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Individual Student Research & Independent/Academic Travel Abroad Risk Management Plan

Name of Student (Last, First Middle)		Student ID Number		
Supervising Professor	Supervising Academic Dept.	Purpose of Activity		
Host University	Location (City, Country)	Start Date (M/DD/YYYY)	End Date (M/DD/YYYY)	Credits

Please list the modes of transportation which will be used as a part of activity both to the site and while abroad. Please list both the type and name of the provider.

- 1.
- 2.
- 3.
- 4.
- 5.

Please list contacts for the following fields so that we may contact them, if allowed, in the unlikely event of an emergency.

Emergency Contact at Home (Last, First Middle)				Relation to Student	
Street Address	City	State	Zip	Home Phone No.	Cell No. –or– Email Address
Name of Travel Agent or Ticket Issuing Co.				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.
Name of In Country Contact (If Applicable)				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.
Name of In Country Hotel/Hostel/Home Base				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.
Name of Research Facility or Company				Emergency No.	Email Address
Street Address	City	State	Zip	Main Phone No.	Fax No.

Please provide information regarding your passport below. Please attach a copy of passport. If you do not have one, please apply for on immediately.

Passport Number	Expiration Date (M/DD/YYYY)
Name of Foreign Consulate which you will apply for a student visa with (if applicable)	Date of Issue (M/DD/YYYY)
	Place of Issue (City, Country)

