



International Trip Forms

Student Traveler Form

Destination: City, Country
 Date of travel: DD MM YYYY – DD MM YYYY
 Nature of trip: Description
 Supervision: Trip advisors names

Dear student,

In order for you to travel on the abovementioned international trip sponsored by NU-Q, you will need to review this documentation pack, fill all in the information required, sign the documents where appropriate and obtain a signature from a parent/guardian/sponsor where appropriate, and return this documentation pack to the trip organizer.

In the next few pages you will find the following:

International trip information form sections:	Required Action	Student signature	Guardian Signature
1. Emergency contact information	Fill in info	-	-
2. General release and permission	Read and sign	Yes	Yes
3. Learning agreement	Read and sign	Yes	-
4. Statement of commitment	Read and sign	Yes	-



International Trip Forms

Student Traveler Form

Please read this document with your parent/guardian and fill in all the requested information accurately.

Student Name: _____

1. Emergency contact information:

In case of emergency, please notify: (insert name) _____

DOES THE CONTACT ABOVE SPEAK ENGLISH? YES / NO If not, which language? _____

Relationship to student traveler: _____

Home Phone # _____

Work Phone # _____

NOTE: STUDENTS ARE NOT PERMITTED TO CHANGE THEIR FLIGHT ITINERARY. Students are not allowed to make any changes to their scheduled flights and doing so may result in a future travel ban. Any exceptional circumstances may be presented via email, prior to departure, to Katia Zurita at katia.zurita@northwestern.edu in the department of Business and Finance, with your trip advisor on copy.

2. General release and permission:

Please read this document, fill in your name at the top and sign at the end of the document. You will also need a parent/guardian/sponsor signature at the end of the document.

I, _____ (student's full name), wish to participate in the international trip (hereinafter referred to as the "Activity") that is listed on the first page of this international trip documentation pack.

I understand that there are certain inherent risks, as well as benefits, associated with the Activity. I acknowledge that neither Northwestern University in Qatar (NU-Q), Northwestern University (NU), nor any of its employees or agents can absolutely guarantee my safety in every situation, and that NU-Q personnel have taken appropriate and reasonable measures to inform me of potential risks and to ensure my safety.

In consideration of the benefits of the Activity, I, on behalf of myself and those acting on my behalf, irrevocably and unconditionally release, waive, and promise not to sue NU (including without limitation NU-Q) and those acting on its behalf, from and against any and all liability for injuries, damages, claims, demands, actions and causes of action related to any loss, damage or injury, including, but not limited to, suffering and death, connected with participation in the Activity, except to the extent that any such claims are caused by NU-Q's gross negligence or willful misconduct.



International Trip Forms

I hereby certify that I am physically and mentally fit to participate in this Activity. I give permission for the trip leader(s) to use their judgment in obtaining required medical services for me during the Activity. I further give permission for medical professionals to render medical treatment that is deemed necessary or appropriate, including but not limited to, emergency anesthesia, surgery, or hospitalization.

I understand that I am required to obtain relevant medical advice and take all appropriate medical precautions related to the Activity. The information provided in the International Trip Information Form is a complete and accurate statement of the physical factors which may affect my participation in this Activity. My participation in this Activity is completely voluntary and I am aware of the inherent risks of international travel including but not limited to inclement weather and accidents during transportation to and from the Activity. To minimize these risks, I agree to abide by the rules, regulations, and instructions of the trip supervisor from NU-Q.

I acknowledge my parent/guardian and I have read this release and all stipulations together and fully understand them and intend to be legally bound by them. If any provisions of this release are declared illegal, unenforceable or ineffective they shall be deemed severable and all other provisions shall remain valid and binding.

Signature (Student) _____

Date of Birth _____ Date _____

Parent, guardian or sponsor* permission statement:

I hereby give consent for the student named above to participate in the international trip that is listed on the first page of this international trip documentation pack.

I understand that this trip requires students to travel with the accompaniment of NU-Q staff, to stay in NU-Q-determined lodging, and to abide by all rules set forth by the NU-Q staff for the trip. I give permission for the trip leader(s) to use their judgment in obtaining required medical services for the student during the Activity. I further give permission for medical professionals to render medical treatment that is deemed necessary or appropriate, including but not limited to, emergency anesthesia, surgery, or hospitalization.

I will give my support in meeting all the requirements of this trip, before and during the trip. I acknowledge the risks associated with this trip, thereby releasing NU and NU-Q from any responsibility for damages, injuries, or other issues resulting from this trip.

