

SUNY Delhi®

# **SUNY Delhi International Travel Guide**

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## **Introduction**

SUNY Delhi recognizes the intrinsic value of international programs and intercultural learning for our students and faculty. Students are prepared for responsible global citizenship in an interconnected world, while staff and faculty expand their academic purview to enhance their classroom instruction and research. Indeed, in an increasingly interconnected world, global exposure is critical to our institutional strategic theme of delivering relevant, cutting-edge curricula.

In accordance with SUNY System Administration policies and procedural guidelines, and to ensure the safety of our community while abroad and the success of our academic programs, this guide is applicable to all faculty or staff-led trips, be they study abroad programs or student organization activities. We are indebted to our colleagues at SUNY Plattsburg and SUNY Oneonta for offering their own policies as references for this document.

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## Pre-Departure Tasks

### Pre-Departure Orientation

Orientation provides students with a detailed introduction to their program, as well as a chance to discuss their concerns with the program coordinator(s) (PC/s) and peers. A comprehensive orientation program will manage fears, dispel misconceptions, and mitigate the challenges of adjusting to life abroad, allowing students to optimize their learning experience. Orientation sessions will be provided both prior to departure and on-site the first day of the program.

Pre-departure orientation will be offered the semester prior to departure. For study abroad programs, this will be conducted as a mandatory, one-credit “Study Abroad Seminar.” This is an opportunity for program participants to meet their PC and receive answers to their specific questions concerning any aspects of the program. While the PC is primarily responsible for conducting this orientation, the Coordinator of International Student Services & Diversity Outreach in the Multicultural Center (CISSDO) may provide information and training, and other support when appropriate, especially regarding administrative matters such as health insurance and travel documents.

### Travel Documents/Visa Requirements

The CISSDO assists PC(s) in determining whether program participants should obtain or renew certain travel documents (such as visas or passports), or immunizations for travel to specific locations. Students are notified by the CISSDO of any entry requirements for the program, and are given assistance in obtaining the necessary documentation. All PCs and participants are responsible for obtaining passports in a timely fashion. Application renewal forms are available at [http://travel.state.gov/passport\\_services.html](http://travel.state.gov/passport_services.html) and most post offices. Some countries require that passports be valid for a minimum of six months beyond the duration of stay; the CISSDO will obtain this information.

### Medical Clearance for Travel

#### Medical Questionnaire

SUNY Delhi requires that every participant in a SUNY Delhi-sponsored international travel event submit a completed medical questionnaire (Appendix D) to their PC, who will then resubmit it to the CISSDO for final review. This provides the CISSDO and PC with information concerning the general health and well-being of the student and their fitness to travel abroad. PCs, the CISSDO, and the University Police Department (UPD) will retain copies of these forms (which include emergency contact information) for the duration of the program.



### **Health Insurance Requirements for Participants/Program Coordinators**

All participants in overseas programs affiliated with the SUNY system are required to be adequately insured. Students are required to purchase SUNY international insurance, provided by United Healthcare, for all programs abroad.

## Data Management, Preparedness & Emergency Protocols

These protocols are intended to ensure the safety of our students, faculty, and staff, especially in the event of an emergency; the CISSDO, PC, and UPD share joint responsibility for their implementation. Both ***physical and digital copies*** of these protocols, including **all the program data collected**, will be **maintained as a unified document** by the CISSDO, PC, and UPD throughout the duration of the program.

### Data Management & Preparedness Responsibilities

To ensure the safety of our students, faculty, and staff, as well as the success of the study abroad program, the following responsibilities will be assigned to the CISSDO and PC(s), respectively. This section is intended to delegate clearly the responsibilities of both parties throughout the duration of the program. For a detailed timeline within which certain pre-departure tasks should be completed, see section “PC Timeline for Required Preparations,” found below.

#### Prior to international travel, the CISSDO will:

- Create a full roster of students traveling abroad with SUNY Delhi faculty/staff
- Collect emergency contact information from students from PC (Appendix D page 24)
- Collect and review copies of all medical questionnaires (including outstanding medical conditions)
- Collect and review judicial review forms submitted by PC
- Submit completed judicial review forms to Director of Student Rights and Responsibilities
- Inform PC should the judicial standing of any students preclude them from participation
- Collect copies of travel documents (including relevant passport pages)
- Verify health insurance of students: emergency medical evacuation and repatriation of remains
- Collect housing and itinerary information, including housing addresses, telephone numbers, and room numbers, as well as local emergency contacts from PC
- Assist with pre-departure orientation for students and faculty/staff concerning travel, arrival, communication, emergency planning
- Assess risk in program location(s) and communicate with PC and students as appropriate
- Advise faculty/staff and students who are US citizens to enroll in STEP (Smart Traveler Enrollment Program) with the US Department of State if deemed necessary

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## Prior to international travel the PC will:

- Submit initiation form (Appendix A page 15)
- Collect passports, travel documents, and completed internal forms (see appendices) for submission to CISSDO as per timeline below

|                                  |  |
|----------------------------------|--|
| <b>4 months from departure</b>   | <ul style="list-style-type: none"> <li>- PC submits Initiation Form</li> <li>- Meets with CISSDO to discuss required procedure</li> </ul>  |
| <b>4-3 months from departure</b> | <ul style="list-style-type: none"> <li>- Provides list of students to CISSDO</li> <li>- Provides students with required health &amp; liability forms, to be submitted to CISSDO by agreed-upon deadline</li> <li>- Begins working with Business &amp; Finance and Students Accounts on necessary budget, purchasing and billing</li> </ul> |
| <b>3-2 months from departure</b> | <ul style="list-style-type: none"> <li>- Submits all <b>required health &amp; safety and liability forms</b> to the CISSDO for each participating student</li> </ul>   |
| <b>2-1 month from departure</b>  | <ul style="list-style-type: none"> <li>- Finalizes detailed itinerary, including emergency contact information, flight/travel/hotel information, and a complete list of participants to the ISSC</li> </ul>  |
| <b>28-14 days from departure</b> | <ul style="list-style-type: none"> <li>- Has completed instruction of required pre-departure "Study Abroad Seminar" (1 cr.)</li> </ul>   |

- Conduct pre-departure orientation, as described in above sections
- Develop comprehensive emergency communication plans (i.e. communication tree or buddy system) for students and PC while abroad
- Provide CISSDO and UPD with cell number, landline, and physical address, as well as an alternative contact who can be reached at the location if the PC is unavailable
- Provide CISSDO with a comprehensive program itinerary
- Collect local emergency contacts, and provide them to CISSDO
- Identify a local support person who can assist with hospital procedures and translation if necessary, share their contact information with CISSDO

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- Disseminate specific information on health and safety to students and update as necessary (pharmacy, English-speaking emergency room and hospital, etc.)
- Update contact with Department of State Consular Overseas Duty Office
- Meet all requirements within agreed upon timeline

## **Throughout the duration of the trip, the CISSDO will:**

- Maintain 24/7 personal contactability with UPD and PC
- Maintain a full roster of students traveling abroad with SUNY Delhi faculty/staff
- Maintain emergency contact information from students
- Maintain copies of all health records (including outstanding conditions)
- Maintain copies of travel documents (including relevant passport pages)

## **Throughout the duration of the trip, the PC will:**

- Conduct on-site orientation
- Have students inform PC of their whereabouts if they are leaving the group for any reason
- Determine specific, on-site emergency assembly points, sharing these with CISSDO, UPD and students, to be updated for every location visited throughout the program
- Be contactable by participants, UPD, CISSDO at all times



## Emergency Response Protocol

### I. Purpose of Emergency Response Protocol

The Emergency Response Protocol (ERP) is meant to ensure the safety and well-being of all SUNY Delhi students, staff, and faculty traveling abroad. The ERP outlines the University's response protocol to emergencies that affect participants traveling abroad and dictates predetermined procedures to be followed; it is applicable to all SUNY Delhi international travel. If there is an emergency during a program operated by another SUNY or third-party provider that a member of the SUNY Delhi community is on, the CISSDO will be contacted by relevant school officials at the host institution.

### II. What is an emergency?

- A. Definition: An emergency is any event that threatens the safety and well-being of program participants and/or the PC.
- B. Levels of Emergencies
  - a. Level 1: a situation that does not require an immediate call to UPD, The PC must submit appropriate [incident report form](#). PCs should use Appendix G form to document the incident. These emergencies need to be treated seriously, as they can grow in severity if left unattended. The emergency must be reported to the CISSDO upon return. This level of emergency does not require the convening of the Emergency Response Team.
    - i. Examples: isolated violations of Student Code of Conduct, such as inappropriate behavior, substance abuse violations, or minor illness and accidents that pose no further danger to program participants if not immediately addressed by UPD or the CISSDO
  - b. Level 2: a situation necessitating an emergency response in cooperation with UPD and the CISSDO, though not severe enough to warrant convening the Emergency Response Team.
    - i. Examples: non-life-threatening injury that requires hospitalization, change of transportation plans in cases where the new plan may pose a safety risk, significant change in itinerary in locations under an elevated (Level 2+) US Department of State Travel Advisory
  - c. Level 3: a situation necessitating an elevated emergency response in cooperation with UPD and the CISSDO. It warrants convening the Emergency Response Team.
    - i. Examples: Missing students, arrest or impending arrest, serious illnesses (physical or mental) or injuries which require hospitalization (accidental

or otherwise), death, natural or man-made catastrophe; threats to public safety including bomb threats, political unrest, or hostage situations; public health issues including infections disease outbreaks in the proximity of the study abroad site, sexual misconduct (assault, harassment, etc.) involving a program participant, housing compromised etc.

\*If you are questioning whether you should call, always err on the side of caution and call.

\*Any questions regarding these procedures should be directed to the Coordinator of International Student Services & Diversity Outreach.

