## Dependent/Companion Proposal for University-sponsored Programs Abroad

**Instructions for completing this form:**
**1. The on-site program leader proposing to bring a dependent/companion abroad should complete this form and submit to the Faculty/Staff Program Coordinator.**
**2. The Program Coordinator should review this proposal and, if s/he approves, should include this in the full International Travel Proposal submitted for second-level signature approval and then to the Travel Policy Advisory Committee (TPAC).**
**3. Note that the on-site leader and Faculty/Staff Program Coordinator may be the same person.**

**Proposal Details**
This Dependent/Companion proposal is for the following SCU international activity:

Program city(ies), Country:                     Program arrival date/departure date:

SCU Faculty/Staff Program Coordinator Name (Last, First):

Sponsoring SCU Department:

**On-Site Program Leader information:**

Name:                                                           Title:
               *Last, First Middle Initial*

SCU Department:

Cell:

Email:

**Proposed Dependent/Companion information:**

Name:                                                           Title:
               *Last, First Middle Initial*

Relationship to on-site program leader:

Is the Dependent/Companion at least 18 years old?

SCU Department (if applicable):

Cell:

Email:

**If the proposed Dependent/Companion is under the age of 18, Parent/Legal Guardian information:**

Name:                                                           Title:
               *Last, First Middle Initial*

SCU Department (if applicable):

Cell:

Email:

**If the proposal to bring a Dependent/Companion is approved, do you agree to abide by these requirements?**

1. The On-site Program Leader understands and agrees that Dependents/Companions are not considered participants of the program. A Dependent/Companion will have no responsibilities on behalf of the University, e.g., monitoring tests, managing program finances, arranging logistics, teaching, grading, etc.

   Yes ☐    No ☐

2. The On-site Program Leader understands that the University does not assume any liability for Dependents/Companions. The On-Site Program Leader is responsible for the conduct of their Dependents/Companions.

   Yes ☐    No ☐

3. The On-site Program Leader understands that Dependents/Companions are responsible for all of their own expenses including but not limited to: passports, insurance, visas, immunizations, transportation, meals, lodging, tickets for entrances to events or activities, and incidentals.  Dependents/Companions may share the program leader's accommodation provided this does not result in an increase in costs charged to program expenses.  SCU will not reimburse any Dependent/Companion expenses.

   Yes ☐    No ☐

4. The On-site Program Leader will communicate to all program participants about approved accompanying Dependent/Companions, to confirm that no student/participant fees are subsidizing non-participants.

   Yes ☐    No ☐

5. The On-site Program Leader will be held responsible for insuring that all students/participants on the program have background checks with the Santa Clara city Police Department if the Dependent Traveler is a minor.  Copies of complete background checks must be submitted to the Director of Risk Management at sflorio@scu.edu no later than four weeks prior to the anticipated start date of the program abroad.  The On-site Program Leader is responsible for all costs associated with any required background checks for all participants.

   Yes ☐    No ☐

**By signing this Dependent/Companion Proposal the On-site Program Leader, the Dependent/Companion, and parent/legal guardian confirm that the information is accurate and agree to abide by all guidelines and procedures, as agreed…**

| **SCU Faculty/Staff On-site Program Leader** | **Dependent/Companion if over the age of 18** |
|---|---|
| Name: | Name: |
| Signature: _____ | Signature: _____ |
| Date: | Date: |

**Parent/legal guardian signature for Dependent/Companions under the age of 18**

Name:

Relationship to Dependent:

Signature: _____

Date: