

Application for Travel Authorized (TA) International Trips

Office of International Programs
Ben Parker Student Center
Tel. (303) 273-3210
<http://OIP.mines.edu>
oipgradassist@mines.edu

TA# _____

Permanent Contact Information:

CWID: _____

Last Name: _____

First Name _____ MI. _____

Preferred Name: _____

Permanent Address: _____

City: _____ State: _____

Zip Code: _____ Country _____

Telephone: _____

CSM Email: _____ @mines.edu

Alternative Email: _____

Personal Information:

Date of Birth: _____ / _____ / _____
Month Day Year

Gender: Male Marital Status: Single
 Female Married

Citizenship: US Colorado Resident
 US Out of State Resident
 Non-US Citizen Country: _____

Other fluent languages: _____

Passport # _____ Country: _____

Expiration Date: _____

Health Insurance Information:

Carrier: _____

ID Number: _____

Phone: _____

Emergency Contact Information:

Name: _____

Relation to you: _____

Day Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Does he/she have a valid passport? Yes No

Current Campus Information:

Local Address: _____

City: _____ State: _____

Zip Code: _____

Campus Address valid until: _____ *Mo/Day/Year*

Major: _____ Minor: _____

Current Class Standing:

FR SO JR SR GR

Anticipated Graduation: Fall 20____
 spring 20____

CSM Cumulative GPA: _____

Program Information:

Faculty Sponsor: _____

Course: _____

Destinations: _____

Dates: _____

Please attach an itinerary

Please read and initial the following statements:

Health Information

(This information will be kept confidential.)

The stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. Therefore, if you have a physical or psychological condition of which you are currently receiving treatment, or have received treatment in the past, it is important that you share this information with a study abroad advisor and that you meet with your physician or counselor to discuss how studying off campus could affect your medical condition. Addressing your health issues prior to studying abroad will help you to identify those resources that will and will not be available at your program site.

Initials: _____

Are you currently under medical treatment for any reason?

Yes No

Are you currently seeing a psychologist or a physician for an emotional, nervous, or mental condition?

Yes No

Do you have allergies, dietary restrictions, or physical or learning disabilities about which we should be aware?

Yes No

Are you currently taking any medication prescribed by a physician?

Yes No

If you answer "yes" to any to the questions describe the condition and the treatment you receive.

FERPA Release

(Family Programs Rights and Privacy Act)

If you wish for the Office of International Programs to be able to discuss any of the topics listed below with your parents/guardians or other designated individual, you must provide permission for us to do so in writing.

I, _____, give my permission to the Office of International Programs at Colorado School of Mines to release information to the persons listed below, regarding my:

- Student Account
- Health (in the event of an emergency and the OIP is contacted by my study abroad program)
- Registration for semester I return to CSM
- Study abroad program information.

Name Relationship/Phone Number

1. _____
2. _____
3. _____

Please see a study abroad advisor if you need further explanation of this information.

Disciplinary Information

If you answer, "yes" to any of the following questions, please explain on a separate page.

Are you currently on disciplinary probation? Yes No

Have you ever been subject to disciplinary action at CSM or another college or university? Yes No

Have you ever been suspended or expelled from a college or university? Yes No

Have you ever been convicted of a felony? Yes No

Please be aware that you are expected to maintain good disciplinary standing at all times. If you are accepted to a study abroad, failure to maintain good standing will result in the cancellation of your acceptance status.

Agreement

I certify that the information submitted on this given above is true and complete. I agree to release any and all records and transcripts held by Colorado School of Mines or other institution to the Office of International Programs as necessary for my participation in a study abroad program. I understand that as a participant in the study abroad program, I shall be subjected to certain rules and requirements of this university and of cooperative universities, which I agree to fulfill in all respects, subject to immediate dismissal from the program if I do not do so. I agree to assume financial responsibility for the program fees and for my own welfare while overseas. I understand that the Office of International Programs reserves the right to cancel, alter or amend any part of any program or to increase charges should circumstances make these actions advisable or necessary.

Student Signature

Date

Application Requirements

- **Passport:** Apply for this immediately. You must have a passport in hand to apply for a visa. **Include a copy of your passport with this application**, even if a visa is not required.
- **CSM Application Form and Releases:** Please type or print clearly using black or blue ink. Be certain to sign and date the application before submitting to us.
- **Waiver**
- **Proof of Health Insurance**
- **ISIC – International Student Identity Card:** This card is available at the Office of International Programs for USD 25.

***Student Responsibility Statement – for those on
Travel Authorizations***

Please initial (or check) in the space provided before each statement to indicate your understanding and willingness to comply with the statement.

____ I understand that while traveling abroad on a sponsored activity I assume primary responsibility for ensuring my own safety.

____ I understand that while abroad, I am expected to abide by the laws of my host country. Additionally, I understand that all CSM policies concerning student conduct, including the Student Code and the policy prohibiting gender-based discrimination, sexual harassment, and sexual violence, also apply to students studying abroad, and that I may be disciplined through CSM conduct code procedures for incidents that occur off campus.

____ I understand that I am required to provide the Director of the Office of international Programs (OIP) with a detailed itinerary of my trip, and if the itinerary changes during the trip, or if I seek to travel outside of the primary destination, I must provide the Director of OIP and the Faculty Sponsor(s) with updated itinerary and contact information. I understand that OIP will not provide support for any non-sponsored portions of my travel.

____ Furthermore, I understand that the legal mandates that protect a person with a disability in the United States do not extend beyond the borders of the United States. I understand that working with the appropriate offices at CSM, I should research the programs and services available at the host institution well in advance of my arrival.

____ I understand that it is my responsibility to determine if I am required to obtain a student visa to participate in the program and that if I do need a visa that I will apply for it in a timely manner.

____ I understand that CSM requires that I obtain an International Student ID card (ISIC).

____ I understand that I must carry health insurance as required by CSM and/or the participating and that it is my responsibility to understand how this insurance covers me while I am abroad. I also understand that if I do not provide the OIP with proper proof of insurance I will be considered absent from CSM since I am not on an approved trip. If my absence persists for 2 semesters I will have to reapply to CSM.

I hereby acknowledge that I have read the most recent U.S. Department of State Travel Warnings for (enter location/s): _____ And the Consular Information Sheet on (enter location/s): _____ Available at: <http://travel.state.gov/travel>

____ I understand that it is my responsibility to be aware of and to read any revisions or updates to the Travel Warning that are issued between the date when I sign this Release and the date of my return from the Activity. I understand the potential risks traveling to and in _____ at this time as explained in the Travel Warning (and any subsequent revisions or updates) and that the security situation may change during my participation in the Activity. I hereby assume, knowingly and voluntarily, each of these risks and all other risks which could arise out of or occur during my travels.

Signature

Student ID#

Print Name

Date

**Colorado School of Mines
Travel Waiver and Release of Liability**

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age).

I fully recognize that there are dangers and risks to which I may be exposed by participating in the activity described on Exhibit A which is attached to and incorporated in this Release (the "Activity").

These risks may include, but are not limited to, personal injury or death, and property damage or loss as a result of traveling to and from and within the United States, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical, sanitation and weather conditions.

I understand that Colorado School of Mines ("CSM") does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and the requirement that I sign this Waiver and Release of Liability. I have read the United States Department of State (www.state.gov) consular information about the countries of travel and the Center for Disease Control Travelers' Health recommendations (<http://www.cdc.gov/travel>) for any applicable immunization or health risks and incorporated this information into my decision to participate in the Activity.

I affirm that I have consulted with a medical doctor with regard to my personal medical needs and that there are no health-related issues which preclude or restrict my participation in the Activity. I affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

With informed consent, and in consideration of permission to participate in the program and assistance provided by CSM, I agree to assume all of the risks and responsibilities in any way arising from or associated with the Activity, and I release CSM, the Colorado School of Mines Board of Trustees, the State of Colorado, the State of Colorado Risk Management, and all current and former employees, officials, representatives, agents and volunteers of each of those entities (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, occurring after the date of this Release, whether known or unknown, contingent or fixed, at law or in equity (collectively "Liabilities"), that I may suffer at any time arising from or in connection with the Activity, including but not limited to any injury or harm to me, my death, or damage to my property.

I further agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities incurred by any other person as a result of my actions or omissions in connection with the Activity, including but not limited to any injury or harm to another, another's death or injury to another's property.

I agree that this Release shall be governed for all purposes by Colorado law. Notwithstanding anything herein to the contrary, I understand that all terms and conditions of this Release shall be construed or interpreted as consistent with, and not a as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions of the "Colorado Governmental Immunity Act", Section 24-10-101, *et seq.*, CRS, as now or hereafter amended and that any claims for injuries to persons or property arising out of negligence of the State of Colorado, its departments, institutions, agencies, boards, officials and employees is subject to the provisions of Section 24-10-101, *et seq.*, CRS, as now or hereafter amended and the risk management statutes, Section 24-30-1501, *et seq.*, CRS, as now or hereafter amended.

I agree that should any provision of this Release be found to be unenforceable, that all remaining provisions of the Release will remain in force and effect.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Releasor's Signature

Date

Releasor's Name (Printed)

TITLE IX INFORMATION AND PROTOCOL WHILE ABROAD

Introduction

Title IX of the Education Amendments of 1972 and Title VII of the Civil Rights Act of 1964 prohibit discrimination based on sex, including sexual harassment and sexual violence. The Violence against Women Act amendments to the Clery Act require institutions to develop protocols addressing sexual assault, stalking, and domestic violence. Mines Title IX obligations are just as relevant and applicable abroad as they are on our campus. Under certain circumstances, Mines may conduct investigations regarding incidents that occur abroad. Mines internal investigation processes are handled as discreetly as possible, but confidentiality cannot be guaranteed. Mines prohibits retaliation for raising complaints of sexual misconduct, stalking, or dating or domestic violence.

Reporting of Incidents is Mandatory

If an employee becomes aware of an incident of sexual misconduct involving a member of the Mines community, please remember that your responsibilities as mandatory reporters go with you abroad. Follow the appropriate reporting protocol to ensure impacted students and employees receive assistance and care. And, remember to report incidents to the Title IX Coordinator at 303.384.2558 or krcurran@mines.edu within 48 hours of notice, so that we can assist you with coordinating a prompt, reasonable and effective response. Whether you are a mandatory reporter or an Mines community member impacted by sexual misconduct abroad, the following information is intended to assist you.

Before Departure

Mines students study abroad in affiliated and non-affiliated programs and in countries all over the world. Incidents involving sexual misconduct are taken seriously at Mines; however, they are viewed differently around the world. In some countries, the option to report a crime may not rest with the impacted party. It is important that you learn the local customs and laws of the host area prior to departure. Regardless of local norms about sexual misconduct, your responsibilities remain the same as they are when you are on campus in Golden.

Reporting: Non-Mines Affiliated Programs

Institutions that are not affiliated with Mines have no requirement to share or report information to Mines officials. Students impacted by sexual violence while studying abroad as part of a non-Mines affiliated program should be prepared to contact Mines administration directly if you decide to report or if you are accused. You may file a report with the Mines Title IX Coordinator at 303.384.2558 or krcurran@mines.edu or you may also contact International Programs Director Kay Godel Gengenbach at kgengenb@mines.edu. As a responsible employee, Kay is required to report possible these issues to the Title IX Coordinator. The Title IX office and the International Programs office are not confidential resources. However, we will only share information with

offices or persons who have a legitimate need to know. Absent some exceptions like health and safety emergencies, without a written release from you, parents or legal guardians of students will not be notified by Mines.

Reporting: Mines Affiliated Programs

Any Mines community member participating in a faculty led Mines-affiliated program who is impacted by sexual misconduct may file a report with the Mines Title IX Coordinator or with the Mines faculty member abroad. As responsible employees, Mines faculty members are required to report possible violations of Mines' Policy Prohibiting Gender-Based Discrimination, Sexual Harassment, and Sexual Violence to the Title IX Coordinator. Faculty are not confidential resources. However, they will only share information with offices or persons who have a legitimate need to know. Absent some exceptions like health and safety emergencies, without a written release from you, parents or legal guardians of students will not be notified by Mines.

Medical Attention

Know the names and locations of medical facilities before you depart for your program. Your program director can help you locate the medical facilities you need. Check with your insurance company before departure to determine what medical care is covered while abroad. It is important to note that most, if not all, overseas doctors and hospitals DO NOT ACCEPT American insurance for payment of services. You must be prepared to pay for services when you use them. Most American insurance carriers will reimburse you for these expenses, so be sure to keep all receipts. You may also contact the nearest U.S. embassy or consulate. Consular officers are available around the clock to help students obtain medical care, explain the local criminal justice process, and connect students to local and U.S.-based resources. You may also contact the nearest U.S. embassy or consulate. Consular officers are available around the clock to help students obtain medical care, explain the local criminal justice process, and connect students to local and U.S.-based resources. You or your family may call the Department of State in the U.S. at 1-888-407-4747 (from the United States or Canada) or 202-501-4444 (from overseas). Alternatively, a full list of consular resources is available at:

<https://travel.state.gov/content/passports/en/emergencies/victims.html>.