### III. Emergency Response Team (ERT)

- A. Purpose: The ERT is responsible for general oversight of emergency situations and decides what action needs to be taken. Items to be considered by ERT are:
  - a. Immediate measure to be taken to secure the safety of program participants and Program Coordinator
  - b. Identification of other issues which may occur as a consequence of emergencies
  - c. Appropriate steps to be taken on-site abroad and on campus
  - d. Necessary correspondence with program participants, staff members, host institutions, program providers, parents, media, and other constituencies
  - e. Develop lockdown plans until evacuation (if needed) is prudent
  - f. Suspension or cancellation of the on-going and/or future programs.
- B. Roles & Responsibilities: ERT is usually comprised of the following individuals.
- C. Depending on the nature of the emergency, it may include other members of the college community.

| ERT Member   | Roles & Responsibilities  |
|--|---|
| Coordinator of International Student Services & Diversity Outreach | Coordinate efforts to respond to an emergency. Brief ERT members as new information becomes available.<br>Communicate with students on the affected program and their emergency contact individual(s). convene ERT, and designated personnel to perform tasks as appropriate. |

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|  |   |
|--|---|
| Program Coordinator (on-site SUNY Delhi faculty/staff)     | Assist management of emergency. Provide a conduit for information.  |
| Marketing & Communication Representative                   | Distribute all SUNY Delhi communications during an emergency to the media. Also responsible for internal communication with students, faculty, and staff members not directly affected by the emergency.                  |
| Health & Counseling Representative                         | Assist the ERT with briefing of health-related issues and provide medical and mental health guidance concerning the event.  |
| Rights & Responsibilities Representative                   | Assist the ERT with briefing of legal liability issues and provide some legal guidance as appropriate. SUNY Legal Council to be included as needed.   |
| University Police Representative                           | Provide general safety guidance.  |
| Assistant Director of the Multicultural Center             | Provide support and guidance to the Coordinator of International Student Services & Diversity Outreach.   |
| Director of the Center for Student Leadership & Engagement | Provide support and guidance to the Assistant Director of the Multicultural Center and Coordinator of International Student Services & Diversity Outreach. Inform Vice President for Student Life of any new information. |
| Vice President of Student Life                             | Brief senior administration about the emergency in collaboration with the Director of the Center for Student Leadership & Engagement and the Coordinator of International Student Services & Diversity Outreach.          |

|         |  |
|---------|--|
| Provost | In cases of a study abroad program, PC will brief Provost in collaboration with others on ERT. |
|---------|--|

## IV. Procedures and Communication Plan

### A. On-site Response

#### a. Immediate Response

##### i. In any emergency the PC should:

- Make sure all program participants are safe and know where they are and how they can be reached.
- Develop shelter in place plans, if needed.
- If a student has been injured or requires psychiatric attention, ensure they receive medical services.
- If immediate danger exists, contact the local authorities and/or U.S. Embassy/Consulate for assistance.
- In the event of a Level 2 or 3 Emergency, contact the CISSDO and UPD at SUNY Delhi after contacting local authorities.

#### b. Follow-Up

##### i. After contacting the CISSDO/UPD, the PC should:

- Keep a chronological log of all actions and correspondences. Keep records of what happens, what actions are taken, who talks with whom and, and what follow-up actions are necessary.
- Maintain frequent communication with the CISSDO, while adhering to student disclosure permissions and FERPA regulations.
- Assess the emotional and physical needs of the participants and provide necessary support. Remind them of appropriate behaviors.
- Reassess the planned activities for the program and make adjustments in consultation with the CISSDO as needed.

### B. On-campus Response

#### a. General Procedures

##### i. Level 1 Emergencies

- The CISSDO will take detailed notes and confirm all participants are safe, while assisting the PC with developing a plan of action for the continuation of a successful program. CISSDO will also confirm proper incident reporting was made by the PC.

##### ii. Level 2 and 3 Emergencies

- The CISSDO will consult with the PC in order to determine a course of

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- action. Any telephone conversations should be well-documented.
- Once an appropriate course of action has been determined, the CISSDO, in collaboration with ERT, will write to the PC and affected participants. This written communication will contain a detailed description of the course of action. The PC will see to it that all program participants acknowledge receipt of this information in writing (date and signature). The PC will send signed acknowledgement to the CISSDO.
  - The CISSDO will convene the ERT as soon as enough information is collected to write a report.
  - The ERT will review issues relating to the emergency after which the CISSDO will send written communication of the plan of action to the PC.
  - The CISSDO, in consultation with the ERT will write a report and distribute it to the senior administration, including:
    - a. Provost
    - b. Vice Presidents

This emergency protocol section was modeled after and adapted from:

1. SUNY Plattsburgh
2. SUNY Oneonta

Last revised: February 2020

# Appendices

## Appendix A: Short-term Study Abroad Program Initiation Form

*Please complete all fields at least 4 months prior to expected departure. This will initiate the necessary process required for all study abroad programs. Return form to:*

*Francesco DiMarco, Coordinator of International Student Services & Diversity Outreach*

*217 Farrell Student & Community Center*

*P: (607) 746-4743*

*E: dimarcfp@delhi.edu*

Program Name: \_\_\_\_\_

Program Location(s): \_\_\_\_\_

Program Dates: \_\_\_\_\_

Sponsoring Department(s): \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

Additional staff or faculty members: \_\_\_\_\_

*Program Itinerary-* Provide a comprehensive listing of all cities/countries to be visited with dates, even if they are not firm. Please include every day of the program, including departure and return dates.

## Appendix B: Agreement and Release Form

### STATE UNIVERSITY OF NEW YORK

### Overseas Academic Programs

### AGREEMENT AND RELEASE FOR STUDY ABROAD

*Please type or print.*

Name: \_\_\_\_\_  
Last First Middle

Program: \_\_\_\_\_  
Location Abroad Term Abroad

#### For Participants in State University of New York Administered Overseas Academic Activities

**To the Student:** As with all academic programs, certain conditions must be adhered to in order to preserve program integrity. As a necessary precaution to protect the State of New York, the State University of New York and SUNY Delhi (hereafter collectively referred to as *SUNY*), these conditions are listed below.

