

# **NMSU Study Abroad Agreement–Resident Credit Programs**

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**Form must be typed or printed in ink (press hard so all copies are legible.)**

Repeated folding of the form may result in obscured copies.

## **Definition of Resident Credit Programs**

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When NMSU students are enrolled in courses at NMSU and travel outside the U.S. as part of their academic program or under sponsorship of the University, they are classified as Study Abroad Students in a Resident Credit Program. Students could be travelling as part of an employee led group or by themselves. Typically, these students are travelling outside the U.S. as part of a faculty or instructor led class field trip, or they are travelling alone to complete research or internship requirements. Students traveling outside the U.S. to attend professional conferences are included in this definition only if their travel is sponsored or financed by a college or department.

## **University Policy Governing Student Travel on Resident Credit Programs**

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Since safety is a prime concern for all who are involved in study abroad, and since the reduction of risk and institutional liability is important to the university, the university put in effect on January 1, 2003 the following policy to govern employee led or supervised study abroad activities.

"All NMSU main and branch campus faculty members or other employees who conduct, supervise, or in some other way facilitate the participation of NMSU registered students in field trips, courses, internships, research, or other activities that involve travel outside the U.S. are required to submit <the *NMSU Study Abroad Agreement: Resident Credit Programs*>\* **at least 30 days prior to the departure of the students.** They also need to <have participating students fill out and sign the student data section of the Agreement>\* so students may comply with pre-departure requirements for study abroad. <This form may be obtained in PDF format at <http://studyabroad.nmsu.edu/Pages/Employees/Policy.html> or in printed form from the Office of Study Abroad.>\*

This policy will assure that NMSU students traveling outside the U.S. while registered and earning resident credit at NMSU will be advised and oriented consistently as are those who already go on exchanges to earn transfer credit and are required to complete pre-departure orientation that covers health, safety, and other issues related to successful student travel abroad. The policy will also help the university reduce institutional liability related to endorsing study abroad by NMSU students." Adopted 1-1-2003 (\*Forms and procedures revised 1-2004)

## **Obligation of Employees Leading or Supervising Students in Resident Credit Programs**

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The obligations of employees (faculty or staff members) leading or supervising students in Resident Credit Study Abroad Programs before students depart are:

- to **notify** their College and/or Department of the planned student travel program.
- to **require every student traveling abroad** to fill out and sign the student data section of the *Study Abroad Agreement-Resident Credit Programs*.
- to **notify** every student to designate their insurance coverage before they allow them to depart.
- to **provide adequate safe travel orientation** (or have students participate in the Pre-departure Orientation provided by the Office of Study Abroad).
- to **forward** this form to the Office of Study Abroad prior to departure of the student(s).

## **Additional Notes:**

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Additional procedural information may be found on page 4 of this document. Questions about this policy and procedures to follow should be directed to the Office of Study Abroad at [stdyabrd@nmsu.edu](mailto:stdyabrd@nmsu.edu).

A copy of the form will be returned to the employee(s) organizing or supervising student travel after the Office has reviewed that each student provided accurate and truthful information about the required Accident Insurance.

A verified copy of the form will also be forwarded to the person listed in Section G.

# Employee Notification Section

Check all boxes below that apply; submit separate form for each different program. Type or print block letters in ink only as needed.

## A-Program Type (select only one)

-Group Travel -Individual Student Travel

Is this travel activity -required -not required for the student(s) to receive credit for a course(s)?

## B-Purpose of Trip

-Day Trip to Mexico -Field Trip (more than one day) -Research project -Field Studies project -Internship  
-Conference -Other (specify activity): \_\_\_\_\_

## C-Length and Location(s) of Trip

Is trip -less than 30 days or -more than 30 days?

