



2121 Euclid Ave. MC 412  
 Cleveland, OH 44115  
 Phone: (216) 687-3910  
 Fax: (216) 687-3965  
 www.csuohio.edu/csuea

## *Individual Student Research & Independent/Academic Travel Abroad Risk Management Plan*

Name of Student (Last, First Middle)		Student ID Number		
Supervising Professor	Supervising Academic Dept.	Purpose of Activity		
Host University	Location (City, Country)	Start Date (M/DD/YYYY)	End Date (M/DD/YYYY)	Credits

**Travel Issues:** Please list the modes of transportation which will be used as a part of activity both to the site and while abroad. Please list both the type and name of the provider.

- 1.
- 2.
- 3.
- 4.
- 5.

**Important Contacts:** Please list contacts for the following fields so that we may contact them, if allowed, in the unlikely event of an emergency.

Emergency Contact at Home (Last, First Middle)				Relation to Student	
Street Address	City	State	Zip	Home Phone No.	Cell No. –or– Email Address
Name of Travel Agent or Ticket Issuing Co.				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.
Name of In-Country Contact (If Applicable)				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.
Name of In-Country Hotel/Hostel/Home-Base				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.
Name of Research Facility or Company				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.

**Passport Information:** Please provide information regarding your passport below. Please attach a copy of passport. If you do not have one, please apply for on immediately.

Passport Number	Expiration Date (M/DD/YYYY)
Name of Foreign Consulate which you will apply for a student visa with (if applicable)	Date of Issue (M/DD/YYYY)



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## *Individual Student Research & Independent/Academic Travel Abroad Risk Management Plan (Cont.)*

**Health & Wellness:** Please provide the following information regarding your insurance and health while abroad.

\_\_\_\_\_  
 Name of Insurance Provider

\_\_\_\_\_  
 Group No.                      Member No.

\_\_\_\_\_  
 Claims Dept. Phone No.

List any required or recommended inoculations for the country or region:

- |     |    |  |
|-----|----|--|
| Yes | No | Does this insurance provide world-wide coverage?                               |
| Yes | No | Does this insurance require you to pay up front for any medical treatment?     |
| Yes | No | Does this insurance require you to submit receipts for reimbursement?          |
| Yes | No | Are you physically & mentally fit for the nature of research you are pursuing? |

**Safety Information:** Please list any particular safety issues which are apparent either in the proposed activity or the country in which you will travel to. Discuss how you will address these issues. List also any particular concerns that you have. Use another sheet of paper if necessary.

- 1.
- 2.
- 3.
- 4.

**Overseas Information:** Please fill out the below information about the area in which you are studying abroad.

*U.S. Embassy Information*

\_\_\_\_\_  
 Street Address                      City      State      Zip

\_\_\_\_\_  
 Name of Closest U.S. Consulate

\_\_\_\_\_  
 Street Address                      City      State      Zip

\_\_\_\_\_  
 Name of Closest Doctor or Urgent Care *(Must Speak English)*

\_\_\_\_\_  
 Street Address                      City      State      Zip

\_\_\_\_\_  
 Name of Local Hospital *(Staff Must Speak English)*

\_\_\_\_\_  
 Street Address                      City      State      Zip

\_\_\_\_\_  
 Name of Local Police & Fire Divisions *(Must Speak English)*

\_\_\_\_\_  
 Street Address                      City      State      Zip

\_\_\_\_\_  
 Main Phone No.                      Fax No. –or– Email Address

\_\_\_\_\_  
 Emergency No.                      Email Address

\_\_\_\_\_  
 Main Phone No.                      Fax No.

\_\_\_\_\_  
 Emergency No.                      Email Address

\_\_\_\_\_  
 Main Phone No.                      Fax No.

\_\_\_\_\_  
 Emergency No.                      Email Address

\_\_\_\_\_  
 Main Phone No.                      Fax No.

\_\_\_\_\_  
 Emergency No.                      Email Address

\_\_\_\_\_  
 Main Phone No.                      Fax No.

\_\_\_\_\_  
 Signature of Student                      Date

**Submit form to Center for International Services and Programs MC 412**