If you are a participant under the age of 18, your parent or guardian's signature is also required.

**Informed consent** and agreement to these conditions is a **required condition of participation** for all *SUNY* administered or arranged overseas academic programs, and for all *SUNY* credit-bearing or course related or other *SUNY*-sponsored or arranged overseas travel. If you have questions concerning this document (or any pre-departure procedures or forms), consult the orientation and other pre-departure materials supplied, or contact the International Student Advisor at SUNY Delhi.

I, [PRINT FULL NAME] \_\_\_\_\_, have agreed to participate in an overseas academic program, or a credit-bearing, course related, or other *SUNY*-initiated overseas activity (hereafter called "the program") sponsored by SUNY Delhi, either in collaboration with an international host organization or organizations, or by arrangement of a *SUNY* faculty member, in [NAME OF COUNTRY] \_\_\_\_\_ from [INTENDED START DATE] \_\_\_\_\_ to [EXPECTED END DATE] \_\_\_\_\_.

In consideration of *SUNY*'s agreement to permit me to participate in the program, by my signature below, I agree to and acknowledge the following:

- A. Acknowledgment and Acceptance of Risk:** I acknowledge that my participation in the program is voluntary, that there are inherent risks involved in program participation, and that I assume those risks.



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I release *SUNY*, its officers, trustees, employees, and agents from any and all liability, damage or claim of damage to or loss of my property, personal illness or injury, or death to me while I participate in this program.

By voluntarily participating in the program, I freely assume any risk associated with or arising out of traveling, studying, conducting research, engaging in community service, participating in activities, and living abroad.

I have, as advised by the program's acceptance materials, reviewed the U.S. Consular Information Sheets and Travel Warnings [contained on the U.S. Department of State Consular Affairs website] and the Travelers Health section of the Centers for Disease Control and Prevention's website, and by those means, been informed of such risks. I have diligently endeavored to learn about the country or countries and specific locations within those countries I will visit so as to be aware of the health and safety risks that I may face. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in or around the country in which this program is located.

**B. Independent Travel and Operation of Vehicles:** I understand and agree that (1) prior to the start of the program, (2) during free time within the period of the program, and (3) after the program ending date, I may elect to travel independently at my own expense. I understand that I shall be solely responsible for any such travel and any activities in which I participate during any free time. I understand that *SUNY* strongly discourages students from renting or operating vehicles while participating in the program. I understand that poor road conditions, different traffic laws and regulations, and varying insurance requirements can make driving motor vehicles in foreign countries extremely hazardous; therefore, driving abroad is not recommended by *SUNY*. If I rent or operate a vehicle while participating in the program, I agree that such activity is totally voluntary on my part and against *SUNY*'s advice.

**C. Release and Indemnification:** To the extent permitted by law, I, individually and on the part of my heirs, successors, assigns, and personal representatives, hereby agree not to sue *SUNY* or any of its employees, agents, officers, trustees, or representatives in either their official or individual capacities ("Releasees") and release the Releasees from any and all liabilities, claims, demands, actions, cause of actions, costs, and expenses of any nature whatsoever which I may have due to any loss, damage, or injury, including death, that I may sustain, or to any property belonging to me, arising from my participation in the program or while traveling to, from, or around the program, or while upon the premises where the program is being conducted.

I agree to indemnify and hold harmless the Releasees from and against any claims, suits, causes of action, loss, liability, damage or costs, including court cost and attorneys' fees, and fees to enforce this Agreement, that the Releasees may incur arising from my involvement in the program.

**D. Insurance:** I acknowledge that I have/will obtain, and am responsible for paying for comprehensive accident and medical insurance coverage as required by *SUNY* in order to participate in the program. This insurance will provide coverage for injuries and illnesses I sustain or experience while traveling to, from, or around or while attending the program, and, more specifically, in the country where I will be living and/or traveling while on the program. This coverage is required to last for the duration of my participation in the program, as well as pre- and post- program travel (if I arrange for such with the insurer), and I am responsible to pay expenses not covered by insurance, as well as any expenses that will later be reimbursed by the insurance carrier.

I further acknowledge that *SUNY* requires that participants planning to operate a motor vehicle while overseas obtain liability and collision insurance that will cover them in applicable foreign countries.

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I understand that *SUNY* also recommends that participants in the program insure their property from loss and theft.

**E. Requisite Vaccinations:** As advised by the program's acceptance materials, the Travelers Health section of the Centers for Disease Control and Prevention's internet page or my doctor I have ascertained the recommended vaccinations and medications for the area I will be traveling to. I am solely responsible for securing any necessary immunizations prior to departure and for obtaining recommended or required medications needed while abroad.

**F. Program Changes:** I understand and agree that, although *SUNY* will attempt to maintain the program as described in publications and brochures, *SUNY* reserves the right to change the program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither *SUNY*, its trustees, employees, or agents shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

*SUNY* reserves the right to cancel the program or any aspect thereof prior to, or after, departure. If cancellation of the program or an aspect thereof occurs after departure, *SUNY* may require that *all participants* return to the United States, prior to completion of the program. In the event that a program is cancelled after the start of the program, *SUNY* will refund only uncommitted and recoverable funds.

I agree that any deviation from the design of the program's content or format must be approved by *SUNY*.

