foreign Amount:
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_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Total of front and back: \$ _____

Please note that this form must contain all students on the program!