

APPROVAL TO ASSIST STUDY ABROAD PROGRAMS

Program Assistants must be in compliance with UPPS 07.07.06 and all other Texas State University requirements.

Name of Program Assistant: _____

Texas State ID: _____

Phone: _____

Current Texas State status:

- Faculty
- Staff
- Student

Are you currently employed at Texas State?

- Yes
If yes, specify position and department. _____
- No

Program Assistant agrees to be hired as shown:

Starting Date: _____ Ending Date: _____ Program Location: _____

Stipend (if applicable): \$ _____

Travel Expenses covered by the Study Abroad program budget:

- Lodging
- Airfare
- Per Diem: \$ _____
- International Health Insurance
- Other _____

Please indicate the job duties for this Program Assistant:

- | | |
|---|---|
| <input type="checkbox"/> Student recruitment activities | <input type="checkbox"/> Translate |
| <input type="checkbox"/> Coordinate student and course enrollment with SAO | <input type="checkbox"/> Collect data |
| <input type="checkbox"/> Send reminders to students | <input type="checkbox"/> Assist with supervision of student conduct |
| <input type="checkbox"/> Assist with logistics in program | <input type="checkbox"/> Chaperone during group activities |
| <input type="checkbox"/> Create/print/file materials and resources for students | <input type="checkbox"/> Photo/film program activities |
| <input type="checkbox"/> Deliver makeup sessions | <input type="checkbox"/> Check group attendance |
| <input type="checkbox"/> Read/grade papers and/or exams | <input type="checkbox"/> Assist in labs |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Other |
| <input type="checkbox"/> Instructional support | |

*Any other duty is subject to approval

List all courses numbers associated with the job duties as the Program Assistant for this program.

_____, _____, _____, _____
_____, _____, _____, _____

Program Assistant Name and Signature

Date

Academic Program Director Name and Signature

Date

Study Abroad Office

Approve

Date

Reject

Date

Chair of Academic Department

Approve

Date

Reject

Date

Dean of The Graduate College (for graduate assistantships only)

Approve

Date

Reject

Date

Assistant Vice President for International Affairs

Approve

Date

Reject

Date

TEXAS STATE UNIVERSITY[®]

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Program Assistant Responsibilities

In assuming the role of the Program Assistant (PA), you must understand and agree to accept responsibility to do the following:

I. On-site Student Support

On-site support is essential to the success of all study abroad programs. Preplanning will help to ensure the success of the study abroad program and the faculty and staff.

1. The PA is expected to participate in all activities that are part of the program unless unable to participate due to other responsibilities related to the program.
2. In case of an emergency, it is recommended that the PAs follow the procedures specified in the Texas State Crisis Management Plan, which can be found at <http://www.txstate.edu/effective/upps/upps-05-04-03.html>.
3. The PA will remain accessible to students during the entire program period.
4. The PA provides leadership and model behavior that is consistent with the Texas State University Faculty Handbook guidelines.
5. The PA may become the designated group leader if the APD is incapacitated.
6. The PA is responsible for immediately notifying the Study Abroad Office of any significant problems that may need attention.
7. In keeping with Southern Association of Colleges and Schools rules and regulations, the PA will encourage that student evaluations are submitted to the Study Abroad Office.
8. In regards to student interaction, PAs are expected to:
 - Document all discipline issues
 - Maintain good communication with the housing administrators and other personnel
 - Ensure student engagement and promote a positive, collaborative, and a strong sense of community
 - Have weekly meetings with your students to discuss progress and areas of concern

- Be cordial and supportive, maintain professional distance and do not fraternize with your students
- Refrain from drinking alcohol with the students
- Make yourself available, but maintain privacy
- Refrain from engaging in personal relationships with any individual in the group
- Maintain professional conduct at all times

II. Travel funds

1. Travel Advances and reimbursements of any type to PAs will be paid according to the method used for payroll (check or direct deposit). The PA will be responsible for determining how best to handle these funds (purchase local currency or employ any method determined to be the most efficient and secure).
2. The PA will submit a personal log for all expenses presented for reimbursement to the Study Abroad Office. The PA must maintain the log during the study abroad program and keep all receipts for expenses incurred during the program. (In cases in which receipts cannot be obtained in the country of study, it becomes even more important to maintain an accurate account in the personal log).

Based on each program's budget, travel expenses that may be covered for the PA are:

- Airline ticket via Ascot Travel
- Per diem
- Health insurance
- Other expenses such as entrance fees and rail passes
- Stipend following university regulations

Some of the expenses that are NOT allowable are:

- Expenses of guests
- Personal travel before, during or after the program
- Consumption of alcoholic beverages
- If the PA decides to cancel their participation in the program they will be responsible for all their expenses related to the cancellation such as airline ticket, housing reservations, etc.
- All vehicle rentals abroad
- Personal items (including personal hygiene)
- Medical bills
- Tips for personal services

3. The Study Abroad Office will request (if applicable) stipends to be paid at the completion of the program. Stipends will be processed following the deadlines established by the Texas State Payroll Office. The Study Abroad Office will make every effort in meeting the closest payroll deadline, but since several offices are involved in this process, the Study Abroad Office cannot guarantee that this deadline will be met.

4. The PA must complete and submit program expenses within 10 days of their return date. Program reconciliations not received within that time will be reported to the APD, Department Chair, College Dean, Assistant Vice President for International Affairs and the Travel Office. Following University policies any travel advance will become taxable after 30 days from the date when the faculty member returns from abroad.
5. Meet with Study Abroad Office and Travel Office staff as needed to reconcile the program expenditures.

III. Health and Safety

PAs are expected to adhere to the following health and safety guidelines:

- a) Follow the **Emergency Action Plan** created for the program
- b) Review information provided by the Department of State
- c) Visit insurance websites before traveling
- d) Have important numbers and addresses available at all times (UPD, insurance companies, US embassy/consulate, etc.)
- e) Plan and prepare to be reachable by phone 24/7
- f) Refrain from driving vehicles with student passengers while overseas
- g) Provide assistance in emergency situations
- h) Contact the study abroad office as needed
- i) Perform all duties as agreed with APD

IV. Approvals

1. All PAs must be approved by the APD, Chair, Dean, and Graduate Dean if applicable.
2. PAs must complete the approval form to assist study abroad programs, a Travel General Release, and all other required forms
3. PAs must provide information regarding travel dates and destinations for the travel application on or before the deadline

V. Other Responsibilities

1. The PA is a representative of Texas State at the study abroad location and is expected to uphold the university's shared values and policies.
2. The PA must follow all policies and procedures established by the Study Abroad Office, attend all mandatory meetings, and be in compliance with export control regulations.

I acknowledge and agree to follow all the policies and procedures of Texas State University.

I give Texas State University or any of its agents authority to take whatever action that they determine advisable regarding my health and safety.

I agree that Texas State may terminate my participation in the program if I fail to maintain the program's standards, or if Texas State University determines that my conduct is detrimental to the welfare of the group/program. If my termination in the program is terminated, I will remain responsible for all costs associated with my role as the PA.

PA Name _____

Texas State ID: _____

Study Abroad Program _____

Signature _____ Date _____



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INTERNATIONAL TRAVEL RELEASE, HOLD HARMLESS, AND INDEMNITY AGREEMENT FOR INTERNATIONAL TRAVEL INCLUDING TO AREA WITH U.S. STATE DEPARTMENT TRAVEL WARNING

Individual Traveling: _____

*Every adult traveler, including dependents and guests, must sign a separate Travel Release and a Parent or Guardian must sign a release for a minor.

Destination(s): _____ Travel Trip #: _____

Date of Departure: _____ Date of Return: _____ # of Non-business Days: _____

Department Contact Person: _____ Phone #: _____

Are there any dependents and/or guests traveling with you? No Yes If yes, how many? _____

I have requested and voluntarily choose to participate in the Texas State University travel to the destination above ("Travel") during the dates specified. In consideration for Texas State University ("the University") funding and/or facilitating the Travel, I (for myself, my heirs, executors, and administrators) HEREBY RELEASE, HOLD HARMLESS, DISCHARGE, AND OTHERWISE AGREE TO INDEMNIFY the University, the Texas State University System, their regents, employees, agents, and volunteers (collectively, "the Released Parties") from and for any claims, demands, liability, lawsuits, injuries (including death), property damage, attorney's fees, expenses, costs, causes of action, judgments, or awards of any kind or character ("Loss") that may accrue, arise, or otherwise exist because of my travel and participation in the Travel. I intend this release to include any Loss sustained by a third party through whom or on behalf of whom (or whose estate) I may assert a claim, lawsuit, or cause of action.

I understand and agree that this RELEASE, HOLD HARMLESS, AND INDEMNITY AGREEMENT EXPRESSLY RELEASES, HOLDS HARMLESS, AND CONTRACTUALLY BINDS ME TO INDEMNIFY (i.e., reimburse the Released Parties for any Loss they may sustain, resulting from a claim by a third party) and OTHERWISE EXONERATES THE RELEASED PARTIES FROM THE CONSEQUENCES OF THEIR OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF MY LOSS. I intend this release, hold harmless and indemnity to be as broad and comprehensive as possible as I do not desire that the Released Parties have any liability, directly to me, my spouse (if any), my child (if any), or indirectly to any medical provider or insurer, arising from my participation in the travel.

ASSUMPTION OF RISK

My participation in this Travel is voluntary. I understand that, through this Travel, I will spend time in the aforementioned destination, an area that has been or may be designated as having a Travel Warning by the U.S. State Department. I have been put on notice that such designation means that this area may include an unstable government, civil war, ongoing intense crime or violence, and/or frequent terrorist attacks, and may be hostile to visitors from the United States. I understand that my participation includes a risk of personal injury, property damage, death or other Loss as described above. I hereby acknowledge that the U.S. State Department provides travel advisories at http://travel.state.gov/content/passports/english/alertswarnings.html. I have been advised to view alerts and warnings prior to and during my travel so that I can remain aware of any necessary safety precautions. I am electing to participate and travel at my own risk. On behalf of myself, my heirs, executors and administrators, I VOLUNTARILY ASSUME ANY AND ALL RISK OF LOSS AS DEFINED AND DESCRIBED IN THE ABOVE RELEASE, HOLD HARMLESS AND INDEMNITY AGREEMENT.

By signing below, I REPRESENT that I am OVER THE AGE OF 18, I have read and understood what is written above, and that I VOLUNTARILY bind myself to the Conditions stated herein.

Signed on this the _____ day of _____, 20_____.

Signature

Printed Name

Permanent Address

