**AGREEMENT between Continuing Education/Study Abroad and Program Director for leading a Faculty-Led Study Abroad Program**

**PURPOSE -** This AGREEMENT is between CE and **[FACULTY LEADER]**, a WSU employee serving as a program director of aWSU Faculty-Led Study Abroad program (herein after referred **to as** *FLSA*).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Check one:* |  | *Faculty Director (instructor of record)* |  | *Assistant Leader* |

This agreement covers the FLSA program called ***[Program Name]*** *(herein after referred* ***to as Program)*** scheduled to take place during **[TERM]** and will be in effect from the date of signature until **[ date 6 months post program]**

**PROGRAM FEE –** The program fee will be **[Program Fee]** for each participant (credit or noncredit).

**TARGET ROSTER COUNT** - The program budget is based on **[#]** participants (credit and full-paying non-credit).

If the minimum enrollment is not achieved by ninety-five (95) days prior to departure, Study Abroad staff will work with Program Directors s to determine an appropriate course of action. If the minimum is not met seventy (70) days prior to departure, the program may be cancelled if adjustments cannot be made to keep the program from ending in a negative fund balance.

**REMUNERATION –** The remuneration package includes compensation (if eligible) plus approved program-requiredexpenses.

**Compensation - [Detailed Compensation information.]**

**EXPENSES** - The following expenses and amounts/percentage will be included in program budget funds. If not listedhere, the program leader agrees to fund the expense from non-program sources:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Flight: | Amount/%: | \_\_\_\_\_\_0%\_\_\_\_ | Source: Paid by program fees. |
|  | Lodging: | Amount/%: | \_\_\_\_\_\_0%\_\_\_\_ | Source: Paid by program fees. |
|  | MI&E: | Amount/%: | \_\_\_\_\_\_0%\_\_\_\_ | Source: Paid by program fees. |
|  | Other: | Amount/%: | \_\_\_\_100%\_\_\_\_ | Source: Paid by program fees. |
|  | **List Other** | **:** International health insurance. Entrance fees to x, y, z. 2 group meals not to exceed $35 per person. |

Subway metro card for $29.

ALL OTHER COST NOT LISTED ABOVE WILL NOT COVERED.

**FINANCIAL MANAGEMENT -** CE will serve as the financial manager of the Program and CE staff will administer theProgram budget to meet the requirements for reporting for reporting expenditures according to the University’s accounting procedures prior to departure, while the Program is on-site, and during the financial reconciliation process after the Program. WSU requires complete financial reporting for all expenses incurred by the Program and program directors are required to submit all receipts, boarding passes, documentation, and requests for reimbursement, etc. by **[10 days** **after program completion date]**. CE cannot reimburse program leaders for monies spent beyond those collected asparticipant fees. Compensation and reimbursement will be processed within 10 days following receipt of (1) the Program Director’s final reportand(2) the submission of all financial records to Study Abroad staff by the programleaders.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**AGREEMENT between Continuing Education/Study Abroad and Program Director for leading a Faculty-Led Study Abroad Program**

**EMERGENCY FUNDS –** Program Directors recognize that emergency funds are set aside to be used in instances ofemergencies only (i.e. student accident or illness, robbery, emergency transportation, and other unforeseen expenses). Any usage of emergency funds will have to be justified in the financial reconciliation process.

**CLOSEOUT REPORT** - Program Directors are responsible for submitting a closeout report to CE staff before the end ofthis agreement.

**ON-SITE ADMINISTRATION -** From the start date until the end date, the program director will supervise and directstudents in the academic and intercultural goals of the Program and that, collectively, the program leaders are responsible for the welfare of student participants as well as their conformance to WSU policy and other applicable policies, rules, regulations and standards of conduct. The program leader’s on-site administration begins on **[Program** **Start Date]** at **[Meeting location]**, and end on **[Program End Date]**, at **[Location]**.

The program director agrees to contact WSU in a timely manner regarding student behavioral problems, serious health issues and accidents, logistical problems, his/her own health and well-being, etc., so that the university may work with other WSU administrators and staff to assist me in efforts to maintain the health and welfare of the individual participants and group, and to minimize liability for the program director and WSU.

**MEDICAL TREATMENT –** By signing this agreement, I acknowledge that I am fully aware that the Program can bephysically and mentally rigorous, and the possibility of illness, accident, or death exists. I represent I am physically and mentally capable of leading the Program; and I recognize your responsibility, not the responsibility of WSU, to secure any mental or physical health support I may require when abroad; and I understand that foreign facilities may not meet United States disability access requirements.

By signing, I accept the terms as program leader. Further, I understand that my failure to comply with WS**U’s** policies may jeopardize my eligibility to lead future study abroad programs, and I may be required to reimburse WSU for compensation and/or travel expenses paid for me during this program.

|  |  |  |
| --- | --- | --- |
| **For CE:** |  | **Program Director:** |
| Rebecca Schwartz |  |  |
| Director, Study Abroad |  | *(print name)* |
|   Date: |  |   Date: |

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**AGREEMENT between Continuing Education/Study Abroad and Program Director for leading a Faculty-Led Study Abroad Program**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***Name*1***:* |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *1 Your name exactly how it appears on your passport.* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Email:*** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***Phone (preferred):*** |  | ***Alternate Phone****:* |  |  |  |
|  |  |  |  |  |  |  |  |
| ***Gender:*** |  | ***DOB:*** |  |  |  |
|  |  |  |  |  |  |  |  |
| ***Street Address:*** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***City:*** |  |  | ***State:*** |  |  | ***Zip:*** |  |
|  |  |  |  |  |  |  |  |
| ***International Phone*** |  |  |  |  |  |  |  |
| ***Number (if known)*** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |



**EMERGENCY CONTACT INFORMATION -** By providing the following information, I authorize the WSU to contact thedesignated individual in the event of an emergency.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  |  |  |  |  | **W Number** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Phone (preferred):** |  |  |  | **Email:** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Address:** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **City:** |  |  |  | **State:** |  |  |  | **ZIP:** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **INSURANCE INFORMATION** |  | **PASSPORT INFORMATION** |  |  |  |
|  |  |  |  |  |  |  |  |
| **Provider:** |  |  | **Passport Number:** |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Insured:** |  |  |  | **Issue Date:** |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **ID Number:** |  |  |  | **Exp Date:** |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Group:** |  |  |  | **Place of Issue:** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | **Citizenship:** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

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**AGREEMENT between Continuing Education/Study Abroad and Program Director for leading a Faculty-Led Study Abroad Program**

**HEALTH INVENTORY – KEEP CONFIDENTIAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **WSU ID Number** |  |
|  |  |  |  |
| **Program Name:** |  | **Start/End Date:** |  |
|  |  |  |  |

*While you are not required to respond to the following, information on this page will be kept confidential and used only as necessary to meet your needs or in a medical emergency.*



**Any health matters that need to be known about in case of emergency?**

**List any medications taken on a daily basis:**

**Please list any allergies you have: (i.e. medication, food, etc.)**

**Please state any conditions of which the**

**Program Leader should be aware:**

**Please state any special dietary requirements:**

**Please describe any special needs that you require to participate in this program?**

**Please state any other conditions that could affect you while traveling (i.e. phobias)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you wear the following? (check all that** | **Glasses** |  | **Contacts** |  | **Hearing Aids** |  | **Prosthetics** |  |
|  |  |  |  |
| **apply)** |  |  |  |  |
|  |  |  |  |  |  |  |  |

**KEEP CONFIDENTIAL**

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