Please sign:

(Print name in full) _____

Signature _____ Date _____

**If you are under QF sponsorship, you should have the Student Finance Manager sign this form*



International Trip Forms

3. Learning agreement:

Please enter your name, initial each numbered item and sign at the end of the document.

I, _____ (student's full name) understand that Participation in this trip is a privilege. I also understand that a **high level** of commitment is expected from all participants. This commitment is not only to ensure the participants' safety, but the safety of the entire group.

NOTE: Please read each of the following statements and place your initials at the end to indicate your agreement.

- I understand that the ability to participate on the trip depends on my ability to fulfill all of the required health VISA requirements for entry into the country of travel. _____ (INITIAL)
- I agree to attend and participate in each activity on the trip. I understand that participating means working hard, listening, sharing my viewpoint, engaging in activities and above all completing all the necessary research and preparation prior to travelling. _____(INITIAL)
- I agree to take responsibility for my own learning. I agree to ask questions if I don't understand, participate even if I have done an activity before, and challenge myself to step out of my "comfort zone." _____ (INITIAL)
- I agree to respect individual differences and the dignity of all people, especially our host community. I will keep an open mind and strive to learn a new perspective on the world. _____(INITIAL)
- I agree to abide by all curfews set by the trip's advisors, and to not leave the group without the permission of one of the advisors. _____(INITIAL)
- I agree to abide by all NU-Q Student Code of Conduct policies. _____(INITIAL)
- I agree to abide by International and Domestic laws during travel to and while in the destination country. _____(INITIAL)
- I agree to take every precaution in order to maintain and protect University equipment loaned out to me for the duration of this trip. _____(INITIAL)
- I agree to abide by the policies and understand the liabilities related to equipment use at NU-Q. _____(INITIAL)
- I understand that failure to comply with any components of this agreement, or other infractions of NU-Q policy, during the semester leading up to the trip may result in my inability to participate in the trip. _____(INITIAL)
- I understand that if my behavior is determined to be contradictory to this agreement (as determined by the chaperones or Dean of NU-Q) *during the trip*, I will be asked to return to Doha immediately. I furthermore understand that all costs incurred for this unplanned return to Doha will be my responsibility. _____(INITIAL)

Signature (Student) _____ Date _____



International Trip Forms

4. Statement of commitment:

Please read this document, fill in your name at the top and sign at the end of the document.

I, _____ (student's full name) fully commit to participate international trip that is listed on the first page of this international trip documentation pack.

With my signature below, I acknowledge my decision to participate and agree to fulfill the expectations of trip participants as articulated in our Learning Agreement. I understand that my agreement to participate fills an available spot that may otherwise be given to another student.

I also understand that, from this point forwards, airline tickets (and other arrangements) may be booked in my name. Because the University may commit to non-refundable expenses on my behalf, I hereby indicate my full faith effort to see through the obligation of my commitment to participate.

One of my parents/guardians/my sponsor has signed the *General release and permission form*, and has given his/her unwavering support to participate.

Furthermore, I acknowledge that failure to fulfill my commitment to participate *may* affect my ability to participate in future trips if this trip serves as a demonstration of my ability to faithfully execute my decisions to participate in trips abroad.

While this confirmation does *not* constitute a legally-binding contract, I also understand that if I am not ready to fully commit to participate, I should not sign this confirmation at this time.

Signature (Student) _____ Date _____



International Trip Forms

Travel Health Assessment Form

**Only students participating in Northwestern University in Qatar Sponsored programs are required to complete this health assessment.*

Being healthy is an important part of enjoying your time abroad. To help you think about steps you might need to maintain good health overseas, we require that you participate in this personal health assessment. International travel can be physically and emotionally challenging. The strategies you routinely employ to safeguard your health may be difficult abroad. It also might be hard to obtain familiar medications, utilize support networks, or locate healthcare practitioners. This assessment form asks you to think about strategies and resources to help you stay healthy abroad and, as necessary, find and consult with applicable support to aid in planning for your health and well-being. It is often possible to make special accommodations while abroad, but you are responsible for identifying your needs and seeking appropriate assistance. Therefore, please complete this form with care.

The information you elect to disclose will be treated confidentially by NU-Q employees and will not affect your program admission. Please note, however, that the prime responsibility for your well-being necessarily rests with you. Discussion of the contents of this form does not place any obligations on Northwestern University or its agents.