**G. Applicable Laws, Regulations, and Policies Regarding Conduct and Removal from the Program:** I understand that while I participate in the program, I am subject to the regulations, code of conduct, and guidelines of

- 1) my home institution of which I am a matriculating student and to which the study abroad credits will transfer,
- 2) the *SUNY* administering campus through which I am participating in this program if different from the home institution,
- 3) the host institution where I will be temporarily enrolled for a term or set length of time, 4) a provider on a contract with the State University of New York,

as well as the laws of the United States of America, the State of New York, the host country and any other country where I may travel or stay. I agree to obey these rules, guidelines, regulations, codes, policies and laws.

*SUNY* reserves the right to decline, accept, or retain me in the program at any time should my actions or general behavior impede the operation of the program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of *SUNY* or the host institution, or the laws of the host country or any country where I may travel or where I stay, I understand that I may be required to leave the program at the sole discretion of *SUNY's* employees, agents and representatives. I may be referred to the appropriate *SUNY* officials for further disciplinary or other action, and I may be banned from program property. In such an event, no refund will be made for any portion of the program and I will return to the United States at my own expense.

I understand and acknowledge that the manufacture, distribution, possession, use or sale of controlled substances as defined by New York State and/or federal law, and/or the laws of the host country or other country where I visit is prohibited during the program. I understand that I will be directly subject to the laws and legal procedures of

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the respective foreign country and host institution as they apply to the use, possession and distribution of illegal drugs, and these will be strictly enforced by local authorities. Furthermore, I understand and acknowledge that I am solely responsible for ascertaining the lawful age for the possession or consumption of alcoholic beverages in the respective country and for my conduct in compliance with local laws as enforced by local authorities. I understand that, even if I am of lawful age for consumption thereof, abuse of alcohol even in my free time may be grounds for my dismissal from the program.

**H. Financial Obligations:** I am aware of the nature and the cost of the program. I agree to pay the Program Fees, Tuition, Differential, or other charges specified on the program budget or Estimate of Costs that I received with my offer of admission and will guarantee that all financial obligations be met by the deadline(s) specified on the bill statement. If I am a financial aid recipient, I will submit all documentation required by my home campus's Financial Aid Office and will either remit any balance remaining by the payment deadline(s) or arrange for a deferral of payment with the appropriate offices.

I understand and acknowledge that if I withdraw before the start of the program I will be responsible for paying any part of those costs that cannot be recovered by *SUNY* or that *SUNY* may still be required to pay on my behalf. If I withdraw from the program after its starting date, I will not expect to receive a refund of any program fees, differentials, or other charges and, depending on the rules of the host university, may not receive a refund of *SUNY* tuition. I may also be obligated to repay any financial aid awards that I received in support of my participation in the program.

I understand that my failure to pay all financial obligations to the respective *SUNY* institution will result in the withholding of my academic transcript regardless of whether or not the billing campus is my home institution. Under 8 NYCRR §302.1(k), any *SUNY* institution may withhold a transcript of a student who has a debt owed to another *SUNY* institution.

This *Agreement/Release Form* remains effective until my relationship with *SUNY* is terminated, judicial actions resolved, financial accounts are settled, and grades recorded, with the exception of the Photo Release Waiver below.

I agree that the terms of this *Agreement/Release Form* are to be construed under the laws of the State of New York, and that if any portion thereof is held invalid, the balance thereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this *Agreement/Release Form* and terms of participation.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FULL NAME (printed): \_\_\_\_\_

PARENT or GUARDIAN'S SIGNATURE (if under age 18) \_\_\_\_\_

## **Photo Release Waiver**

I give permission for photographs of me and statements by me to be used in publicity materials.

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I give my consent for *SUNY*, the host institution I attend, and agencies, organizations, and individuals cooperating with *SUNY* in the administration of the program to use images of me or written statements from me in promotional and informational materials. I hereby irrevocably authorize *SUNY* to copy, publish, exhibit or distribute in any legal manner, any and all images, videos, audio recordings and electronic or digital recordings in which my likeness appears. I further waive any right to inspect or approve any advertisement, publication or information piece in which my likeness appears. I hold *SUNY* harmless and release and discharge *SUNY*, its employees and agents, from any claims, demands, or causes of action which I, my heirs, representatives, executors, administrators or other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FULL NAME (printed): \_\_\_\_\_

PARENT or GUARDIAN'S SIGNATURE (if under age 18) \_\_\_\_\_

## **Records Release**

According to the provisions of the federal Family Educational Rights and Privacy Act of 1974 ("FERPA"), in connection with my participation in the program indicated above, I hereby authorize all offices, officers, agents, and employees of my home institution, *SUNY* administering institution, provider, and host institution as well as representatives of my insurance providers ("Organizations") to communicate with each other and with my parents, guardian(s) or Emergency Contacts and exchange any academic or financial information deemed appropriate to ensure my safety in, facilitate financing my participation in, manage disciplinary issues I may be involved in, and ensure the receipt of academic credit for my program.

For violations or alleged violations of a conduct code of any Organization, I hereby authorize all offices, officers, agents, and employees of the Organizations, as well as the home institutions of other students on the program or on related programs alleged to be involved in the conduct violation or alleged conduct violation either as an accused/respondent or as a victim/reporting individual to communicate with each other and with my parents, guardian(s) or Emergency Contacts and exchange any academic or financial information deemed appropriate to ensure my safety in, facilitate financing my participation in, manage disciplinary issues I may be involved in, and ensure the receipt of academic credit for my program.