Country(ies) to be visited: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Trip will start (m•d•y) •• and end (m•d•y) ••

## D-Employee(s) Responsible for Student Activity

Last Name	First Name	Department	Email	Telephone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

## E-Safe Travel Orientation Arrangement

Who will organize the Safe Travel Orientation if this trip is less than 30 days? (See policy on page 4 for trips more than 30 days)

Last Name	First Name	Department	Email	Telephone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Has organizer read the *Guide for Employee Led or Supervised Study Abroad Programs*? -Yes -No

Does organizer need orientation assistance from the Office of Study Abroad? -Yes -No

## F-Medical and Accident Insurance Verification

### Trips of 30 days or less

Required **Accident** Insurance Policy (or an equivalent policy) will be purchased:

-by the department for the group -by each student listed in the student data section of this form

*Note: For trips of more than 30 days, students are required to provide proof that they have **illness** and **accident insurance** (See insurance requirements and procedures for on-line accident insurance application on page 4).*

## G-Employee(s) Notification of Trip to Supervisor(s)

Who has been notified by the employee(s) listed in Section D that the above designated trip has been organized?

Last Name	First Name	Department	Email	Telephone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

# Student Participant List

Type or print block letters in ink only

Have each student participating in the above named study abroad activity provide required information and then sign  
 \*By signing student verifies Acceptance of Terms of Participation printed on page 4 and accuracy of insurance information.

**1** Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M D Y

Citizenship -U.S. -Specify Country: \_\_\_\_\_ Gender -M -F Tel# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Last First

Medical/Accident Insurance Policy \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name/Policy #/ Effective Dates of Coverage See Page 4 before signing

**2** Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M D Y

Citizenship -U.S. -Specify Country: \_\_\_\_\_ Gender -M -F Tel# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Last First

Medical/Accident Insurance Policy \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name/Policy #/ Effective Dates of Coverage See Page 4 before signing

# Student Participant List

Type or print block letters in ink only

Office Use Only: Confirm insurance coverage verification

**3** Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M D Y

Citizenship -U.S. -Specify Country: \_\_\_\_\_ Gender -M -F Tel# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Last First

Medical/Accident Insurance Policy \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name/Policy #/ Effective Dates of Coverage **See Page 4 before signing**

**4** Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M D Y

Citizenship -U.S. -Specify Country: \_\_\_\_\_ Gender -M -F Tel# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Last First

Medical/Accident Insurance Policy \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name/Policy #/ Effective Dates of Coverage **See Page 4 before signing**

**5** Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M D Y

Citizenship -U.S. -Specify Country: \_\_\_\_\_ Gender -M -F Tel# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Last First

Medical/Accident Insurance Policy \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name/Policy #/ Effective Dates of Coverage **See Page 4 before signing**

**6** Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M D Y

Citizenship -U.S. -Specify Country: \_\_\_\_\_ Gender -M -F Tel# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Last First

Medical/Accident Insurance Policy \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name/Policy #/ Effective Dates of Coverage **See Page 4 before signing**

**7** Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M D Y

Citizenship -U.S. -Specify Country: \_\_\_\_\_ Gender -M -F Tel# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Last First

Medical/Accident Insurance Policy \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name/Policy #/ Effective Dates of Coverage **See Page 4 before signing**

**8** Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M D Y

Citizenship -U.S. -Specify Country: \_\_\_\_\_ Gender -M -F Tel# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Last First

Medical/Accident Insurance Policy \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name/Policy #/ Effective Dates of Coverage **See Page 4 before signing**

**9** Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M D Y

Citizenship -U.S. -Specify Country: \_\_\_\_\_ Gender -M -F Tel# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Last First

Medical/Accident Insurance Policy \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name/Policy #/ Effective Dates of Coverage **See Page 4 before signing**

## Procedures and Policies

### **\*Terms of Agreement for Students Traveling on Resident Credit Programs**

As an NMSU student listed on the *Study Abroad Agreement-Resident Credit Program* and of legal age (18 or above), I state that I have filled out my data section completely and truthfully, and that I agree to enter into this agreement by and between the Regents of New Mexico State University, hereafter called "University," as follows:

In and for the consideration of participating in the off-campus study abroad program designated on this form, I agree and promise that I will not hold the University, its employees, its agents, or others who are assisting in the supervision and operation of the program listed in the Employee Notification Section of this form responsible for any claims, injuries, damages, losses, illnesses, causes of action or as a result of transportation to and from the program site. I also agree that I have been informed of the safety and health risks inherent in participating in this activity. **In the event I require medical treatment or transportation to obtain treatment, all costs associated or incurred are my responsibility.**

Whereas I desire to participate in a study abroad program while in resident credit status under the terms and conditions hereafter set forth and agree to abide by the student code of conduct at NMSU and any host program institution, **I agree by having signed as designated on this form** that I have or shall (1) **comply with all orientation, immunization, and insurance requirements** established by the University for the study abroad program, (2) **pay all fees assessed** by New Mexico State University for participation, (3) **fulfill academic requirements** as set forth by the supervisor of the program, and (4) **notify the supervisor of the activity of my intent to cancel** any or all of the study abroad program.

