

APPENDIX A

**Northeast Ohio Medical University
Student International Experience
PETITION FOR IMPLEMENTATION
OF STUDENT INTERNATIONAL EXPERIENCE
Return to Global Engagement Office L - 214**

Instructions: This form must be completed by:

- any University faculty who wishes to organize an international experience that will include University students (for academic credit or extra-curricular activity funded by the University)
- any student who wishes to participate in a NEOMED-funded extra-curricular international experience with a non-NEOMED faculty member.

Title of Proposed International Experience _____

Dates of International Experience _____

Location of International Experience _____

Faculty or administrative program director name: _____

Faculty or administrative program director Phone Number: _____

Faculty or administrative program director email address: _____

The following documentation must be submitted with this form:

- Documentation of approval for academic credit by course director (if applicable)
- Methods of pre-departure and/or on-site orientation for students
- Copy of all information provided to the students/participants, including all orientation materials
- Description of procedures for an emergency evacuation plan
- A completed Risk Assessment Form—APPENDIX B
- Documentation of all relevant U.S. State Department information and advisories
- Documentation of participant requirements and responsibilities

Copy of letter accepting student into the international experience (from appropriate official)

Form Submitted by: _____ Date: _____
(First and Last Name – Please Print)

Date Sent to Committee: _____