Reporting a Crime/Being Accused of a Crime

Be aware of local laws and customs. In most cases reporting a crime to the local police is a personal choice and Mines respects the right of the impacted party in making that decision. However, if at any time you feel threatened or want to file a report you are encouraged to contact the local police or the Mines Public Safety department at 303.273.3333.

Mines students, staff, and faculty who are accused of sexual assault should be aware that they may become subject to the local justice system. That system may not have the same protections as the United States system, such as the presumption of innocence, the right to counsel, the right to understand the charges against you, or due process and other procedural rights. Should you be detained, arrested, or imprisoned, Mines may be powerless to assist you.

You may also contact the nearest U.S. embassy or consulate. Consular officers are available around the clock to help students obtain medical care, explain the local criminal justice process, and connect students to local and U.S.-based resources. Alternatively, a full list of consular resources is available at:

<https://travel.state.gov/content/passports/en/emergencies/victims.html> you or your family may call the Department of State in the U.S. at 1-888-407-4747 (from the United States or Canada) or 202-501-4444 (from overseas).

You have legal rights:

With law enforcement:

Colorado School of Mine Public Safety: 303.273.3333

Within Mines:

Office of Institutional Compliance & Equity: 303.273.2558 / titleix@mines.edu

Student Life Contacts:

Rebecca Flintoft 303.273.3050 / rflintof@mines.edu

Brent Waller 303.273.3046 / bwaller@mines.edu

You have support:

24-hour crisis lines:

Jefferson Center for Mental Health: 303.425.0300 / jeffersonmentalhealth.org

The Blue Bench: 303.322.7273 / thebluebench.org

CCASA (Colorado Coalition against Sexual Assault): 303.839.9999 / ccasa.org

The Center (for LGBTQ sexual violence victims): 303.282.9399 / glbtcolorado.org

Medical assistance:

Mines Health Center: 303.273.3381

Confidential counseling:

Mines Counseling Center: 303.273.3377 / counseling.mines.edu

I have read and understand the Title IX and Equity Compliance information above

Signature: _____ Date: _____



STUDENT INFORMATION RELEASE FORM

I, _____, hereby authorize the **Office of International Programs**
(Student Name – please print) (Name of office or entity that is custodian of record)

to disclose, make accessible, and furnish the following information:

Copy of passport, ISIC Card, Insurance information

TO: US Government officials in the event of an emergency

____ Local government officials in the event of an emergency

____ Insurance Company in the event of an emergency

____ Other as specified: _____

These records will be used for the sole purpose of addressing emergency concerns while I am participating in a faculty sponsored, study abroad, or other authorized international activity.

This release shall be effective until _____ unless revoked by me in writing.
(Date of return to the United States)

Student ID number

Student Signature

Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATION.

Health Insurance Form

Name: _____

CWID: _____

Do you have Mines Health Insurance?

Yes

No

If no, what is your service provider?

Service Provider: _____

Policy Number: _____

Policy Holder: _____

If you do not have Mines Health Insurance, you need a letter from your insurance company stating that you will be insured during your study abroad period, and that you have medical evacuation and repatriation benefit



International Student Identity Card (ISIC)

Please indicate which card you are applying for:

Student (ISIC)

Teacher (ITIC)

Youth(IYTC)

Personal Information:

Name (Last, First)

Colorado School of Mines

Institution/School

Expected Grad. Date (MM/YY)

Date of Birth: Month _____ Day _____ Year _____

CWID

Email Address

Local Address

Purpose of Travel/Destination

Payment of \$25:

Cash

Check payable to CSM-OIP

Terms and Conditions: I hereby certify that this information is true and understand that any false statements on my part may result in forfeiture of all card benefits.

Signature

Date

For Office Use Only:
.....

Card Number: _____

Paid

Check Number: _____ Receipt Number: _____

Date Made: _____

Date Entered into Excel: _____