

NOTIFICATION OF PARTICIPATION OF GUESTS

All Education Abroad faculty must complete this form and return to Education Abroad prior to departure

Name of faculty member: _____

Program location: _____

Travel dates: _____

I will bring: No guests I will bring the following guests to my program:

1. Name: _____ Is this guest a minor? Yes No
Dates of visit: _____

2. Name: _____ Is this guest a minor? Yes No
Dates of visit: _____

3. Name: _____ Is this guest a minor? Yes No
Dates of visit: _____

4. Name: _____ Is this guest a minor? Yes No
Dates of visit: _____

If any of your guests is a minor, please indicate who will serve as their caretaker:

Name: _____ Contact Information: _____

All guests must be covered with international insurance through Texas State University. Please go to the Education Abroad website at: educationabroad.txstate.edu/Health-and-Safety/health-insurance.html and submit payment. Please attach a copy of the receipt to this form.

Name: _____

Signature: _____ Date: _____