- **Part A is for your personal use only.**
- **Part B is to determine whether any additional action is required.**
- **Part C is the Healthcare Provider Consultation (HPC) form and, if required, is to be completed by your healthcare provider and submitted at least 6 weeks prior to your planned departure. Completed forms (Part B or Part B and Part C depending on your responses) should be returned to the university official managing the administration of your trip.**



International Trip Forms

TRAVEL HEALTH ASSESSMENT FORM: PART A

KEEP FOR YOUR REFERENCE

PRE-ASSESSMENT HEALTH CONSIDERATIONS

Vaccinations/Disease Prevention: Prior to completing this form, review vaccination recommendations and requirements as well as disease prevention strategies on the [Immunization and Prophylactic Medications](#) on Northwestern's Global Safety and Security webpage. Certain programs may require additional pre-departure health measures, such as mandatory TB testing, and you will be notified of such measures at acceptance.

Health Coverage Abroad: NU-Q purchases either AXA health insurance policies or the Visiting Scholar Plan on behalf of participants in NU-Q-sponsored programs, including Communication Exchange, Study Abroad, JR Residency, Service-Learning, Experiential Learning, Independent Study, and course-related travel (as defined in the [student travel policy](#)). Should you elect to travel on your own prior to, or at the end of, your university travel program, you will need to purchase additional coverage. There are dozens of companies that specialize in international medical insurance policies. You can research them on the web or you can purchase a policy similar to the NU-Q coverage from [AXA](#).

Consult with your Current Provider: If you have not disclosed your travel plans to your current, treating physician or therapist, then you should meet with your doctor first. Discuss any special steps you might need to take to manage your condition during travel or while abroad. Students seeing a therapist or counselor can review specific advice on [Mental Health Abroad](#) on Northwestern's Global Safety and Security webpage. Pre-departure planning conversations at NU-Q can be had with academic advisors, trip advisors, CHW, and ANU-Q. Students with chronic conditions are required to meet with their healthcare provider to discuss medical management planning and complete Part C of this form (Healthcare Provider Consultation form)

Medications (Prescription or Over-the-Counter): If you will require routine or prescription medication during your trip, review guidance for [Traveling with Medication](#).

Accessibility: NU-Q students with disabilities can successfully travel abroad whether it be to participate in a study abroad program, conduct research, attend a conference or serve as a guest lecturer. The key to a trouble-free experience is planning. Understand, however, that attitudes, accessibility and accommodation for travelers with emotional, mental, learning or physical disabilities may vary in different locations. Successful travelers take time to think about how to manage these differences and seek as much information as possible before departing. Undergraduate travelers are strongly encouraged to discuss their travel plans with a university official coordinating or supporting the travel. Both graduate and undergraduates can talk with [AccessibleNU-Q](#). These offices will work together (and with the student) to discuss reasonable accommodations abroad as well as assist with the planning and pre-departure process.

- [Access Abroad](#) is a comprehensive guide for students with disabilities who want to study abroad.
- [Mobility International USA](#) provides information on education and travel for all individuals with disabilities.



International Trip Forms

Dietary Preferences/Restrictions: If you have dietary preferences, restrictions, and/or severe food allergies, please discuss them with your study abroad advisor prior to departure. While no guarantees of accommodation can be made, all reasonable efforts will be made to honor such requests so long as they are provided in a timely manner. Dietary restrictions related to medical conditions should be discussed with your physician and your study abroad advisor as soon as possible.

SELF-ASSESSMENT CHECKLIST

1.	Do you have disabilities or other conditions requiring accommodation abroad? If yes, are you registered with AccessibleNU-Q (ANU-Q)? (If no, register to apply for accommodations)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Do you have any serious food, drug, animal, or other allergies? If yes, are your symptoms life-threatening?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Are you on a medically restricted diet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Do you plan to take prescription medications while abroad?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you been treated in the last five years, or are you currently being treated, for any of the following conditions? <ul style="list-style-type: none"> • General: Alcohol/Substance abuse, Eating Disorder, Immunodeficiency, Severe Migraine, Seizure Disorder • Respiratory: Asthma, Tuberculosis • Gastrointestinal: Crohn's Disease, Ulcerative Colitis • Infectious Diseases: HIV/AIDS, Hepatitis • Endocrine: Diabetes • Mental health: Anxiety, Bipolar Disorder, Depression, Obsessive Compulsive Disorder • Other chronic physical or mental health condition(s) 	<input type="checkbox"/> YES	<input type="checkbox"/> NO



International Trip Forms

TRAVEL HEALTH ASSESSMENT FORM: PART B (ALL STUDENTS MUST COMPLETE AND SUBMIT THIS FORM)

**Only students participating in Northwestern University in Qatar Sponsored programs are required to complete this health assessment.*

STUDENT NAME: _____

STUDENT EMAIL ADDRESS: _____

PROGRAM: _____

Please think about how the issues or conditions in Part A might affect you while abroad.

