



INTERNATIONAL EDUCATION ACTIVITIES PROGRAM REQUIREMENTS

The following information lists the steps involved to develop a successful international program (study abroad program, club activity, or any travel outside of the US). Please read this document in its entirety. International Education (IE) Coordinators will assist with any questions and concerns.

General Process

The applicant must:

1. Initially discuss the general parameters with his/her immediate supervisor and then with the Campus IE Coordinator.
2. Complete the *International Education Activities Concept Form*. This one page form makes administrative representatives aware of an interest in a study abroad program. The form is then submitted for all approvals. **If approved, return a copy of the completed concept form to the IE Campus Coordinator.**
3. Complete the *International Education Activities Development Form*. This form provides detailed information about the program and the program budget. This form should be completed in collaboration with the IE Campus Coordinator and his/her supervisor. The form is then submitted for all approvals. **If approved, return a copy of the completed development form to the IE Campus Coordinator.**

The IE office works closely with faculty/staff to ensure compliance with travel and purchasing requirements, risk management issues, and offers any support needed for successful program completion.

For **multiple-year program scenarios (up to three years) with no content change**, only a new budget, itinerary and Emergency Action Plan will be required from year to year. In all other cases, a new proposal will be required.

**ALL LEADER(S) AND EMPLOYEES MUST FOLLOW DTCC GUIDELINES
REGARDING TRAVEL (SUBMIT A TRAVEL REQUEST)**

For Study Abroad Programs

Study abroad course content must foremost reflect Delaware Tech's Core Curriculum Competencies.

Site Assessment (Risk, Safety and Security)

The program submission must provide a risk, safety and health assessment of the site and briefly discuss the program Emergency Action Plan (EAP) by indicating what precautions and/or steps have been put in place to avoid and manage safety and emergency issues. The following is a study abroad safety and security checklist that will aid in the development of an EAP.

The following checklist is intended to assist lead instructors in assessing the safety and security of the program site and surroundings. Gathering the information listed below should help the lead instructor determine whether to carry out a program and which precautions to take to enhance the safety of program participants. The list below is not exhaustive. Lead instructors should remember to conduct a safety and security check every time program participants are moved to a new site or engaged in a new activity. Please append any relevant information or comments used in assessing the risks associated with the program.

PRIOR TO LEAVING

Obtain a safety and security report from the U.S. State Department: www.state.gov and determine whether the program should be implemented based on State Department safety and security assessment of the country.

Based on the State Department information, please assess the following issues. For each category, please specifically address problem areas and provide a plan to resolve such issues.

1. Food
2. General safety (street violence, physical assault, robberies, etc.)
3. Medical facilities
4. Transportation
5. Natural calamities

Check List

- Gather information and tips on how to best use public transportation.
- Gather information and tips on how to use/access medical facilities.
- Gather information on gender differences and how they might affect safety and security.
- Gather information on places and areas to avoid.
- Gather information on behaviors (including dress code) which could affect participants' safety and health.
- Gather information on verbal and non-verbal communication, which could affect participants' safety.
- Identify local laws that could affect participants' safety.

- Document how local laws deal with arrests, traffic accidents and access to hospitals in case of emergency.
- Gather information on whether facilities are handicap accessible.
- Provide pre-departure safety and security information during orientation.

IN COUNTRY

- Register all program participants with the US Embassy Consular Office (when applicable).
- Inform the local police of the presence of the program participants (specifically in areas where such visits are not common).
- Identify and document address of closest medical facility.
- Identify a medical physician who can be on-call in case of an emergency.
- Identify and document the address of the closest police station.

Waiver, Release and Indemnification Agreement Form

Each person participating in a Delaware Tech sponsored IE program must sign the *Waiver, Release and Indemnification* section of the student application form (see attached). The leader of each program is responsible for securing a signed form from each participant before departure. Copies of the signed form must be submitted to the IE office. The leader traveling with the students should carry additional copies.

Mandatory Orientation

A pre-departure orientation session that includes information concerning safety and risk management issues must be completed by all program participants.

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I understand that DTCC and [other program participant colleges] may have to share educational records and other personal information about me as part of my participation in this Program. I authorize DTCC [or other program participant colleges] to share any such information about me, including my emergency contact identified above which is necessary to process my application, evaluate my performance, complete the Program, and/or to assure my health or safety during the Program. I understand that if I do not consent to the sharing of data about me, I cannot participate in this program. I certify that all information is true and to the best of my knowledge. By signing this form, I give DTCC [or other program participant colleges] the right to access my records, transcriptions and any disciplinary records. I understand that if I am accepted for an international program, that I will be a representative of DTCC [or other program participant colleges] and be subject to its rules and regulations, as well as the rules and regulations of any host institutions abroad.

I further understand that travel to a foreign country may be dangerous, and I hereby release DTCC [or other participant colleges], its agents and employees, from liability for any injury or loss that I may suffer as a result as my participation in the international program, and agree to indemnify and hold DTCC, its partner institutions, agents or employees harmless for any such claims for injury or loss, including reasonable attorneys fees.

Dated _____ Applicant's Signature _____ Name (printed) _____

MODEL RELEASE

I hereby consent to and authorize the use and reproduction by DTCC or anyone authorized by DTCC, of any and all photographs, video and radio interviews, and surveys, which DTCC has taken of me, for any purpose whatsoever, without compensation to me. DTCC may use the photographs/quotes from surveys, for promotional and information purposes through publications, broadcasts, and website for a period of two (2) years from the date of my signature.

Dated _____ Applicant's Signature _____ Name (printed) _____

MEDICAL INFORMATION

I understand that by applying for the Program and by paying the full Program Fee, additional overseas Emergency Evacuation and Medical Insurance will be obtained for me by DTCC.

I understand that DTCC does not have medical personnel available at the location of the Program, during transportation, at the Host Institution/Affiliate or anywhere else where I may visit while a Participant in this Program.

I agree that at its discretion, DTCC [or other program participant colleges] may share my Student Medical Report with the Host Institution/Affiliate, and/or Program Faculty.

I hereby consent to such disclosure of this Medical Report in connection with my participation in the Program, pursuant to the Family Educational Rights and Privacy Act of 1974, as amended.

Dated _____ Applicant's Signature _____ Name printed _____