### **Student Travel Insurance Policy**

As a condition of studying abroad in Resident Credit Status, **every NMSU student** must be covered with illness and/or accident insurance that will pay for medical care abroad. Insurance coverage must be effective the day students leave the U.S. and continue until they return. The insurance requirement may be fulfilled as follows:

#### **Travel Less than 30 days (including day trips to Mexico)**

Obtain travel insurance that covers a minimum of \$50,000 for emergency medical evacuation and \$5,000 for accidental medical protection.

#### **Travel more than 30 days**

Obtain travel insurance that covers a minimum of \$50,000 for treatment of illnesses and accidents, plus provides for \$50,000 medical evacuation and repatriation of mortal remains. Use of a family or personal policy is acceptable as long as it covers medical care outside the U.S. and includes \$50,000 medical evacuation and repatriation benefits (or supplement the family or personal policy with medical evacuation insurance only).

#### **Procedures for Purchasing BETA (Basic Emergency Travel Assistance) Accident Insurance On-line**

As a service to students, employees and guest travellers, the Office has arranged on-line enrollment in BETA (Basic Emergency Travel Assistance) which, for \$12.00, covers \$250,000 Emergency Medical Evacuation, \$25,000 Repatriation, \$5,000 Accidental Medical Protection, and other benefits (valid for one year anywhere in the world). This insurance meets the university requirement when travelling abroad less than 30 days and is acceptable as supplemental insurance when travelling abroad for more than 30 days. Students may substitute any other travel insurance that meets the university requirement.

#### **Individual Using a Credit Card to Purchase BETA**

Go to <http://www/betins.com>. Check on enrollment and follow instructions. Make sure to select "school affiliation" to specify New Mexico State University (the Office receives a report of all enrolled students).

#### **Department Using a Purchase Order to Purchase BETA**

1. For employees, guest travellers, and students for which insurance is being purchased, prepare a list that provides\* **First Name, Last Name, Date of Birth, Home Country, and Email Address** for each traveller. \*Student information requested on this Study Abroad Agreement form includes this data.
2. Obtain a purchase order number using **K & K Consulting** as the vendor (**Vendor #V0001175290**).
3. Print a paper copy of the purchase order to fax (646-3482), along with the list of the persons to be insured, to the Office of Study Abroad which will enroll each person on-line.
4. Each individual enrolled will be notified by email when enrollment is accepted. (Call 646-5107 with any questions.)

### **Obligation of Employees to Arrange Safe Travel Orientation**

The university has a responsibility to inform all students traveling outside the U.S. under university sponsorship, **even for day trips to Mexico**, about proper travel procedures and safety and health risks inherent in participating in the activity.

**Employees leading groups** of students on field trips or **supervising students going unaccompanied** on programs of **less than 30 days** are responsible solely for providing health and safety orientation to students under their direction. Employees should consult the *Guide for Employee Led or Supervised Study Abroad Programs* which covers these student orientation topics: *Disclosure of Terms of Participation, Emergency Preparedness, Traveling Out of the U.S., Health and Safety, and Traveling Back to the U.S.* (<http://studyabroad.nmsu.edu/Pages/Employees/Guide.html>). This *Guide* also has sections that cover specific issues related to day trips to Mexico and special advise for employees traveling abroad. The Office can also provide a 20 minute Safe Travel video.

For trips of **30 days or more** employees need to refer students to the Office of Study Abroad which will enroll them in the *WebCT Study Abroad Orientation 101* course that is available at all times. This course that requires students to answer key questions to prepare them to handle basic travel, health and safety issues, and to conduct themselves appropriately abroad (<http://studyabroad.nmsu.edu/Pages/Plan/Fulfill.html>). It is supplemented with orientation sessions scheduled periodically by the Office of Study Abroad to answer questions and to cover country and program specific issues. Faculty or staff members may request to cover country and program specific issues in lieu of that provided by the Office.