I understand that copies of the academic records submitted as part of my application or acceptance procedures may be provided to the program staff in the host country or the host institution that I will attend and, though we request that all records be kept in the strictest confidence, once sent, these records will be subject to the laws of the country where they reside. I waive any requirement that I be furnished a copy of these records prior to or concurrent with their release.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FULL NAME (printed): \_\_\_\_\_

PARENT or GUARDIAN'S SIGNATURE (if under age 18) \_\_\_\_\_



## Appendix C: Judicial Review Form

### STATE UNIVERSITY OF NEW YORK

### Overseas Academic Programs

### JUDICIAL REVIEW FORM FOR STUDY ABROAD

The State University of New York requires a judicial review of all applicants for its study abroad programs. It is necessary for us to be informed of any judicial record that exists for any participant. The existence of judicial records at the participant's home university does not necessarily mean denial of admission to a program; however, the information must be reviewed by the Program Director on the campus responsible for the program in order for a determination to be made. Each applicant, regardless of home campus, is required to provide this authorization even if there is no judicial record.

**Instructions for the Student:** Please complete Section I of this form and then take the form to the Judicial Officer on your home campus. Be sure to fill in your name at the top of page 2.

#### I. To Be Completed by the Student:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Campus ID#

\_\_\_\_\_  
Home Campus

\_\_\_\_\_  
Program Abroad & Administering Campus

Have you ever been convicted of a felony? \_\_\_\_ yes \_\_\_\_ no

If yes is checked, submit a written explanation addressed to the Program Director.

Have you ever been suspended, dismissed, or expelled from a college or university? \_\_\_\_ yes \_\_\_\_ no

If yes is checked, submit a written explanation addressed to the Program Director.

\_\_\_\_\_  
Name of Judicial Officer on Your Home Campus

\_\_\_\_\_  
Phone Number for Judicial Officer

\_\_\_\_\_  
Email Address for Judicial Officer

\_\_\_\_\_  
Fax Number for Judicial Officer

**Please give your consent by agreeing with your signature to the statement below.**

Under the provisions of the Family Education Rights and Privacy Act, I authorize the judicial affairs officer named above to provide documentation and discuss all information related to any judicial affairs review on the campus at which I am matriculated with the appropriate study abroad staff members and, if

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appropriate, with the associated faculty program director, for the purpose of determining my participation in a study abroad program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Release Signed

\_\_\_\_\_  
Date This Release Expires and Is No Longer Valid.  
(Recommended: End of the semester in which you will be studying abroad)

The State University of New York requires a judicial review of all applicants for its study abroad programs. It is necessary for us to be informed of any judicial record that exists for any participant. The existence of judicial records at the participant's home university does not necessarily mean denial of admission to a program; however, the information must be reviewed by the Program Director on the campus responsible for the program in order for a determination to be made. Each applicant, regardless of home campus, is required to provide this authorization even if there is no judicial record.

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Student's First Name

**Instructions for the judicial officer:** The student named on this form has authorized release of his/her judicial record to the International Advisor and Program Director at SUNY Delhi. Please complete the second section of this form and then **return both pages of this form** to us **directly** by mail or fax or as a PDF scan via email to the address/fax/email at the end of this form. A prompt response is appreciated.

## II. To Be Completed by the Judicial Affairs Officer

1. \_\_\_\_\_ The student named above and on the reverse side of this form **has not received** a judicial sanction (probation or higher) on our campus.
2. \_\_\_\_\_ The student named above and on the reverse side of this form **has received** a judicial sanction (probation or higher) on our campus.

Effective Dates: \_\_\_\_\_

Level of Sanction(s): \_\_\_\_\_

Violation(s) \_\_\_\_\_

\_\_\_\_\_

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Printed Name of Individual Authorized to Complete This Form

---

Signature

---

Title

---

Date

## Appendix D: Student Health Information Questionnaire

### STATE UNIVERSITY OF NEW YORK STUDENT HEALTH INFORMATION OVERSEAS ACADEMIC PROGRAMS

Name: \_\_\_\_\_

\_\_\_\_\_ Last First Middle

Program: \_\_\_\_\_

\_\_\_\_\_ Location Abroad Approximate dates of the program Administering SUNY

**To the Student:** The information provided will remain confidential. Be aware that you will be responsible for your own care, though SUNY and the organization hosting you overseas will try to provide assistance. Please be honest with yourself and prepare accordingly. The questions that follow will help guide you in preparing for your stay abroad. Indicating that you have health concerns may allow us to assist you in determining if you are prepared to go and can receive appropriate treatment.

|   |       |      |
|---|-------|------|
| 1. Do you have or have you had any physical, psychological or emotional conditions (including eating disorders), that might require treatment abroad, or that might be exacerbated by the stress caused by changes in culture, climate, diet or exercise? If yes, explain below and plan to see your health care provider to discuss your care.   | • Yes | • No |
| 2. Have you arranged to receive all the necessary immunizations and medications recommended for visiting the program site by reviewing information that:<br>- may have been provided by SUNY;<br>- may have been provided by the program site;<br>- is available on the US Center for Disease Control and Prevention website; and<br>- may be available from the government of the countries you will enter?                            | • Yes | • No |
| 3. Do you have any allergies, reactions to medications, or dietary restrictions? If yes, consider what you may need to manage your condition or restrictions. If needed, see your health care provider for assistance in planning for your care. You may list any allergies or dietary restrictions below so we can inform overseas providers. However, SUNY can only inform and cannot ensure that you can be protected from exposure. | • Yes | • No |
| 4. Are you currently taking or have you recently discontinued any medications you may need while abroad? If yes, list medication name and purpose.  | • Yes | • No |