- Will maintaining your health and well-being present you with special needs or challenges?
- Have you checked to be sure familiar medications, necessary foods or special accommodations will be available abroad?

Please select the statements that apply to you:

- I have answered **no** to questions #1-5 in Part A.
- I answered **yes to one or more of questions #1-4 in Part A** and will discuss my health care needs with one or more of the following: a representative from the NU-Q unit coordinating or supporting my program, a representative from AccessibleNU-Q, a health care professional, parents or other family members well in advance of my program's departure date.
- I answered **yes to question #5 in Part A** and understand that I must:
 - a. submit Part C to the university official managing the administration of my trip after having it completed by the physician providing care for my indicated condition or by another physician qualified to advise on my care.
 - b. Sign a release form with my healthcare provider if I would like my provider to share relevant information with the appropriate unit coordinating or supporting my program.

I certify that all responses I have provided herein are true to the best of my knowledge. I understand that if I withhold or falsify pertinent medical information that leads to program disruption, I could be withdrawn from the program. If I am withdrawn for reasons related to withheld or falsified information, I will be responsible for all incurred costs. I assume responsibility for my well-being and will provide information to the university official managing the administration of my trip regarding any changes in my health that may affect my participation or safety in the program. Submission of this form does not place any obligations on Northwestern University or its agents. I consent to sharing this form and related information with my educational program provider abroad.

In the event of an emergency abroad, I authorize the release of information shared as a result of this health assessment form to any necessary parties, including relevant parties administering my international experience, NU-Q student services, as well as AXA or Visiting Scholar Plan. In any emergency situation, NU-Q may notify my emergency contacts listed in the application.

Signature: _____ **Date:** _____

Printed name: _____



International Trip Forms

TRAVEL HEALTH ASSESSMENT FORM: PART C HEALTHCARE PROVIDER CONSULTATION (HPC)

(ONLY REQUIRED FOR STUDENTS WHO ANSWERED "YES" TO QUESTION #5 ON PART A.)

All students who answered yes to question #5 on the Travel Health Assessment Form: Part A must meet with a healthcare provider and submit this completed and signed form at least 6 weeks prior to departure. The student should bring Part A and the appropriate pages from the CDC Travelers' Health web site (see below) to their appointment with their healthcare provider.

Once completed, students should submit the completed Part C document to the university official administrating their trip.

STUDENT NAME: _____

STUDENT EMAIL ADDRESS: _____

PROGRAM: _____

To the healthcare provider: Thank you for taking the time to meet with this student and complete their form. This student has disclosed to us that they have been treated in the last five years or is currently being treated, for a chronic physical or mental health condition(s). Living and/or studying in an unfamiliar environment can trigger physical and emotional stress and exacerbate current symptoms. Although Northwestern University in Qatar's international medical assistance provider has the capacity to arrange needed care disclosed by the traveler in most locations, familiar or reliable healthcare or medications might not be readily available to the student in his/her host country.

You are asked to:

- Review any relevant information provided on the [CDC Travelers' Health](https://www.cdc.gov/travel) web site for all countries on the student's itinerary.
- Discuss the student's medical situation with them in light of how it may affect their study abroad experience.
- Ask the student about the destination and demands of the program/experience.
- Advise the student regarding how potentially dramatic changes in climate, diet, living arrangements, social life or study demands may affect them abroad.
- Discuss possible accommodations the student should make or discuss with staff administering or overseeing their overseas program, including any continuing care needs.

To be completed by healthcare provider:

- I have met with the student to discuss his/her medical condition as it relates to his/her intended study abroad program.
- I have encouraged the student to discuss his/her medical condition with one or more of the following: a representative from the NU-Q unit coordinating or supporting his/her program, a representative from AccessibleNU-Q, a health care professional, parents or other family members well in advance of the program's departure date.

Name/Title of Medical Professional: _____

Address: _____ Phone: _____

Signature: _____ Date: _____