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|   |              |             |
|---|--------------|-------------|
| <p>Please consider how you will have access to the medication you need and consult with your physician to develop a plan for managing your condition while abroad. Depending on the medication, SUNY may request additional information.</p>  |              |             |
| <p>5. <b>(Disclosure of disabilities is optional)</b> Do you have a disability for which you are seeking accommodations? If yes, provide a description of desired accommodations. Please be aware that the Americans with Disabilities Act (ADA) does not apply outside the borders of the United States. The Administering Campus will assist you, to the extent possible, to obtain the accommodations you may want; however, it may not be able to obtain the accommodations necessary to enable you to participate in all aspects of the overseas program.</p> <p>Continued on next page.</p>                                 | <p>• Yes</p> | <p>• No</p> |
| <p>6. Person to notify in case of emergency, illness or accident:</p> <p>Name: _____ Relationship to student: _____</p> <p>Street/Apt #: _____ Daytime Telephone #: (____) _____</p> <p>City, State, ZIP: _____ Evening Telephone #: (____) _____</p> <p>E-mail Address: _____ Cell Telephone #: (____) _____</p> <p>Second person in the event that the above cannot be reached:</p> <p>Name: _____ Relationship to student: _____</p> <p>Street/Apt #: _____ Daytime Telephone #: (____) _____</p> <p>City, State, ZIP: _____ Evening Telephone #: (____) _____</p> <p>E-mail Address: _____ Cell Telephone #: (____) _____</p> |              |             |

## Student Declaration

I grant the State University of New York, its employees, agents and overseas partners permission to share information concerning my health condition with program representatives, my family, insurance company representatives and with any physician, psychologist or counselor who treated me during the past five years or is now treating me. In situations where I am unable to give oral or written consent, I grant permission for hospitalization and treatment recommended and carried out under the supervision of a qualified physician, including administering anesthetics and performing necessary surgery at my own expense. I appoint the representative of SUNY in the host country for the program to act on my behalf in authorizing necessary medical, dental or surgical care, hospitalization or medical evacuation for me should this be required.

I certify that all responses made on this form are true and accurate, and that **I will notify the Administering Campus hereafter of any relevant changes in my health that occur prior to the start of the program.**

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Student's Signature

Date

---

Parent/Guardian's Signature (required if student is under 18 years of age)

Date

**If you answered yes to 1, or 4, or no to 2 please make an appointment with your health care provider to review your medical history and travel plans and have him/her sign below.**

**To the Treating Clinician: Please review the student's medical history, discuss with him/her the upcoming overseas study plans and sign below. A physical exam is not required by SUNY if you have adequate information to advise the student.**

I have reviewed this student's medical history and examination with him/her, consulted with him/her about vaccinations and medications that may be required, and developed a treatment plan for the student to manage his/her condition during the overseas program, if needed. (Attach pages as necessary.)

---

Signature of Provider

Printed Name of Provider

---

Address and Phone Number of Provider



## Appendix E: SUNY Delhi Contact List

UPDATED SP 2020

|  | Name                  | Phone        | Email              |
|--|-----------------------|--------------|--------------------|
| Coordinator of International Student Services & Diversity Outreach | Francesco DiMarco     | 607-746-4739 | dimarcfp@delhi.edu |
| Assistant Director of the Multicultural Center                     | Jarvis Marlow-McCowin | 607-746-4748 | mccowija@delhi.edu |
| Director of the Center for Student Leadership & Engagement         | Larry Mannolini       | 607-746-4567 | mannollp@delhi.edu |
| Vice President for Student Life & Chief Diversity Officer          | Dr. Tomás Aguirre     | 607-746-4442 | aguirrta@delhi.edu |
| Vice President for Marketing and Communications                    | Dawn Sohns            | 607-746-4872 | sohnsdd@delhi.edu  |
| Director of Student Rights & Responsibilities                      | Lacey Williams        | 607-746-4857 | williala@delhi.edu |
| University Police  | Chief Martin Pettit   | 607-746-4702 | pettitma@delhi.edu |

## **Appendix F: Response Checklist - Incident-Specific Questions**

In the event of any medical emergency, consider the following:

- Where is the victim?
- What medical treatment has the victim received?
- What has the on-site response been?
- Who is the attending physician (if any)?
- Does the attending physician speak English?
- How can family member(s) contact the physician or hospital?
- What is the diagnosis?
- What is the prescribed treatment?
- What is the prognosis?
- Can the victim be adequately treated at the current location?
- Has the student's insurance been contacted?
- Should MEDEX be asked to coordinate? At what point?
- Are other participants at risk (physical or psychological)?
- Is airlift a desirable and/or viable action?
- What are the likely academic and financial consequences of returning to the U.S.?
- What are the details of the incident?
- Are rescue operations needed? Have they been initiated?
- Were there witnesses to the incident? If so, obtain a signed statement from each witness.

In the event of a mental health emergency, also consider the following:

- What has been done on site?
- Is the person a danger to self and/or others?
- Is there a history of previous counseling/therapy? Where? With whom? Length of time? Diagnosis?
- Is the person prescribed medication(s) for emotional difficulties and/or any other medication(s)?
- Are they taking the prescribed medication(s)?
- Was there any apparent precipitant for their distress/behavior?

In the event of sexual misconduct, also consider the following:

- Does the victim feel a physical threat?
- What action is necessary to remedy the situation?
- Can the situation be remedied on site?
- Consult SUNY Delhi's Title IX Office
- What are the major details of the incident?
- Is counseling available? In English?

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- Should SUNY Delhi Counseling Services be consulted?
- Has appropriate local law enforcement been notified?
- Were there witnesses? If so, obtain a signed statement from each witness. Does the victim want to return to the U.S.?
- Are the victim and the counselor aware of the consequences of notification of law enforcement?
- Are students aware of cultural norms surrounding this issue?
- What supports are in place for students who want to press charges?
- Who is the accused person? A SUNY Delhi student, local student or resident?

In the event of missing persons, also consider the following:

- When and where was the missing person last seen or heard from?
- Did the person tell anyone of plans to be absent?
- Does anyone know or have an idea about where the person went?
- How was the person traveling?
- If the person left and was expected to return at a specific time, what was the date and time of the expected return?
- Are reliable search and rescue operations available on site? Have they been initiated? Should they be initiated?
- What is a description of the student (height, weight, eye color, hair color, hair length, gender, race, and other distinguishing factors)?
- What is the student's passport number?
- Have the local missing person's officials been notified?
- What is the agency and case number assigned?
- Has the U.S. State Department been contacted? Who is the contact at the State Department (name, title, and phone)?
- Has the State Department initiated a Welfare and Whereabouts check? If so, for which countries?

In the event of arrests, consider the following:

- Has the student been detained?
- Has the U.S. Embassy been notified?
- What was the Consulate's response and advice?
- What agency made the arrest?
- Have charges been filed?
- What are the charges?
- What are the facts?
- Were there witnesses? If so, obtain a signed statement from each witness.
- What are the names, addresses and phone numbers of the arresting authorities?
- What is the case number?
- What rights have been granted?
- Is the student entitled to place a phone call?

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- Does an attorney represent the student?
- What is the name, address, and phone number of the attorney?
- When does the university intervene? How?

In the event of a hostage situation, also consider the following:

- Has the U.S Embassy been notified there?
- What is the Embassy's response and advice?
- Who is the contact person at the U.S. Embassy (name, title, telephone)?
- Who is the contact person at the State Department in Washington (name, title, telephone)?
- Have the kidnappers made contact?
- Have the kidnappers identified themselves?
- Who are they and what do they want?
- Is negotiation support available on site?
- Is there a no-ransom policy established by the institution?

In the event of a political emergency or natural/man-made disaster, also consider the following:

- Has the U.S. Embassy advised participants to take appropriate action?
- Have all participants been made aware of these precautions, and in writing?
- Are all participants following these precautions?
- Have local authorities imposed a curfew?
- Is the group in danger?
- Are students involved?
- Who or what is the target of unrest?
- Are any of the program participants involved?
- Has any particular group or organization been threatened?
- What kind of military or other security or public safety personnel are present?
- Are they unusually visible?
- How is the military behaving with respect to the civilian population?
- Is travel in or out of the country being restricted in any way?
- Contact U.S. Embassy to learn if airlifts are planned (if necessary).
- What forms of transportation are available? What would the cost be?
- What are the costs or benefits of staying versus evacuating?

## Appendix G: Emergency Log

1. Today's Date: \_\_\_\_\_
2. Incident reported by: \_\_\_\_\_
3. How can the person reporting the incident be reached?
  - a. Landline (work or home): \_\_\_\_\_
  - b. Cell Phone: \_\_\_\_\_
  - c. Email: \_\_\_\_\_
4. Report Date & Time: \_\_\_\_\_
5. Date & Time of Incident: \_\_\_\_\_ (local or NY time)
6. Program Name: \_\_\_\_\_
7. Location of Incident: \_\_\_\_\_
8. Nature of Incident: \_\_\_\_\_
9. Name(s) of Individual(s) Involved: \_\_\_\_\_
10. Description of Incident: \_\_\_\_\_
11. Action taken by person reporting incident: \_\_\_\_\_
12. Report taken by: \_\_\_\_\_

## Appendix H. Agency or Organization Phone/Web

| Agency or Organization  | Situation  | Phone                            | URL   |
|---|--|----------------------------------|---|
| U.S. Department of State Overseas Citizens Services                 | Serious illness; death; financial crises; theft; or arrest | 1-888-407-4747<br>1-202-501-4444 | <a href="http://travel.state.gov">http://travel.state.gov</a>           |
| U.S. Consular Affairs for Appropriate Country                       | Public announcement; travel warning, etc.                  | Country specific                 | <a href="http://travel.state.gov">http://travel.state.gov</a>           |
| U.S. Department of State Office of Coordinator for Counterterrorism | Information concerning terrorist threat or action          | 1-202-647-9892                   | <a href="http://travel.state.gov/s/ct">http://travel.state.gov/s/ct</a> |
| Center for Disease Control  | Medical emergency; disease outbreak                        | 1-800-311-3435                   | <a href="http://www.cdc.gov">http://www.cdc.gov</a>                     |